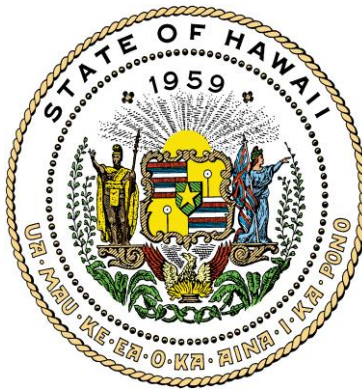
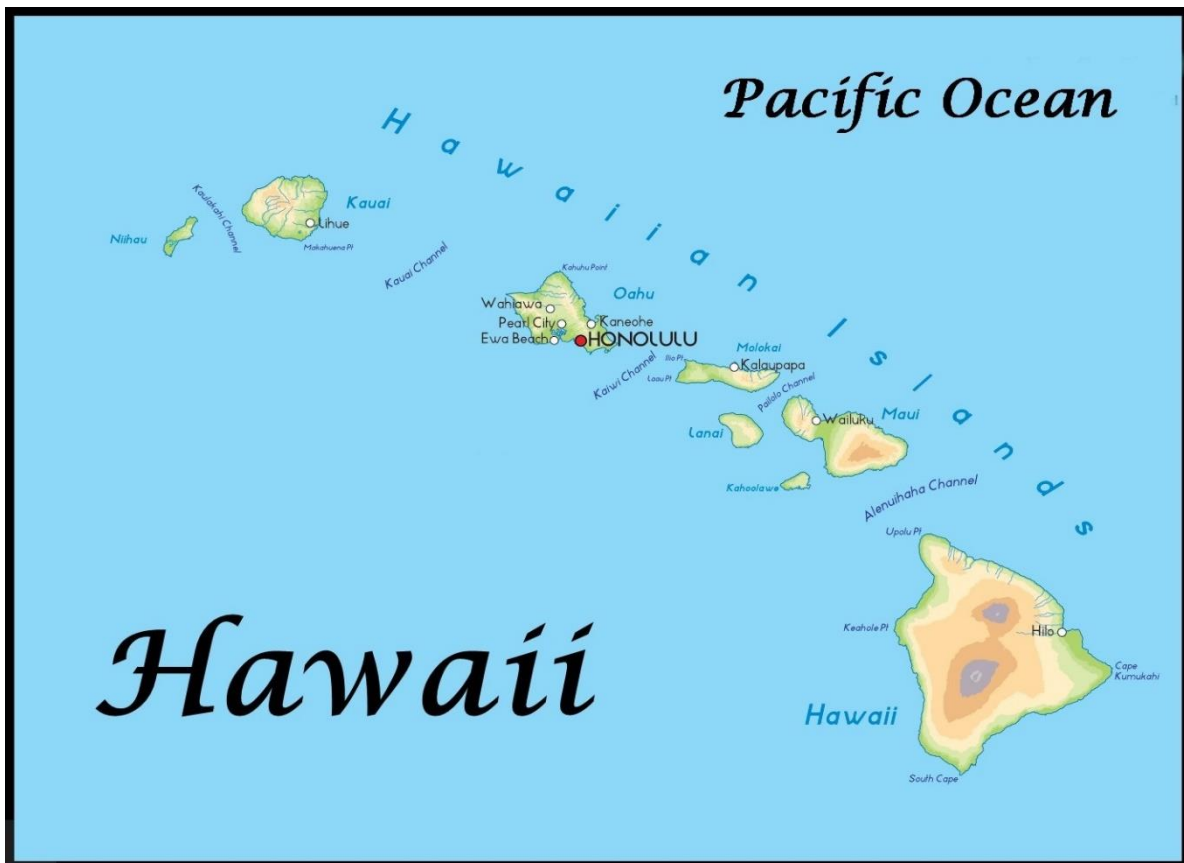


State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch



Federal Fiscal Year 2019
ANNUAL PROGRESS AND SERVICES REPORT (APSR)



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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
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)
CHRI	Criminal History Record Information
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
CSA	Child Safety Assessment
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
EPSDT	Early Periodic Screening Diagnosis and Treatment
ETV	Education and Training Vouchers
FCTC	Foster Care Training Committee
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
H CJDC	Hawaii Criminal Justice Data Center
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HE	Higher Education
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
HI-SBIRT	Hawaii Screening, Brief Intervention Referral and Treatment
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
IVAT	Institute on Violence and Trauma (conference)
J.D.	Juris doctorate
JJIS	Juvenile Justice Information System
KAEC	Kauai Animal Education Center
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
MDT	Multi-Disciplinary Team
MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MQD	MedQUEST Division
MSO	Management Services Office
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
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
POS	Purchase of Service & Grants Management Unit
PUR	Period Under Review
QA	Quality Assurance
QAR	Quarterly Activity Report
QIC	Quality Improvement Center for Research-Based Infant Toddler Court Teams
RIF	Reduction in Force
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance (CWS 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
TPR	Termination of Parental Rights
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 working to fully incorporate the DHS' new Strategic Plan into all aspects of its work. CWSB current priorities include:

1. Managing and sustaining the **Title IV-E Waiver** Demonstration Project (2015 – 2019), including reinvesting savings and planning for the transition when the Waiver ends;
2. Building a new Comprehensive Child Welfare Information System (**CCWIS**) by 2020;
3. Building and 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.*); and
4. Integrating the **Ohana Nui** framework into practice.

In addition to the above, in early SFY 2018, DHS completed two program improvement plans: 1) Child Abuse Prevention and Treatment Act (CAPTA) Initial Contact Improvement Plan; and 2) P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act Program Improvement Plan. DHS remains in the process of completing a third program improvement plan: Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review Improvement Plan. Please see *Section VIII. I. Continuous Growth* for progress in completing these plans.

Ohana Nui, which translates from the Hawaiian language to "extended family" in English, is Hawaii's version of the United States Mainland Two-Generation Model. The name Ohana Nui was developed and chosen by Hawaii's foster youth. The program is Hawaii's approach to delivering 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 recently 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.

C. UPDATES AND CHANGES TO AGENCY ORGANIZATION

1. 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.

2. East Hawaii Caseworkers

An outcome from the community's concern regarding CWSB caseworkers carrying high caseloads was the passage of a bill in the most recent legislative session which mandates more caseworker positions for the CWSB East Hawaii Section.

3. Child Welfare Intake

Hawaii's statewide Child Welfare Intake units are also being reorganized with additional positions and a restructuring of the staffing pattern to ensure readily-available supervision and 24-hour hotline coverage by trained, full time intake staff.

D. TARGETED PLANS

No changes were made in SFY 2018/FFY 2018 to the following Targeted Plans in the 2015-2019 CFSP:

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

E. CHILD WELFARE WORKFORCE

As of May 2018, CWSB has 402 funded positions, 315 employees (78% of funded positions), and 87 position vacancies. The total number of funded positions in CWSB changes from year to year due to budget allocations, positions moved out of Branch to fill other Division needs, hiring freezes, and positions abolished due to a reduction in force (RIF). DHS continues to fill open positions, but the 2009-2010 RIF has had lasting negative consequences.

SECTION II. CWSB STRATEGIC PLANNING

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

1. Hawaii's CFSP and CFSR

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

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

The APSR is an annual report on the progress made toward accomplishing the goals and objectives of the CFSP. Due to the length of time it takes for State data to be made available for analysis, this APSR will discuss data on activities and services provided in SFY (State fiscal year) 2017. The focus of this APSR is specifically on programs, services, and activities provided in FFY (federal fiscal year) 2018 and planned programs, services, and activities for FFY 2019.

This document provides information on services and activities provided since the submission of the 2018 APSR and those to be provided after the submission of this 2019 APSR. Fiscal year references in this report mean the following:

- SFY 2017 = July 1, 2016 – June 30, 2017
- SFY 2018 = July 1, 2017 – June 30, 2018
- FFY 2018 = October 1, 2017 – September 30, 2018
- FFY 2019 = October 1, 2018 – September 30, 2019

This APSR primarily provides data from SFY 2017. 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, including:
 - i. Adoption, Foster Care Analysis and Review System (AFCARS)
 - ii. National Child Abuse and Neglect Data System (NCANDS)
 - iii. National Youth in Transition Database (NYTD)
- c. Statewide Information Systems: See *Section VI. Systemic Factors*.

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

- i. Child Protective Services System (CPSS)

CWSB electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS. 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.

- 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 2019 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 has not changed since the last APSR submission (FFY 2018). 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 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 2018 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

a. Overview

As of this report, Hawaii is in the fourth year of its Title IV-E Waiver Demonstration Project (“Waiver”). As required by Terms and Conditions, Hawaii submitted its Interim Evaluation Report (IER) in August 2017. This report was the first substantive and comprehensive evaluation report the Waiver produced. The Interim Evaluation Report presented findings from data collected for all three forms of evaluation:

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

Below are Waiver outcome findings from the most recent Interim Evaluation Report submitted to ACF in August 2017. That report analyzed data from 2015 and 2016.

- i. After a Crisis Response Team (CRT) response, 59% of children on Oahu and 54% of children on Hawaii Island did not go into care. The CRT was designed to prevent unnecessary entry into foster care, especially short stays in foster care, i.e., 30 days or less. Of those who received a CRT response on Oahu, 19% became short-stayers. Of those who received a CRT response on Hawaii Island, 17 % became short stayers. (Figure 16: Children in Foster Care for One Month or Less, shows that for the past four years (SFYs 2014-2017) approximately 15%, +/-1%, were in care for only one month.)
- ii. Intensive Home-Based Services (IHBS) are very successful: only 7% of children (8 out of 98 children) have been placed in care after receiving IHBS on Oahu. No children have been placed into foster care on Hawaii Island after participating in IHBS (0 out of 23 children).
- iii. Family Wrap Hawaii (Wrap) has been highly successful: 49% of youth served on Oahu and 62% of youth served on Hawaii Island have been reunified as of May

2017. Reunifications occur within four months of the first Wrap Meeting, on average.

- iv. The Safety, Permanency, and Well-being (SPAW) Meetings have led to four reunifications, two adoptions, and one legal guardianship. The most common change in legal status for SPAW participants is permanent custody by DHS, eliminating a legal barrier to adoption.

b. Crisis Response Team

i. Process Findings

Process findings on implementation and model fidelity for CRT at the interim point are below.

The CRT responded to 1.5 times the number of children originally projected for the Waiver. (Hawaii had projected that CRT would serve 477 children from 297 families per year for Oahu and Hawaii Island combined.) The CRT was designed differently on Oahu and Hawaii Island. On Oahu, the CRT is a stand-alone unit with ten dedicated staff. On Hawaii Island, caseworkers from three units in East Hawaii and two units in West Hawaii respond to referrals from Intake that meet the CRT criteria. These caseworkers respond to all other referrals from Intake as well; the key distinction is that a CRT referral requires a two-hour response.

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

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

Evaluation Team conducted focus groups with CWSB staff after the first year of implementation. The findings from the focus groups showed that the CRT intervention is largely seen as a positive and needed addition to practice, with the need to clarify eligibility criteria. After two years of the Waiver, intake workers were asked to respond via an online survey to two scenarios of child maltreatment that meet the eligibility criteria for a referral to the CRT. Fewer than half responded that they would have referred such a case to the CRT in either scenario. The evaluation is finding very broad trends, but no clear indicators of why an intake worker refers a report to the CRT rather than to CWSB.

Those children who became short-stayers after a CRT response are still having very short stays out-of-home, many returning home within five days. The children who

are short-stayers after a CRT response are those with acute problems related to parenting, such as lack of tolerance of the child's behavior, loss of control during discipline, etc. This is exactly the target population of IHBS.

ii. Accomplishments and Activities

Accomplishments and activities from July 1, 2017 to December 31, 2017, for CRT, as reported in the Semi-Annual Progress Report 6 dated January 30, 2018, are discussed below.

CRT served 153 families of 241 children, a cumulative total of serving 1,969 children from 1,011 families. Of these children, at least 848 children were maintained safely in the family home with CRT response.

The total number of children and families the CRT responded to date is above projection and continues to increase as it does not account for 2017 missing data. The Section Administrators and Supervisors continue to work on data entry and cleanup with their social workers to meet the evaluation data pull deadline of March 1, 2018.

During this period, the workgroup including the CWSB staff and service providers focused on developing recommendations for model improvement as well as sustainability based on the findings in the IER. CRT's timely response was first recognized and applied to CM (case management) standby response. CM Standby workers respond to active foster care cases after hours to prevent placement disruptions as well as to assist located youth who had run away from their resource homes or shelters. These CM Standby workers go out within two hours of dispatch and assess safety so that youth can return to their resource caregivers.

Another example of CRT success is the use of the electronic Child Safety Assessment (CSA) on the SHAKA database. CRT Standby workers are dayshift investigators and case managers. Through the experience of the CRT standby work, a request was made to make the electronic CSA available for all cases on the SHAKA database. The electronic CSA became available to all cases in all regions as of July 2017. The information was provided via meetings and emails. The workgroup will schedule another round of the Waiver update meetings to share successes of CRT. At that time, the use of electronic CSA on SHAKA will be on the agenda again to show how to use it.

c. Intensive Home-Based Services

i. Process Findings

Process findings on implementation and model fidelity for IHBS at the interim point are as below.

IHBS services do not extend beyond six weeks, per the intervention model, and families receive an average of at least 20 face-to-face sessions with their therapist

in that time, at an average of four or five sessions per week. This intensive service has good outcomes nationally and is producing the same in Hawaii, due to high fidelity to the model.

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

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

Focus group feedback on the IHBS intervention from the CRT and other caseworkers was very positive after the first year of the Waiver. It was viewed as an important addition to referral opportunities. Many stated that they felt they could use this more intensive therapeutic approach for many families and believed it would divert many cases from moving further into the system.

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

ii. Accomplishments and Activities

Accomplishments and activities from July 1, 2017 to December 31, 2017, for IHBS, as reported in the Semi-Annual Progress Report 6, dated January 30, 2018, are discussed below.

For the period July 1, 2017 - December 31, 2017, 39 families and 95 children were served by IHBS, for a cumulative total of 126 families and 315 children participated in IHBS programs on Oahu and Hawaii Island.

Referrals and acceptance into IHBS continued to increase since the widening of eligibility requirements. On Oahu, approximately two-thirds of referrals came from CRT while the remaining third were from non-CRT cases. East Hawaii IHBS on Hawaii Island seems to have received referrals mainly from CRT while West Hawaii IHBS experienced half of all referrals from CRT.

During the workgroup meetings, the following question was posed to continue developing a transition plan of IHBS using feedback received from the workgroup members. The workgroup focused on quick successes that could be transferred to non-IHBS services without regard to contract modification or added funding.

What are the good practices observed that can be transferrable or applicable to non-Waiver interventions/practice?

- 1) Better engagement with parents - Concrete services by IHBS
- 2) Better communication and collaboration between CWSB social workers and service providers
- 3) A set of therapist expectations and guidelines of the HOMEBUILDERS model for service consistency
- 4) Monthly workgroup meeting to share successes and challenges to problem-solve

The workgroup continues to brainstorm applicability of these successful practices as part of the transition plan.

d. Family Wrap Hawaii

i. Process Findings

Process findings on implementation and model fidelity for Family Wrap Hawaii (Wrap) at the interim point are below.

Wrap is underutilized on Oahu, yet the demand for Wrap on Hawaii Island exceeds the planned service capacity. Overall, Wrap has served 50 children and youth in the first two years of the Demonstration, fewer than the projected 160. Wrap family meetings occur monthly, and most families have their first Wrap meeting within one month after agreeing to participate. On average, the Wrap intervention consists of seven monthly meetings.

After the first year of implementation, CWSB staff noted that the training they received about the two long-stayer interventions was not as thorough as that for the short-stayer interventions, focusing primarily on the new assessment tool associated with the long-stayer interventions. As a result, referral criteria and the referral process for the Wrap intervention were unclear.

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

After the second year, caseworkers were surveyed about their knowledge of the Wrap intervention, and the majority felt that they understand the purpose of Wrap, but expressed less agreement that the training for it was clear. In response to a scenario of a family appropriate for Wrap, about half of caseworkers reported that they would refer the family to Wrap, while many would instead discuss Ohana Conferencing with the family to identify placement options and a support system, and develop a safety plan and case plan at the front end and on an ongoing as-needed basis.

One of the requirements in the Wrap referral process is completion of the Child and Adolescent Needs and Strengths (CANS) tool by the case worker, which is to be sent to the Wrap provider before the first Wrap meeting with the child and family. Completion rates for the CANS have been low; CWSB caseworkers cite the burden of extra paperwork and Wrap providers note the disconnect of a child-centered assessment within a family-centered intervention.

ii. Accomplishments and Activities

Accomplishments and activities from July 1, 2017 to December 31, 2017, for Wrap, as reported in the Semi-Annual Progress Report 6 dated January 30, 2018, are below.

For the period, July 1, 2017 - December 31, 2017, 13 children from 9 families were served by Wrap, for a cumulative total of 109 children from 50 families, participated in Wrap meetings to expedite permanency through reunification by addressing barriers to reunification. Of these 109 children, 84 children from 39 families were reunified with their families.

Wrap continues to be a key tool for families that struggle to make progress toward reunification. The high successful reunification rate of Wrap families is recognized and appreciated by the CWSB and system partners including the judiciary. During this reporting period, Wrap experienced low referrals. This can be explained by caseload increases due to the VCM contract disruption. This contract lapse created active VCM cases that were referred to the service providers for case management to then be referred back to CWSB for investigation when risk and safety were elevated. This resulted in a significant increase in the overall caseload for CWSB investigation and case management staff. Investigators and case managers are overwhelmed with the number of cases that they have.

The question below was also posed to Wrap workgroup members and responses are noted:

What are the good practices observed that can be transferrable or applicable to non-Waiver intervention(s)?

- 1) Navigators help families maneuver complicated multiple systems. The goal is for the parents to build their skills to access services that are needed

but they don't know where to start. Navigators are there to help identify available services and guide parents to access them.

- 2) Parent partners are great support for the parents. Having someone who has gone through the child welfare system by their side provides emotional support.
- 3) Building relationships with other agencies that are involved with the same family improves collaboration to bust systemic barriers. The team is then built around the family as its support system.

The consistent feedback from the provider and CWSB social workers is the time eligibility for long stayers. The time eligibility for Wrap should be earlier than nine months as nine months is too late in the process for the family engagement given ASFA timelines. The Wrap model is designed to engage families in which traditional service plans have not been successful because the needs of the children and/or the parents are so high.

e. Safety, Permanency, and Well-being Meeting

i. Process Findings

Process findings on implementation and model fidelity for SPAW at the interim point are below.

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

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

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

After the first year of implementation, case workers expressed support for the SPAW intervention, however viewed the completion of a CANS assessment as a

requirement for referral as a burden and a barrier. After two years of the Waiver, fewer than 50% of SPAW Meetings have been informed by a completed CANS assessment of the child's well-being.

Preliminary cost analysis at the interim point focused on characterizing the pre-Waiver period from State Fiscal Years (SFYs) 2012-2014 to provide a baseline for the Waiver cost study. Early analysis shows that while spending for out-of-home placements has increased gradually over the past four years, the proportion spent on direct services has increased relative to expenditures for out-of-home care in the first two years of the Waiver (2015-2016). This is true for both state/general and federal spending. It is too early in the Waiver to evaluate the extent to which this trend is impacted by the Waiver, and researchers will follow this trend closely moving forward.

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

During the reporting period, the evaluation team presented the findings and recommendations at the Waiver intervention workgroup meetings as well as monthly Waiver Steering Committee Meetings. Based on the findings, the Project Manager led meeting discussions that focused on how to apply successes and good practice observed to regular CWSB practice as well as non-Waiver services offered by service providers. The Steering Committee and workgroups also discussed where the models and eligibility can be improved. The workgroups will continue to discuss and develop a transition/sustainability plan, including securing funding.

ii. Accomplishments and Activities

Accomplishments and activities from July 1, 2017 to December 31, 2017, for SPAW, as reported in the Semi-Annual Progress Report 6 dated January 30, 2018, are below.

For the period, July 1, 2017 - December 31, 2017, 15 youth, for a cumulative total of 161 children and youth, were involved in SPAW. Of these youth, 38 youth achieved permanency through adoption, guardianship, or reunification.

SPAW continues to be challenged by low referrals. To address this, the Waiver Project Manager scheduled a one-day workgroup meeting to uncover reasons for low referrals.

In October 2017, following the evaluator's presentation on the IER findings, the workgroup began discussing possible explanations for resistance and solutions to bust the barriers. In this workgroup meeting, the following were identified:

- 1) Message is important and may need improvement;
- 2) Staff who have not participate in SPAW meetings to date should observe or shadow a SPAW meeting;
- 3) Value of permanency training is needed on an ongoing basis;
- 4) Monthly All-In-Care List should be utilized to identify youth who are stuck in the foster care system;
- 5) Another round of the SPAW informational meeting is needed to highlight the success stories;
- 6) Systematic follow-up is needed after the first SPAW meeting.

At the November 2017 meeting, the following suggestions were made:

- 1) SPAW team outreach to units should continue ongoing, regularly scheduled permanency values and skills training is a good reminder and refresher.
- 2) It has been helpful to have adoption and placement agencies at the SPAW meetings to help identify potential pre-adoptive homes. Placement resources are already limited.
- 3) Collaborative relationship is to be enhanced between CWSB and the family courts.
- 4) Shift in paradigm is needed to change the perception on SPAW and its permanency action plans
- 5) Interagency collaboration should be emphasized on the systemic barrier busting.
- 6) Youth voice is critical to bust systemic barriers.
- 7) Follow-up and follow-through are key to success
- 8) Help supervisors build skills on coaching and supervision to make movements for the youth.

The training team discussed the importance of understanding the values of permanency. It is agreed that this value should be woven in the New Hire Core training. The Core training is a perfect opportunity to ingrain permanency values in practice when social workers are new and fresh. The two lead trainers from the Staff Development Office enhanced the introduction and permanency modules. The team reviewed the updates and provided feedback.

For experienced workers, supervisors are key to coach transfer of knowledge and behavior change. It is the supervisors who monitor the new behavior to stick through daily supervision and coaching. The Supervisor Coach will review the Permanency Values train-the-trainers' curricula to weave permanency values into the supervisor coaching.

For the partner agencies and stakeholders, a full-day workshop may be needed. The original curriculum developed by Casey Family Programs was designed to be a full day each of Permanency Values and SPAW Skills. Training team will review and tailor these curricula to pare them down to one full day training to include both values and skills.

f. CANS

The CANS assessment tool was implemented to identify the needs of children, and has been a part of the Wrap and SPAW models. Three years after its initial implementation, staff remained challenged to use the tool regularly. The completion rate of the initial CANS improved over time but the completion rate of the closing CANS has not improved as indicated in the IER. A disconnect of the CANS use is in part due to lacking integration of the tool with other assessment tools and case planning. To address this disconnect, a case planning tool based on the CANS results was developed on the SHAKA database. The CANS workgroup is to reconvene to make this tool more user friendly and to make it useful for parent and child engagement.

g. Reports

For further details please refer to:

- The attached Interim Evaluation Report State of Hawaii Title IV-E Waiver Demonstration, dated January 19, 2018, and
- The attached "Child Welfare Title IV-E Waiver Demonstration Semi-Annual Progress Report 6, July 1, 2017 – December 31, 2017, dated January 30, 2018."

SECTION III. PROGRAMS SUPPORTING SAFETY

A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES

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

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

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

B. PERFORMANCE ASSESSMENT

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

1. Safety Outcome 1

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

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

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

2. Safety Outcome 2

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

The assessment of Safety Outcome 2 includes two CFSR items:

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

C. CHILD MALTREATMENT REPORTS AND DISPOSITION STATEWIDE

This section of the APSR relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls summarizes information about the types of calls received by the Statewide Intake Hotline for SFY 2013 through SFY 2017. “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, the percentage of calls assigned for further action has remained relatively stable at approximately 20% [+/- 2%].

In addition to Data Booklet, Figure 1: Statewide Intake Hotline Calls, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB & DRS for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS. The number of calls declined by 21% from SFY 2016 (22,767) to SFY 2017 (17,886). The number of calls assigned for intervention has decreased 9% from SFY 2016 (5,075) to SFY 2017 (4,609).

Refer to Data Booklet, Figure 3: Percentage of Intakes Assigned to CWSB & DRS to review the percentage of cases assigned to CWSB and DRS for action from SFY 2014. The number of hotline calls assigned for CWSB investigation decreased by 9% from SFY 2016 to SFY 2017. The number of hotline calls assigned to VCM decreased 11% from SFY 2016 to SFY 2017 and the number of hotline calls assigned to FSS decreased 41% from SFY 2016 to FFY 2017.

CWSB believes that the increase in CWSB investigations and decrease in DRS assignments since SFY 2016 is in part a result of implementing quality assurance and guidelines for case assignment. In addition, court-ordered investigations have increased from the last fiscal year.

Although the number of calls has declined from SFY 2014, the proportion of intakes referred to CWSB and VCM have remained consistent over the last few years, with a significant decrease in referrals to FSS. Clarification has been provided for the CWSB section that assesses reports. When the report does not meet the threshold for assignment to CWSB, families with low risk issues in need of outreach and linkage to community resources are assigned to FSS, and families with moderate/moderately high-risk issues in need of engagement, supports, and interventions to effect parental/caregiver behavioral change are assigned to VCM. As part of the assessment at the time of the report, intake workers carefully consider the risk level, including the caregiver’s overall capacity and ability to make the behavioral change required to prevent abuse and neglect. This clarification has been further integrated in practice over the last year.

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 2017 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Figure 6: Victim Disposition by County SFY 2017 for county specific data.

In SFY 2017, 2,383 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 2,383 reports included 3,711 children, of which 1,354 (or 36%) were confirmed as victims of child maltreatment. Of these 1,354 children, threat of harm was confirmed for 1002 of the children (or 74%). Threatened harm is confirmed when one or more safety factors are present that constitute a risk of substantial harm to the child. Refer to Data Booklet, Figure 7: Disposition of Cases Assigned for CWSB Investigation – Unduplicated Count and Figure 8: Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation.

Please note: The numbers in Data Booklet, Figure 2: Intakes Assigned to CWSB & DRS may not match the numbers in Data Booklet, Figures 6: Disposition of Cases Assigned for CWSB Investigation – Unduplicated Count and Figure 8: Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation. While Data Booklet, Figure 2: Intakes Assigned to CWSB & DRS includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB hotline, Data Booklet, Figures 6: Disposition of Cases Assigned for CWSB Investigation – Unduplicated Count and Figure 8: Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation 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 three possible dispositions, explained below.

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

The use of Unsubstantiated as a disposition category was discontinued after May 29, 2017; thus, moving Hawaii from a three-tier disposition program to a two-tier disposition program to provide clarity and eliminate confusion to staff and families. This change was codified in Hawaii Revised Statutes §350. Following legal consultation, Hawaii CWSB asserts that this change does not affect the State's eligibility for the CAPTA State Grant. In SFY 2017, there were eight reports of abuse and neglect that were Unsubstantiated, down from 17 in SFY 2016.

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 24: 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: Maltreatment by Type and State Fiscal Year and Figure 10: Maltreatment Type by State Fiscal Year (Percentage) for details on the major types of maltreatment that are reported and confirmed by CWSB in SFY 2017.

There was a 5% increase in cases of threatened harm from SFY 2016 to SFY 2017. During the same timeframe, there was a 0.2% decrease in actual medical neglect, a slight decrease of 2.6% in physical neglect, and a slight increase of 0.3% of physical abuse. Sexual abuse has remained near 5% over from SFY 2014 and is currently 5.2% in SFY 2017. Psychological Abuse has also remained below 1% from 2014 and is currently 0.4% in SFY 2017.

2. Number of Children in Foster Care

See graphs in Data Booklet, Figure 11B: Total Number of Children in Foster Care in Hawaii by SFY, and Figure 12: Monthly Average Number of Children in Foster Care in Hawaii by SFY. 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 continued to slowly climb. 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 3.5% increase in total annual number of children in foster care from SFY 2016 (2,597 foster children) to SFY 2017 (2,688 foster children), and a 6.3% increase in the monthly average number of children in foster care from SFY 2016 (1,409 foster children) to SFY 2017 (1,499). This rise is continuing in SFY 2018 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 less than in prior years. See Data Booklet, Figure 13: Percentage Rise of Children in Foster Care SFY 2014 through SFY 2017. Although it is too soon to call it a trend, it is a positive sign that the percentage increase has gone down over the past three years. A visual representation of the past four 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 11A: Children in Foster Care SFYs 2014-2017.

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 (2,177 foster children). Even with the recent increase, Hawaii is not approaching the levels of the 2000s. See Figure 11B.

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 14: Total Children in Foster Care per SFY by Geographic Area by Percentage. Here one can see that the percentage of children in foster care has regionally shifted over the past five years. The percentages of the total statewide foster children in each neighbor island region have risen over the period SFY 2013 through SFY 2017, resulting in a decreased percentage for Oahu.

Data Booklet, Figure 15: Number of Children in Foster Care and Percentage Change by Geographic Area, depicts children in foster care across regions over the same five year period, SFYs 2013 – 2017. 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.

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.

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 and continues to stay low. See Data Booklet, Figure 17: Average Length of Stay in Foster Care in Months, which graphically demonstrates the decline in length of stay for the SFYs 2011-2017. Also, see Data Booklet, Figure 20: Termination Type by Age Group for SFY 2016 and SFY 2017 for further information.

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 2017: 27 Cases Reviewed

20 Strengths, 7 Areas Needing Improvements (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 20 of 27 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.

Seven cases (or 26%) were rated as needing improvement. In each of these, the report was assigned timely from Intake, but contact was not initiated timely. In three of these cases, there was no documentation of efforts made to make timely contact with children.

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

3) Discussion

CWSB Sections and VCM providers continue to manage tracking the contact time within their individual sections or units. And continue to have use of the tracker tool in SHAKA, although data entry may vary. The use of the tracker will be revisited as part of the PIP3.

Delays initiating contact may occur when cases are assigned to a worker who is out on leave or in the field, or goes out on leave during the response time frame and the case is not identified for reassignment. CWSB may review how assignments are made, tracked, and reassigned, when necessary, to ensure timely response is made.

In other instances, timely contact may be initiated and ongoing efforts are not made to complete contact. In other situations, one or more children in the family may be seen timely but not all children are and ongoing efforts are not made to complete contact. This may also be revisited as CWSB reviews the use of the tracker.

CWSB continues to utilize the Crisis Response Team (CRT) whose primary goal is to maintain children in the family home, whenever safely possible, by responding immediately to select reports of abuse and neglect where removal

is probable, thereby avoiding unnecessary removals on Oahu and the Island of Hawaii. Response is made within 2 hours, allowing for enhanced engagement with the family.

Various factors continue to contribute to a social worker's ability to engage in face-to-face contact with the family including instability in the areas of housing, communication (primarily phone contact), and economic resources including inconsistent employment. These family stressors in essential life areas may also make it difficult for a family to respond and/or engage in contact with a CWSB or VCM worker.

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

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

Data gathered from CPSS and SHAKA regarding the timeliness of response can be found in the Data Booklet, Figure 22: Completed Timely Responses – CWS & VCM: SFY 2016 & 2017, and Figure 25: Trending Timely Responses – CWS & VCM: SFY 2016 & 2017.

a. 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 2017 was 99.7%. Please refer to the Data Booklet, Figure 24: Absence of Recurrence of Child Abuse and Neglect, for information on the rates for SFY 2014 – SFY 2017.

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 the practice in relation to documentation of 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 will also be provided to CWSB staff on Trauma and Healing Informed Care in 2018. This may further improve 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/caregiver to prevent subsequent maltreatment from occurring.

4. Safety in Child's Home

a. CFSR Safety Outcome 2

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

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

SFY 2017: 58 Cases Reviewed

44 Strengths, 14 ANI

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

In 44 of 58 cases (or 76% 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 CWS or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contribute to guided decision-making and good documentation in cases rated as strengths.

Fourteen cases (or 24%) were rated as needing improvement. Lack of appropriate, accurate safety assessments contributed to the negative rating.

- a) In two cases, concerted efforts were needed to facilitate the families' access to safety services and to engage families in services; in most of these cases, caseworkers' contact being less than monthly was a factor.
- b) In 12 cases, safety services were not provided or arranged for children in the home.

3) Discussion

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 plans to review the understanding and use assessment tool to identify opportunities for clarification, consultation, enhanced supervision, coaching, and streamlining practice to improve assessments to identify safety concerns and provide safety services to meet the family's needs and maintain child safety.

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

CWSB also continues to see improvement in this area with implementation of the Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS). The primary goal of both initiatives is to maintain children in the family home whenever safely possible, thereby avoiding unnecessary removals. See *Section II. CWSB Strategic Planning, E. Interventions and Strategies, 3. Child Welfare Title IV-E Waiver Demonstration Activities* for an update on progress in these areas. CWSB is reviewing the positive practice components of CRT and IHBS to share with other sections that may not be a waiver demonstration site as an opportunity for learning and improved practice. CWSB will also consider maintaining and possibly expanding the interventions as the Title IV-E Waiver Demonstration ends.

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

plans with the family to address safety concerns and keep the children safely in the home. While the CRT workers are currently entering the information from the safety assessments in the database, CWSB will expand this option to enter the safety assessments in the database statewide for improved tracking. CWSB will also be testing and possibly implementing the use of the risk assessment tool in the database for improved tracking, competition, quality assessment and service coordination, and potentially to aggregate data on the needs of families to inform practice and service array.

iii. CFSR Item 3: Safety and Risk Assessment and Management

SFY 2017: 104 Cases Reviewed
46 Strengths, 58 ANI

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 46 of 104 cases (or 44% of applicable cases reviewed), informal and formal risk and safety assessments were completed. In these cases, assessments of safety and risk were documented in the 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.

Fifty-eight cases (or 56%) were rated as needing improvement. Formal ongoing risk and safety assessments were used infrequently. 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 54 of 104 cases, ongoing risk and safety assessments were not conducted for children in care or children remaining in the home.
 - o In 40 of these cases, caseworker contact with children was less than monthly, sometimes missing consecutive months.
- b) In 13 cases, the development and monitoring of safety plans were needed.
- c) In 12 cases, risk and safety assessments were not thorough or accurate.

- d) In 11 cases, children were left in unsafe homes, despite reports of safety concerns.
- e) In three cases, visitation plans were not adequately monitored.
- f) In three cases, there were concerns for the child's safety in the foster home.
- g) In three cases, the resource caregiver needed resources and more communication from the caseworker to help maintain the child's stability in the resource home.
- h) In two cases, there was recurring maltreatment.

3) Discussion

CWSB and VCM workers continue to utilize the Child Safety Assessments and Comprehensive Strengths and Risk Rating Tools, and when safe and appropriate, in-home safety plans to prevent placement of children in foster care when they are taken into police protective custody. CWSB continues to utilize these tools at key events/decision points in the life of the case to ensure that safety concerns and risk issues are assessed and addressed. CWSB also uses the Safety of Placement and Safety Assessment in Child Caring Institutions tool to assess safety for children in foster care and institutional settings.

Recognizing that improving quality visits and thorough assessments may help improve this area, CWSB is developing a real-time worker visit tracking system to ensure visits are made. Additionally, supervision and coaching will be enhanced to promote quality visits and assessments to identify needs and services for families.

As mentioned in the previous item, CWSB plans to review the understanding and use the assessment tools to identify opportunities for clarification, consultation, enhanced supervision, coaching, and streamlining practice to improve assessments to identify safety concerns and provide safety services to meet the family's needs and maintain child safety. CWSB will also review the use of entering the safety and risk assessments as a vehicle to improve supervision and tracking to promote quality and timely ongoing assessments. As part of the PIP that Hawaii is developing, there are plans to train administrators in safety assessment and how to coach, monitor and support quality safety assessments to ensure leadership can lead well in this area.

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

5. Safety in Foster Care

a. National Standard for Safety Outcome 1

Of all children served in foster care, what percent were not victims of a substantiated or indicated maltreatment by a resource caregiver or facility staff member during the fiscal year?

At the rate of in SFY 2017 is 99.9%, CWSB is above the national standard of 99.7%. Refer to the Data Booklet, Figure 26: Absence of Maltreatment in Foster Care for a chart of the SFY 2014– SFY 2017 rates.

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 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. CWSB will continue to monitor the safety of children in care and review confirmed cases to identify opportunities to improve practice and data collection.

In 2017, Hawaii provided training opportunities to resource caregivers on understanding the trauma of removal, supporting children with complex needs and challenging behaviors, and how reasonable and prudent parenting and normalcy can improve care and outcomes for children in foster care. Training for resource caregivers in 2018 has built on the efforts in 2017 and focused on trauma and its impact on brain development in April and May of 2018. These efforts focused on improving the care and support that children receive in foster care. Also in 2018, a training and learning collaborative has begun with CWSB staff on Trauma and Healing Informed Care. This is intended to further improve CWSB's assessments of children and the effects of their trauma experiences, and develop opportunities and ideas to support each child in collaboration and support of his/her parent and/or resource caregiver.

SECTION IV. PROGRAMS SUPPORTING PERMANENCY

A. PROGRAM AND SERVICE DESCRIPTIONS

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

There has been a slight decrease in children reunified with parents by 6% from SFY 2014 to SFY 2017. Refer to the Data Booklet, Figure 21: Reunification and Emancipation Rates, and Figure 27: Percentage of Children Reunified with Parents for the percentage of children exiting foster care through reunification with their parents after removal due to child abuse and/or neglect. The trend in the timeliness of reunification can be seen in Figure 35: Timely Reunification (Within 12 months) - SFY 2014 –SFY 2017. CWSB continues to work with children, youth, and families toward successful reunification whenever safe and possible. Through the efforts described below, CWSB strives to improve the number of children who can be successfully reunified with their family.

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

As noted in Data Booklet, Figure 41: Ohana Conferences and Youth Circles – SFY 2014-SFY 2017, in SFY 2017, 793 OCs were held. CWSB utilizes an automatic referral to Ohana Conferences (OC) to allow all families access to this valuable resource. A referral for an OC automatically goes to the contracted provider to notify the staff and schedule an OC, when possible. When a family has multiple children in foster care, generally one OC can be held to encompass all the children. In the successful OC, cases are identified and scheduled early and services provided to accommodate the family's unique needs. In some situations, a family may not be able to participate in an OC, including situations where a family or older child refuses to participate, the court decides that engaging in an OC is not in the best interest of the child, or there are no family members available or able to participate.

The OC also provides a neutral place for concurrent planning to be brought up for discussion minimizing the heated emotions that can accompany a CWSB case. The OC is a time for a family to discuss and decide who is available and appropriate to provide permanent care for the child(ren) in question should their parents be unable to do so. Even if reunification does not occur, the OC allows the family to have some control over the direction of their case by allowing them input into who might care for their child(ren) should they be unable to do so.

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. CWSB continues to enhance Ohana Time and all CWSB staff are trained during new hire orientations on the practice and use of Ohana Time.

e. Project First Care

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.

g. Trainings

Efforts at enhanced collaboration and consistency in the use of best practice around reunification and permanency continue with joint trainings for CWSB staff and contracted provider staff. VCM staff, who provide similar visitation and supervision services as CWSB staff, attend training with CWSB staff to ensure that CWSB and VCM staff are consistent in practice and expectations. To ensure consistency from the beginning of the case, training is also extended to other contracted providers of CWSB services as needed, including the Interstate Compact on the Placement of Children provider and the Intensive Home-Based Services provider, who both work closely with families, similar to CWSB workers.

The Court Improvement Program (CIP) continues to work closely with CWSB to provide annual trainings. For more information on CIP trainings in SFY 2017, please see *Section VI. Systemic Factors, D. Staff and Provider Training, 5. Local Conferences and Training through The William S. Richardson School of Law and the Judiciary*.

h. Collaborations

CWSB is in the fourth 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. This year, 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

In 2017, CWSB identified the need for and engaged in strengthening and supporting supervisors. CWSB continues its efforts to create a 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

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.

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

One can see in the Data Booklet, Figure 18: Number of Children in Foster Care by Age Group: SFY 2014 – SFY 2017, the numbers of children in foster care by age over the past four years and Data Booklet, Figure 19: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2014 – SFY 2017, displays this age distribution as percentages of the total annual number of children in foster care for each of the past four years. During this period, the percentage of children in foster care who are aged 0-5 has ranged from 43% to 46% of all children in foster care annually.

In Hawaii's FFY 2017 APSR, targeted efforts and services for children aged 0-5 were discussed. These services are still in place. All children, under age of 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 that children in foster care under age of five are without a permanent family. Several are discussed throughout this report, and several are summarized below.

1) Ohana Conferencing (OC)

Ohana Conferencing is provided for all children in foster care. Ohana Conferencing is automatically referred to the contracted agency to begin the process to set up the conference for the identified parties and provide family findings. The quick referrals to the provider will move the case faster and identify relatives who may become the placement for the child and 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

Project First Care provides infants with immediate placement into a resource caregiver home that has intensive services for the families so that the infants can return home as quickly as possible, with the goal of returning the infant back home within 60 days. These resource caregiver homes are provided with a much higher room and board reimbursement rate. The Project First Care program is described in fuller detail in Hawaii's FFY 2018 APSR.

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 IVE-E Waiver Demonstration Activities.

4) Home Visiting Services

CWS Home Visiting contracts provide services in the home for children ages 0-3 with a confirmed report of child abuse and/or neglect. Services are provided to children, resource caregivers, and biological parents. The contracted providers statewide provide an array of services which include crisis counseling, parenting skills, developmental screenings, and transportation. Some of the providers have a nurse on-call for children and families that may need more medical interventions.

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

HZTT continues to provide families with an intense, voluntary, 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, recent activities and accomplishments of HZTT are presented.

a) HZTT Projects and Notable Activities

The HZTT Court 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. During the workshops, parents are served lunch and introduced to vital and relevant community-based programs and classes. Past parent activities include topics such as benefits of reading books, creating musical instruments with household items, and discussion on 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. 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.

During this reporting period, members of HZTT court team attended the National ZERO TO THREE QCIT cross-sites meeting in Ft. Lauderdale, Florida on August 16-18, 2017. The purpose of the meeting was to network with other Safe Babies and ZERO TO THREE court teams to gain and share ideas on how to support families with young children through collaborative community efforts. As a result of attending the cross-sites meeting, in January 2018, the HZTT court team hosted two lunch-time training events playing the videos of key plenary presentations from this conference.

During a convening of judges, attorneys, and QIC nationwide sites, the HZTT judge and CIP Co-Coordinator provided feedback which 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. The curriculum is anticipated to be released in late 2018.

b) HZTT Statistics

As of December 2017, HZTT has 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. The program is currently capped at 20 families.

c) Evaluation

The QIC recently 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."

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 which help to address the developmental needs of young children.

1) Home Visiting Services

This statewide service is discussed above, and is particularly designed to help 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)

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.

b. Native Hawaiian Children

In Data Booklet, Figure 55, ethnicities of children in foster care and resource caregivers are displayed. This figure shows that 45.7% of all children in foster care in SFY 2017 had Native Hawaiian ancestry. Concerningly, Native Hawaiian families are over-represented in numerous social services and programs throughout the State: juvenile justice, adult probation, TANF, public housing, special education, and others. Hawaii has numerous targeted efforts and programs to meet the cultural needs of Native Hawaiian families. These were discussed in Hawaii's FFY 2017 APSR.

Recent efforts include:

- i. Increased partnership with Liliuokalani Trust to investigate the disproportionality of Native Hawaiians in the Child Welfare system statewide;
- ii. Continued assistance, guidance and support from the Capacity Building Center for States to Hawaii through its Title IV-E Waiver Demonstration Project for:
 - 1) consistent gathering of ethnic data for CWSB families,

- 2) ethnic data analysis, and
- 3) identifying decision-making points of potential bias.

c. LGBTQ 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 well-being of LGBTQ children and youth.

i. Recent Accomplishments

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

- 1) Resource Caregiver Trainings provided by a local expert through Family Program Hawaii on Oahu (Honolulu and Waianae), Hawaii Island (Kona and Hilo), Maui, and Kauai, June 2017 through August 2017
- 2) Updated and organized by island LGBTQ resources in CWS' youth-friendly on-line portal SHAKATown in September 2017
- 3) Updated LGBTQ Glossary of Terms in SHAKATown in February 2018
- 4) Revised LGBTQ module in CWS New Hire Training in December 2017, and implemented changes in all 2018 trainings
- 5) 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.

ii. Future Plans

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

- 1) Add more CWS-contracted community providers to the Family Court's LGBTQ committee, so they may take advantage of the benefits detailed immediately above in i.5) a)-d)
- 2) Assist CWS-contracted providers in actualizing LGBTQ training for their staff
- 3) Revise, finalize, and issue CWSB LGBTQ Best Practice Guidelines;

- 4) Modify 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.

d. Indian Child Welfare Act (ICWA)

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

i. SFY 2017 Information

During SFY 2017, CWSB had 19 children in foster care who were of Native American ancestry. Ten of the children were on Oahu, eight on Hawaii Island, one on Maui, and none on Kauai, Molokai, or Lanai.

Based on a data review of all foster care cases with Native American children, CWSB confirms that the tribes were contacted as required by ICWA for all Native American foster children in SFY 2017, but five. Three of these five children and their parents were not registered with their tribes. One child was in foster care for less than a month before reunifying with parents; since the child was reunified with the parents so soon after CWSB’s involvement, the notifications did not happen. One child’s case was a failed private adoption with parents who were not Native American and staff did not discover the child’s true heritage until after the case was closed. In SFY 2018, the importance of investigating ethnic background early in cases has been trained and reinforced.

Hawaii CWSB had contact with the following tribes, during SFY 2017:

- a) Blackfoot Cherokee,
- b) Cherokee,
- c) Clarks Point Village,
- d) Navajo,
- e) Ojibwe,
- f) Oneida, and
- g) Sioux Crow Creek.

In the cases of six children, their respective tribes took jurisdiction and Hawaii closed those cases. For the other eight Native American children, although CWSB contacted the tribe, the tribe did not take jurisdiction and the children remained under the care of Hawaii CWSB.

Hawaii has experienced greater success collaborating with some tribes than others. Over SFY 2017, Hawaii has 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. In one instance, the tribe was potentially interested in taking jurisdiction, but had no placement options for the child within the tribe, so Hawaii CWSB reached out to the child welfare program in the tribe's state to arrange a resource home for the child. In this placement, the child could be still be raised with strong connections to the tribe and tribal culture, although jurisdiction would not change, and the child would not be in a tribal placement.

ii. Hawaii's ICWA Process

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

- a) what must be addressed when consulting tribes;
- b) notification to Native American parents, tribes, and the Bureau of Indian Affairs (BIA);
- c) CWSB efforts to prevent breakup of the Native American Family;
- d) 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

Since writing Hawaii's 2015-2019 CFSP, several activities have enhanced Hawaii's ability to comply with ICWA: a new relative notification system, the Cultural Specialist position, improved race and ethnicity coding, and expedited birth certificate access.

a) Relative Notification

Toward the end of SFY 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.

b) 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 CWS, including Native Hawaiians, military, Native Americans, religious groups, Micronesians, and LGBTQ people. With the focus of the Cultural Specialist, ICWA compliance can be improved.

c) Race and Ethnicity Coding

In October 2017, Hawaii 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.

d) Birth Certificate Access

Currently, there are numerous steps and it takes a long time for CWSB to obtain a copy of a child's birth certificate, even if that child was born in Hawaii. CWSB is actively collaborating 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 inform workers of Native American ancestry very early in a case.

4. Relative Placement Efforts

CWSB considers placement with relatives a strength of practice in working with children and families. See Data Booklet, Figure 28: Monthly Averages-Number of Children in Relative and Non-Relative Care and Data Booklet, Figure 28: Monthly Averages-Percentage of Children in Relative and Non-Relative Care for the monthly averages of children in relative and non-relative care. In CWSB's continuing effort to strengthen this practice, in December 2017, HCWCQI conducted a Relative Placement Targeted Review to identify existing strengths and opportunities to improve CWSB's performance outcomes regarding relative placement. After CWSB completes a review of the report, it will develop strategies to build on CWSB's practices and further improve the quantity and quality of children's placements with relatives.

5. Adoption and Guardianship Promotion and Support Services

The number of adoptions increased by 41 from SFY 2016 (160 adoptions) to SFY 2017 (201 adoptions) and the guardianships increased by 45 from SFY 2016 (100 guardianships) to SFY 2017 (145 guardianships). 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 30: Exits by Adoptions and Legal Guardianships SFY 2014-SFY 2017 Numbers [Graph] and Data Booklet, Figure 31: Adoption and Legal Guardianship SFY 2014-SFY 2017 Percentages [Graph] show the number and percentage of children who were adopted or achieved legal guardianship compared to all children who exited foster care since SFY 2014. Beginning in SFY 2014, legal guardianships increased significantly and remain steady through SFY 2016 with an increase in 2017. In the Data Booklet, Figure 36: Timely Adoption (Within 12 months) - SFY 2014 – SFY 2017, shows how effective Hawaii's effort have been.

Wendy's Wonderful Kids (WWK) continues to work closely with CWSB staff to find permanency matches for children. The SPAW team data-mines cases where youth have been in custody for longer periods of time and shares its list of cases and background information on these cases with WWK to assist the WWK recruiter with focusing on priority 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 percentage of children who re-entered foster care within 12 months after exiting foster care, see Data Booklet, Figure 33: Re-entry into Foster Care within 12-Months of Exit. Data Booklet, Figure 33: Re-entry into Foster Care within 12-Months of Exit is based on data for all applicable cases for each year from 2014 through 2017. While still above the national standard, reentry into care decreased this SFY by 1.1% showing progress in the right direction.

a. Support Services

CWSB contracts with local agencies to provide statewide support services for adoptive and guardianship families. CWSB continues to search for additional ways to support these caregivers. In 2017, CWSB augmented its contract with Catholic Charities to provide permanency support services for all families who need support pre and post guardianship or adoption, 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, 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 and adoptive through CWSB. See Figure 32: Adoption and Legal Guardianship Incentive Awards for a recap of the awards for FFY 2012 through FFY2016.

c. Inter-country Adoptions

Since the submission of its 2018 APSR, CWSB has continued to support the families of children adopted from other countries by ensuring that they are identified as an eligible population for CWSB-contracted services.

In SFY 2017, there was one inter-country adoption to relatives. CWSB worked 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) were fulfilled throughout the process. CWSB also provided assistance and advice to the Family Court on Kauai to ensure all necessary adoption documents were processed in compliance with The Hague Convention.

Families who reside in the State of Hawaii who have children who were adopted from other countries may take advantage of numerous community resources and support, including health care and child care. Hawaii CWSB contracts with local non-profit agencies to provide free post-permanency support services statewide. Families with internationally-adopted children are eligible for these free services. Please see *Section IV. Programs Supporting Permanency, A. Program and Service Descriptions, 5. Adoption and Guardianship Promotion and Support Services, a. Support Services* above for a description of the available services.

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 33: 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 2017.

DHS will prevent multiple entries of children into foster care.

a. Ohana Conferencing

During this past SFY, the utilization of Ohana Conferences (OC), and Youth Circles has declined. See Data Booklet, Figure 41: Ohana Conferences and Youth Circles for the specific numbers of Ohana Conferences and Youth Circles held from SFY 2014 to the second quarter of 2018. Recognizing the effective strategy of OCs, CWSB is working with the statewide provider to identify ways to increase utilization of OCs.

CWSB utilizes OCs in many cases to collaboratively bring families and their support network together. OCs can be used in various stages in the case and in different ways including as a prelude to reunification to reinforce and promote the safety thus reducing the risk of reentry into foster care; to gain supports for families working toward reunification with their children; and when appropriate, to discuss concurrent planning with families and determine if those in the support network may be possible placements for the child(ren). OCs also allow for the opportunity and space to develop short and long-term plans with all family members and networks, and identify other possible missed areas of opportunity for support.

A targeted review of children who are returned to foster care within 12 months found that in 85% of the cases, OCs were not completed within 60 days of the child being reunified. In these situations, OCs would provide an opportunity to identify any unaddressed needs of the family in a collaborative way and develop a safety plan with the family and the parents' support system. The more consistent use of OCs early in the case may help to improve the safety planning and reduce multiple entries into care.

b. Substance Abuse

As reported in 2017, CWSB recognized the uptrend in children coming into care and reentering care at a higher rate than the national standard. Because of that trend, CWSB and HCWCQI conducted a targeted review in several areas, including contracted substance abuse services. A comprehensive tool was utilized to measure referrals, process, success, and utilization of the CWSB substance abuse providers statewide. The results are in the process of being reviewed with the substance abuse providers and CWSB staff. CWSB identified an overreliance and overuse of urinalysis testing as a monitoring tool.

CWSB is in the process of educating staff on the most appropriate utilization of substance abuse services in a child welfare case; however, this shift will also require conversations between sections and providers statewide. Overall, substance abuse providers are willing and eager to adjust to fit the needs of CWSB families and CWSB staff are open to learning more about utilizing substance abuse services.

c. Crisis Response Team and Intensive Home-Based Services

Efforts to increase permanency include CRT and IHBS as these services allow many children to remain in the family home with the immediate implementation of needed services. For more information on CRT and IHBS, please see *Section II. CWSB Strategic Planning, E. Interventions and Strategies, 3. Child Welfare Title IV-E Waiver Demonstration Activities* and *Section IV. Programs Supporting Permanency, A. Program and Service Description, 2. Reunification Efforts*.

Safety, Permanency, and Well-being (SPAW) meetings and WRAP Services are in place and used as needed to help reduce child(ren)'s time in and reentry into foster care. For more information SPAW and WRAP, please see *Section II.E.3 Child Welfare Title IV-E Waiver Demonstration Activities*.

d. CFSR Item 4: Stability of foster care placement

SFY 2017: 68 Cases Reviewed
48 Strengths, 20 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 48 of 68 cases (or 71% 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.

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

- 1) In 17 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 12 cases, the resource caregiver requested that the child be moved.
- 3) In seven cases, the child was not stable in the current placement and would be moved soon thereafter.
- 4) In five cases, the child's placement at the time of review was a temporary shelter or other temporary setting.

iii. Discussion

Although CWSB had less than 2% increase in the number of foster youth who had no more than two placements from SFY 2016 to SFY 2017, it 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. See Data Booklet, Figure 34: Placement Stability – Two or Less Placements SFY 2014-SFY 2017 for annual aggregate data showing the percentage of foster youth who had no more than two placements. CWSB's efforts to promptly identify family resources and work with the family to create a plan to support the child are both crucial and effective strategies for minimizing placement disruptions.

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

e. CFSR Item 5: Appropriate and timely permanency goal

SFY 2017: 67 Cases Reviewed

50 Strengths, 17 ANI

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

i. Purpose

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

ii. Summary of Data

In 50 of 67 cases (or 75% 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.

Seventeen cases (or 25%) 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 nine cases, the goal was no longer appropriate.
- 2) In ten cases, the goal was not established timely.
- 3) In nine 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 has seen a slight increase in timely and appropriate permanency goals over last year. CWSB continues to focus on timely permanency and in collaboration with the Court Improvement Project and CQI team, is conducting a targeted review of cases with delays in permanency to provide information and assistance in guiding the next steps for improvement of this item.

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

SFY 2017: 68 Cases Reviewed

35 Strengths, 33 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 35 of 68 cases (or 51% of applicable cases reviewed), reunification (19 of 32), guardianship (5 of 24), and adoption (16 of 26) were achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with

parents/caregivers and children, Ohana Conferences, and regular visits/Ohana time for children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

Thirty-three cases (or 49%) were rated as needing improvement. In all cases, reunification, guardianship, and adoption permanency goals were not or will not be achieved within 12, 18, or 24 months respectively.

- 1) In 21 cases, children had been in foster care for 13-80 months and permanency has not and will not be achieved timely. In most of these cases, there were few caseworker contacts with the child and parents, and children and parents were not engaged in their case planning. In the cases in this category that had regular contact, urgent and joint planning towards permanency was needed.
- 2) In five 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.
- 3) In two cases, the child's goal was reunification; one child was in foster care for 15 months before reunification was achieved, and in the other case, the child was in care 25 months before the youth aged out of care.
- 4) In three cases, the child was in foster care for 24 months before guardianship was achieved.
- 5) In two cases, the child was in foster care for 26 and 34 months before adoption was achieved.

iii. Discussion

CWSB continues to work toward improving achievement of reunification, guardianship, and adoption goals. Caseworker visits and involving the family in case planning were identified as two major barriers to this item. Through the PIP3, CWSB is implementing remedies to address these barriers by tracking visitation through SHAKA and strengthening supervisory oversight of staff at all levels. CWSB also plans to implement case consultations at regular intervals and utilize SPAW and WRAP in a more thoughtful and systematic way. As previously discussed, CWSB and the provider are evaluating the reasons for the decrease in Ohana Conferences, as Ohana Conferencing is an effective way for families to engage with their treatment team, and identify, change, or move goals toward permanency. For more information on Ohana Conferences, please see *Section IV. Programs Supporting Permanency, A. Program and Service Description, 2. Reunification Efforts.*

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 2017: 37 Cases Reviewed

31 Strengths, 6 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 31 of 37 cases (or 84% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances. Large sibling groups of up to 11 children were able to stay together with relatives.

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

- 1) In three cases, siblings were placed apart initially, and efforts during the period under review were needed to revisit placing siblings together.
- 2) In three cases, while efforts were made to place siblings together, there was a lack of foster homes willing to take the sibling group.

iii. Discussion

CWSB continues to be committed to keeping siblings together in foster care. CWSB utilizes Ohana Conferences and Family Findings early in the case 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 house sibling groups.

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

SFY 2017: 56 Cases Reviewed

27 Strengths, 29 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 27 of 56 cases (or 48% 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.

Twenty-nine cases (or 52%) were rated as needing improvement. Documentation to explain circumstances contributing to barriers was lacking. Overall, documentation by the contracted provider and resource caregivers was not available to the caseworker for the ongoing evaluation. Also, visitation was often not structured for mothers and fathers when visits were done by non-CWS/contractors. Visits occurred informally and loosely under the facilitation of a family member even though safety threats that brought the child into foster care had not been mitigated. There was no oversight of the visitation, so the quality of visitation, need for parenting support, and progress towards reunification could not be assessed by the caseworker.

- 1) In 18 cases, concerted efforts were needed to ensure frequent visitation/Ohana time of quality to mothers.
- 2) In 15 cases, concerted efforts were needed to ensure frequent visitation/Ohana time of quality to fathers.
- 3) In ten cases, sibling visits were not explored and arranged.

iii. Discussion

CWSB recognizes the need to improve this item and the need is great. Ohana Time for incarcerated parents continues to be a barrier and this year was given recognition through a bill proposed in the Legislature to create more visitation space and supervision for this population. Across state agencies, this continues to be a challenge and CWSB hopes to support efforts in increasing this effort across agencies. CWSB recognizes that the largest current barrier to providing quality Ohana Time is staff and time; however, it recognizes that this is a priority and not only do the efforts need to be made but documented as well.

CWSB is also overhauling its resource caregiver trainings to include more training on how to effectively allow for and facilitate Ohana Time and in 2018, will provide a Trauma and Healing training statewide. The Trauma and Healing training strongly reveals 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.

When siblings are not able to be placed in the same home, to allow siblings to have ongoing contact, CWSB continues its collaboration with Project Visitation where volunteers facilitate sibling visits in fun settings on Oahu and Hawaii Island.

c. CFSR Item 9: Preserving connections

SFY 2017: 68 Cases Reviewed

45 Strengths, 23 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 45 of 68 cases (or 66% applicable cases reviewed), children were maintained in their same community and kept connected to culture, school, family (including older siblings, grandparents, cousins), sports, and friendships.

Twenty-three cases (or 34%) reviewed were rated as needing improvement:

- 1) In 18 cases, concerted efforts were needed to keep the child's important connections. Often, connections were not identified so that they could be kept.
 - a) In five cases, more efforts were needed to maintain child's contact with siblings who were not in foster care.
 - b) In five cases, more efforts were needed to keep the child connected to extended relatives.
- 2) In 22 cases, sufficient inquiry was not conducted to determine whether a child may be a member or eligible for membership in a federally- recognized Indian tribe.
 - a) In nine cases, there was indication that the child was Native American (in the case file or through interviews) but there was no inquiry made.
- 3) In one case, the youth was on runaway status for much of the PUR, and efforts were needed to locate him and help maintain his connections.

iii. Discussion

CWSB's work focuses on maintaining and nourishing the important bonds in a child's life, while he/she 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 have led to performance above the national level. Also, Ohana Time's goal of enriching connections with biological family members not only reduces the time a child spends in foster care but also improves the emotional health for the child.

d. CFSR Item 10: Relative placement

SFY 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 the contracted provider were completed to identify and locate appropriate relative placement for the child. Also, letters were sent by the provider to inform them. In 94% of the cases in which children were placed with relatives, placements were stable.

1) In 19 cases, concerted efforts were needed to pursue relatives for placement during the PUR. Efforts were lacking for paternal relatives more than maternal relatives. In about half of these cases, family finding searches had been completed, but efforts were not made to evaluate relatives. In seven of these cases, family finding search efforts were not completed or were not known to have been completed by the current caseworker.

iii. Discussion

Compared to other states, relative placement is a great strength of CWSB as it continues to have more 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.

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

SFY 2017: 55 Cases Reviewed

25 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 25 of 55 cases (or 45% of applicable cases reviewed), efforts were made to promote, support and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. Ohana Conferences were helpful to coordinate activities to maintain relationships with parents and children. Activities included attending children's doctor visits and extracurricular activities, informal resource caregiver mentorship, and participating in family therapy.

Thirty cases (or 55%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.

- 1) In 14 cases, efforts were needed to support the children's relationships with their mothers.
- 2) In five cases, efforts were needed to support the children's relationships with their fathers.
- 3) In 11 cases, efforts were needed to support the children's relationships with both their mothers and fathers.

iii. Discussion

Ohana Conferences continue to engage and include fathers and mothers in the planning, reunification, and/or placement process with their children by convening as many members of the family unit and supportive extended family as possible and appropriate. CWSB also continues to partner with the Family Court and the Child Support Enforcement Agency to provide staff trainings and information on different types of fathers and how to establish paternity.

SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

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

CWSB and staff continue to strive to meet departmental and federal expectations for monthly caseworker visits with families and children. Unfortunately, the factors that have historically been challenges and barriers in this situation persist: understaffing and heavy caseloads. CWSB had a vacancy rate of approximately 24% in March 2017, and a vacancy rate of 22% in May 2018. Hawaii calculated that it would need to more than double the number of caseworker positions statewide in order to keep caseloads to a maximum of 20 children per worker. Hawaii caseworkers carry an average of 26 cases, as of November 2017. This is approximately twice the maximum load that is recommended by the national Council on Accreditation, a nonprofit accreditor of human services. Although, these are not the only factors that have caused difficulty in meeting the national standards and successfully implementing the previous action steps, these have had the most impact.

Over the most recent State legislative session, CWSB staff have had several meetings with Hawaii State legislators to consider ways to address the high caseload crisis. At the end of the session, a bill was passed which authorized a pilot program to create some new caseworker position in the East Hawaii section.

Refer to the Data Booklet, Figures 41 – 44, for information regarding the Title IV-B, Subpart II monthly worker visit survey for FFYs 2014 - 2017. Frequency of visits peaked in FFY 2015 at 86% and declined slightly to 78% in FFY 2017. The decreased performance is concerning, as Hawaii moves further away from the national standard of 95%.

In FFY 2017, Hawaii was again able to exceed the national standard for percentage of face-to-face visits with the child in his/her residence at 61%. (The national standard is 50% or higher.)

Please see Data Booklet, Figure 40: Reasons for Lack of Visit – FFY 2017. While workers are coding their visits, as part of its Title IV-B-2 Worker Visit Survey, Hawaii has the workers also mark the reason that face-to-face visits did not occur. The most common reason that workers noted for the lack of visits was that no one could find documentation that the visit happened (33% of missing visits). The next two most common reasons for

why visits did not occur were workload (20% of missing visits) and scheduling problems (17% of missing visits). The three most common reasons for lack of face-to-face contact with children in foster care, which account for 70% of the missing visits, can be attributed to understaffing and high caseloads.

CWSB continues the efforts noted in last year's APSR to meet national performance standards, including CWSB's partnership with the University of Hawaii, School of Social Work, through the Hawaii Child Welfare Education Collaboration, providing stipends to students in the Master of Social Work program who work for CWSB upon graduation.

Over the past year, CWSB has continued to provide mobile technology to field staff to enhance the quality, quantity, and timeliness of documentation and logging visits. In FFY 2017, CWSB has spent \$1,713.25 of the Monthly Caseworker Visit Formula Grant toward this effort.

In the development of Hawaii's CFSR PIP, CWSB leadership and staff have agreed to focus on improving the frequency of face-to-face visits with clients. In the past, one of the barriers for Hawaii to effectively move in this area has been not having a user-friendly tool to help workers, supervisors, and administrators track worker visits accurately. With direction and input from CWSB staff, Hawaii's SHAKA partners have developed such a tracking tool that is currently in beta form, and will be released for use early in the upcoming PIP period. Hawaii is optimistic that this new, easy-to-use tool will promote regular face-to-face visits between caseworkers and children in foster care. Hawaii recognizes that a tracking tool alone does not create practice change; however, performance on CFSR Item 1 (timeliness of initiating investigations to reports of child maltreatment) rose significantly with the use of the 48-hour tracking tool, accompanied by weekly problem-solving, strategy-sharing teleconferences with all statewide section administrators. This bodes well for this new tool to push Hawaii toward improved performance.

2. Inappropriate Diagnoses

As outlined in the FFY 2016 APSR, Hawaii has a Health Care Oversight and Coordination Plan which addresses the concerns of over-diagnosing and over-prescribing youth in foster care, as well as corresponding policies and procedures in place to prevent this. CWSB procedures require that all foster children 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 CWS 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 the 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. Approval 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. The MedQuest Division representatives attended a CWS Management Leadership Team (MLT) meeting in June 2018 to speak about working closely together to share information on the medical homes for foster children, dental and medical records, last known physicians, and EPSDT.

For over a decade, CWS has contracted a Multidisciplinary Team to provide clinical expert consultation to CWS 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 also added an APRN 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 in an effort to improve in this area. This APRN has oversight of all youth in care who are prescribed psychotropic medication and is tasked with reviewing 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. CWS 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, CWS has procedures in place to ensure children are not over-prescribed, which include the CWS caseworker: ensuring that all of a youth's questions are answered by the prescribing physician prior to starting psychotropic medication; discussing the youth's progress and reactions to medication at monthly face-to-face visits with the youth, the resource caregivers, and the parents; documenting efforts to track and monitor the foster child's use of psychotropic medication in the CPSS database; and setting 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 is also in conversation with CAMHD regarding children placed in treatment facilities – together reviewing how to collaborate better toward the goals of bringing children back

into their communities more quickly and preventing facility placement altogether. Both agencies meet monthly to discuss policy changes, facility needs for the State, and specific youth of concern who are dual-agency involved. This meeting is also attended by the State Medical Director for Medicaid. Because the number of children in foster care that are placed in treatment programs and residential facilities is relatively small (less than 25 at any given time), this multi-agency group, along with CWS staff and CAMHD staff, are able to regularly monitor these placements and take action as needed.

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

104 Cases Reviewed

33 Strengths, 71 ANI

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 (both at the child's entry into foster care, if the child entered during the period under review, and/or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services.

ii. Summary of Data

In 33 of 104 cases (or 32% 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-one cases (or 68%) were rated as needing improvement. Assessments of needs or provision of services were needed and not provided for children (23 cases), mothers (31 cases), fathers (29 cases) and resource caregivers (20 cases). Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the services met their needs and that progress was being made toward case goals.

iii. Discussion

Three areas of effort may improve performance on this item.

1) Worker Visits

Improving the quality and frequency of worker visits is a focus of Hawaii's PIP3. One tool that will be rolled out to staff in early SFY 2019 is a user-friendly tracking tool that Hawaii is optimistic will aid in targeting and focusing energies to ensure frequent visits with clients.

2) Service-Family Matching

Please see the last two paragraphs of *Section VI.E. Service Array and Resources* of this APSR where new efforts to match families' needs with the appropriate services in the community are discussed. Although currently these activities are only on Maui and in East Hawaii, if these actions prove successful, these efforts will be expanded statewide.

3) Caseload and Staffing

Within the next several months, East Hawaii Section will be adding several new caseworkers to help with the overwhelming workload, as a result of a legislative bill which just passed, which allotted funding for these positions.

Additionally, through successful collaboration with the State's Department of Human Resources Development, DHS is now able to fast-track the hiring process and hopefully bring on more staff to fill vacancies. For many years, the lengthy job application and hiring process had been noted as a distinct barrier to filling CWS vacancies. Anecdotal evidence showed that numerous candidates had already found other positions by the time CWSB contacted them for an interview.

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

100 Cases Reviewed

46 Strengths, 54 ANI

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 46 of 100 cases (or 46% 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.

Fifty-four cases (or 54%) were rated as needing improvement. Fifteen of the 54 cases are in-home.

- 1) In most of these cases, the infrequency of contact did not allow for the client to be engaged in case planning. Clients in these cases were not seen 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.
- 2) In 20 of these cases, children were not engaged in case planning.
- 3) In 35 of these cases, mothers were not engaged in case planning.
- 4) In 35 of these cases, fathers were not engaged in case planning.
- 5) In five of these cases, parents were incarcerated and contact was not made with them.
- 6) In two cases, the parents needed an interpreter to be actively engaged in case planning, and none was provided.

iii. Discussion

See 1) above. This finding indicates that if contact with clients were more frequent, there would be significant improvement in this item. In the discussion of CFSR Item #12 above, a worker visit tracking tool is mentioned that Hawaii is hopeful will increase frequency.

In considering finding 5) and 6) above, it is likely that improved supervision would help rectify those situations, since supervisors can be more knowledgeable about both accessing resources and CWSB policies. Another primary area of focus for PIP3 is 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/her supervisor to discuss each case regularly, many problems (e.g., accessing interpreters and visiting incarcerated parents) will hopefully be caught early enough to address them successfully.

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

104 Cases Reviewed
53 Strengths, 51 ANI

i. Purpose

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

ii. Summary of Data

In 53 of 104 cases (or 51% of applicable cases reviewed), the frequency and quality of visits between caseworkers and children/youth were sufficient to ensure their safety, permanency, and well-being and promote achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and well-being in a way appropriate for that specific child. In many of these cases, the caseworker had built good rapport with the child/youth and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the child with parents and/or siblings as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information.

Fifty-one cases (or 49%) were rated as needing improvement. Fifteen of these cases were in-home. In some sections, there were many inactive cases (where the case was not officially closed in CPSS, but there was no recent activity); if court jurisdiction had been revoked, safety issues had been assessed as being mitigated, and/or a case closing summary had been approved by the supervisor, the case was considered closed. The cases captured as needing improvement were those open in CPSS in which families thought their case was still opened, there were pending caseworker activities, and/or there was no case closing report or court's dismissal of the petition. Timely closure of VCM cases and timely consultation by DHS on

VCM cases, as required by policy, caused delays in case closure and coordinated responses.

- 1) In 40 of 104 cases, the frequency of contact with the child was less than monthly. 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 51 of 104 cases, the quality of visits with the child was not of sufficient quality.
 - a) In some of these cases, while children were seen during some months, information from documentation and interviews did not describe sufficient quality.
 - b) In eight cases, the caseworker visits with the child were never or rarely in the child's home.
 - c) In seven cases, the length of time of the caseworker visits with the child did not allow for meaningful conversations.
 - d) In four cases, the child was not met with alone and efforts were not made to meet alone.
 - e) In three cases, courtesy caseworker visits with child were not monthly; there was a lack of communication between the caseworker and courtesy worker.

iii. Discussion

Given the finding in 1) above, CWSB is considering formalizing into policy the best practice standard that the old worker and the new worker visit children jointly upon case transfer, whenever possible.

To increase the frequency of visits, Hawaii will employ a new tracking tool, described in the discussion of CFSR Item #12 above. Additionally, efforts to increase staffing, described in the discussion of CFSR Item 12, will ameliorate visit regularity.

To enhance the quality of visits, closer supervision may have the desired effect. As mentioned in the discussion of CFSR Item 13, strengthening supervision is a focus of Hawaii's PIP3. Hawaii is considering supplementing supervisor training with mentoring, where the mentors are experienced and knowledgeable about Hawaii CWSB practice and policies. This mentoring, along with the dedicated supervision time, described in the discussion of CFSR Item 13, would hopefully help to develop caseworkers' practice in numerous areas including: proper documentation, interview skills, alone time with children, communication, visits in the child's home, and implementation of policies.

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

91 Cases Reviewed

24 Strengths, 67 ANI

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 24 of 91 cases (or 26% 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-seven cases (or 74%) 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 54 of these cases, contact with the mother was not monthly. In six of these cases, mothers were never seen during the PUR.
- 2) In 38 cases, visits with the mother were not of quality.
- 3) In 47 of these cases, contact with the father was not monthly. In 18 of these cases, fathers were never seen during the PUR.
- 4) In 30 cases, visits with the father were not of quality.
- 5) Of the cases that lacked frequency, eight cases involved incarcerated parents.
- 6) Of the cases that lacked quality, most of them also lacked frequency. The typical location of the visits was limited to court, Ohana time, IEP meetings, or CWSB offices and this was not conducive to open and meaningful discussions.
 - a) In two cases, the quality of caseworker visits with the parents was negatively affected because parents needed interpreter services, and this was not provided. In one of these cases, the father served as an interpreter for the mother, which was not appropriate.

iii. Discussion

Many of the challenges that staff appear to be having with this item may be successfully addressed by:

- 1) More Staffing
See discussion of CFSR Item 12.

- 2) Tracking of Visits
See discussion of CFSR Item 12.
- 3) Strengthened Supervision
See discussion of CFSR Items 13 and 14.

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

a. CFSR Item 16: Educational needs of the child

72 Cases Reviewed
50 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 50 of 72 cases (or 69% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs. Assessments and services included: caseworker interviews, GED assistance, therapy, medication management, Enhanced Healthy Start, monitoring of academic performance, special education testing and services, caseworker conferences with school teachers, and attending IEP meetings.

Twenty-two of the cases (or 31%) were rated as needing improvement.

- 1) In 17 of 72 cases, initial and/or ongoing assessments were not completed of children's educational needs.
- 2) In 21 of 55 cases, appropriate services were needed to address the child's educational needs but they were not provided.
 - a) In five cases, correspondence with teachers/counselors was indicated and needed.
 - b) In five cases, a comprehensive educational assessment was indicated and needed.
 - c) In four cases, services including tutoring/academic support were needed for children that were not performing at grade level.

- d) In four cases, school attendance issues existed but not addressed.
- e) In two cases, caseworker follow-up and involvement regarding the child's Individual Educational Plans was needed.
- f) In one case, speech-related services were not addressed.

iii. Discussion

CWSB workers continue to work in collaboration with DOE to address the child's individual educational needs through communication with DOE teachers, counselors, student services coordinators, and school officials, and when applicable, the Individualized Education Program plans. To assist in facilitate in the exchange of data CWSB and DOE regarding foster youth, the agencies are working on a uniform system that would allow information sharing and early identification of children in foster care.

Additionally, through a collaboration between CWSB, DOE, the Judiciary, CIP, and GALs, concerted efforts are ongoing to maintain foster youth in their school of origin after entering foster care and when a foster youth changes placement. Recognizing the importance of the Fostering Connections to Success and Increasing Adoptions Act of 2008 and the Every Student Succeeds Act regarding foster children, the collaborative group continues to finalize streamlined procedural guidelines, including for school transportation, to serve foster youth in the educational system. Training of DOE and DHS personnel on the new guidelines is currently anticipated to be conducted jointly by DHS and DOE staff. The two departments are also currently drafting a Memorandum of Understanding regarding the interagency exchange of data and the parameters for sharing data with the courts and other agencies involved with foster youth who are enrolled in Hawaii's public school system.

3. Children's Physical and Mental Health Needs

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

80 Cases Reviewed
55 Strengths, 25 ANI

i. Purpose

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

ii. Summary of Data

In 55 of 80 cases (or 69% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. PPE's were common. In many cases, resource caregivers, unit aides, and assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. Assessments and services included: physical and dental exams, pre-placement exams, well-baby check-ups and immunizations, OB-GYN check-ups, vision exam and glasses, physical therapy, TB tests, transportation to medical appointments, medication management, Easter Seals, and Kapiolani Medical Center services, routine dental check-ups and dental care, and an orthodontic exam.

Twenty-five of the cases (or 31%) were rated as needing improvement.

- 1) In 14 cases, assessments were not completed to determine the child's physical health needs.
- 2) In 11 of 73 cases, assessments were not completed to determine the child's dental health needs.
- 3) In 15 of 68 cases, appropriate services were needed to address the child's physical health needs, but were not provided.
 - a) In eight cases, routine exams were needed to determine if services were needed. Of these, 3 were for well-baby checks.
 - b) In two cases, ongoing assessments for existing medical issues were needed and not provided.
 - c) In two cases, treatment for physical health concerns was not provided/referred.
 - d) In two cases, a specialized service (a vision exam) was needed.
 - e) In one case, medical consultation about marijuana use while breastfeeding was needed and not provided; this could have provided the caseworker clearer case direction.
- 4) In 15 of 60 cases, appropriate services were needed to address the child's dental health needs, but were not provided.
- 5) In two of 60 cases, appropriate agency oversight of prescription medications was needed.

iii. Discussion

This past year saw a 13% decrease from the previous year in cases where children were assessed and provided with services to address their physical and dental health needs.

CWSB believes that the medical and dental needs of children is a very important component of the child's overall well-being. Tracking and tickler components are

being designed in the new CCWIS to support easier and more consistent tracking of assessments and follow up services.

The importance of child medical and dental health assessments, needs, and services are included in staff and resource caregiver training, to help increase awareness and follow through on this area.

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

71 Cases Reviewed
43 Strengths, 28 ANI

i. Purpose

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

ii. Summary of Data

In 43 of 71 cases (or 61% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed greatly in setting up appointments and transporting children. Assessments and services included: caseworker interviews, psychological evaluations, individual therapy, family therapy, group therapy, contact with service providers, bereavement camp, Children's Justice Center interview, play therapy, psychiatric care, medication management, Department of Health services, psychiatric services, therapy to address sexual abuse, and Early Intervention Services.

Twenty-eight cases (or 39%) were rated as needing improvement.

- 1) In 22 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 24 cases, appropriate services were needed to address the child's mental health, but were not provided.
 - a) In 10 cases, services were not provided and there were also no assessments for that child.
 - b) In six cases, therapy was identified as a need and not provided.
 - c) In three cases, a substance abuse assessment and treatment was needed and not provided.
 - d) In one case, the child needed a higher level of care, but that was not provided.
 - e) In one case, the child needed additional services to address aggressive behaviors.

- f) In one case, communication was needed by the caseworker with the child's mental health provider to ensure the appropriate level of service.
- 3) In three 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 the intake or sooner, if appropriate. CQI reviews have identified that assessment practices vary and information gathered is often inadequate and not integrated into case planning. MQD representatives will be attending CWS Management Leadership Team (MLT) meeting in June 2018 to speak about working closely together to share information on the medical homes for foster children, dental and medical records, last known physicians, and EPSDT.

CWSB continues to make improvements in awareness and practice by providing information on children's mental health needs to the sections. In addition, CWSB made the addition of an APRN 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.

This item may also be improved with enhanced assessments, frequent quality contacts, and review and completion of action items. CWSB plans to enhance supervision and coaching to improve assessments, case planning, and 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 to meet the child's need. CWSB will also focus on improving the frequency and quality of both worker visits with the youth as well as with the caregiver(s) to identify needs and services on an ongoing basis. CWSB will likely develop a real-time worker visit tracking system to ensure visits are made.

SECTION VI. SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM

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

CWSB's Adoption and Foster Care Analysis and Reporting System (AFCARS) files consist of data extracted from CPSS. AFCARS data quality reports show the number of records with missing information. For more information on AFCARS, please see *Section VIII.CAPTA, J. Continuous Growth*.

CWSB's FFY 2017A and 2017B AFCARS submissions had no elements with error rates above 10%, which is the threshold for an AFCARS penalty. The FFY 2017B data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

- FC-06 Date of Birth: 0 missing records
- FC-07 Sex: 2 missing records (0.09% failing)
- FC-08 Race: 0 missing records
- FC-09 Hispanic Origin: 60 missing records (2.74% failing)
- FC-18 First Removal Date: 0 missing records
- FC-20 Last Discharge Date: 14 missing records (0.71% failing)
- FC-21 Latest Removal: 17 missing records (.78% failing)
- FC-41 Current Placement: 37 missing records (1.69% failing)
- FC-42 Out of State: 0 missing records
- FC-43 Most Recent Goal: 55 missing records (2.77% failing)

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

To further assess the accuracy of the information in CPSS, CWSB collected and examined data during the State's annual case reviews in SFY 2017. All children that were selected as part of the foster care sample for the case reviews were also included in this targeted review process. Reviewers compared the data from the designated field in CPSS against other information from other sources such as the physical case file notes, records, and reports, court reports, interviews with staff, and narrative data in CPSS logs of contact. Reviewers documented their findings on a

review tool that was then verified by CQI staff. The CPSS data was determined accurate when the information was consistent with narratives, interviews, or documentation in the child's case file and was determined inaccurate when it was inconsistent. The review results were:

1. Date of birth:

Of the 71 foster care cases that were reviewed statewide, 71 cases (100% of the cases) were confirmed accurate. No cases were deemed inaccurate.

2. Sex:

Of the 71 foster care cases that were reviewed statewide, 71 cases (100%) were confirmed accurate. No cases were deemed inaccurate.

3. Race:

Of the 71 foster care cases that were reviewed statewide, 68 cases (96%) were confirmed accurate. Three cases (4%) were deemed inaccurate.

4. Ethnicity:

Of the 71 foster care cases that were reviewed statewide, 59 cases (83%) were confirmed accurate. Twelve cases (17%) were deemed inaccurate.

5. Latest removal date:

Of the 71 foster care cases that were reviewed statewide, 64 cases (90%) were confirmed accurate. Seven cases (10%) were deemed inaccurate.

6. Most recent discharge date:

Of the 26 discharged foster care cases that were reviewed statewide, 24 cases (92%) were confirmed accurate. Two cases (8%) were deemed inaccurate.

7. Most recent address:

Of the 71 foster care cases that were reviewed statewide, 58 cases (82%) were confirmed accurate. Thirteen cases (18%) were deemed inaccurate. In these cases, although the address field in CPSS was not current, the child's most recent address and current caregiver information could be readily and accurately identified in other screens of the child's electronic file in CPSS, or in the Safe Family Home Report.

8. Most recent placement type:

Of the 71 foster care cases that were reviewed statewide, 68 (96%) were confirmed accurate. Three cases (4%) were deemed inaccurate.

9. Most recent permanency goal:

Of the 71 foster care cases that were reviewed statewide, 43 cases (61%) were confirmed accurate. Twenty-eight cases (39%) were deemed inaccurate.

10. Legal status:

Of the 71 foster care cases that were reviewed statewide, 53 cases (75%) were confirmed accurate. Eighteen cases (25%) were deemed inaccurate.

11. Educational Stability

Of the 71 foster care cases reviewed statewide, 50 cases were excluded because children were not of school age and did not experience more than 1 placement change or did not enter foster care during the PUR. Of the 21 applicable cases, 8 children (38%) experienced educational stability. Thirteen children (62%) changed schools due to a placement change. Ten of these 13 children changed schools twice because of a placement change and three children changed schools three times.

Although the Division's Management Information and Compliance Unit was decimated during a significant Reduction in Force in late 2009, numerous staff and new processes have worked to ensure the quality of data. CWSB's Office of Information Technology creates hundreds of data reports that are distributed regularly to CWSB supervisors and administrators to assist in data corrections and accuracy.

The Department's Audit, Quality Control, and Research Office analyzes trends and meets with CWSB Branch and Program Development administrators monthly to identify and discuss data issues of concern. Over the past couple of years, state auditors, CWSB administrators, supervisors, and CQI staff have identified specific data issues that Hawaii has been able to resolve through adding new logic into CPSS.

New CWSB employees receive CPSS training as part of New Hire Training requirements. New Hire Training includes education on critical data elements required to be accurately documented in CPSS by AFCARS such as case goals, legal status, review type, and special needs. CWSB plans to continue annual AFCARS refresher training for all CWSB sections. In addition, if the administrator identifies challenges with data accuracy, units and/or sections may receive targeted refresher trainings.

In 2016, ACF changed its regulation for SACWIS and replaced it with new rules and requirements for a Comprehensive Child Welfare Information System (CCWIS). For further information and details on the history of the system, please refer to the 2018 APSR. The current plan for CCWIS includes building CCWIS' functions on Hawaii's DHS Enterprise Platform enabling DHS's Social Services, Benefit, Employment & Support Services, and Med-Quest to share relevant information on mutual clients. Through this platform, one will be able to access client contact and demographic information, and medical and benefits information.

The CCWIS design, development, and implementation should begin in the third or fourth calendar quarter of 2019. In preparation for the CCWIS System, SSD has initiated a Data Quality Committee to establish a Data Quality Plan identifying CCWIS data standards for input, monitor, reports, review, and exchange. Engagement of child welfare contributing agencies (CWCA) and stakeholders for data exchanges began in 2017 with government agencies such as Department of Education, Family Court, and CWCAs such as VCM, FSS, CCIs, IHI providers, and resource caregiver recruiters and trainers. These data exchanges will eliminate duplicate data entry and

greatly improve CWSB's data quality, timeliness, and accuracy. Finally, this plan also includes data quality review and correction, where appropriate, in the CPSS system, to prepare for the eventual data conversion from CPSS to CCWIS.

B. CASE REVIEW SYSTEM

1. Item 20: Written Case Plan

In Hawaii, the combined safe family home factors and the service plan or permanent plan is referred to as the case plan, and is defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4. 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 from 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 has two methods, statewide, to assess whether each child has a written case plan that is developed jointly with his/her parents. Through the statewide case review process, the reviews determine whether efforts were made to engage both parents in the case planning process. The second method is a targeted review that assesses whether child(ren) had a current written case plan and whether that case plan was jointly developed with the parents.

Hawaii's case review data for SFY 2017 shows the following:

- a. The percentage of cases in which concerted efforts were made to actively involve the mother in case planning (Item 13, B) was 49% or 26 of 53 applicable cases.
- b. The percentage of cases in which concerted efforts were made to actively involve the father in case planning (Item 13, C) was 43% or 17 of 40 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 2017. All children selected as part of the foster care sample were included in this targeted review process. Reviewers had to first determine if there was a current case plan in the child's file. Reviewers then had to determine if that child(ren)'s parents, if parental rights had not been terminated, were involved in case planning through evidence documented in the case file, narratives, or interviews. Reviewers documented their findings on a review tool, which was then verified by CQI staff.

The targeted review results for SFY 2017 show the following:

- a. Of the 68 applicable cases, 61 cases files (90%) contained a current Safe Family Home Report. The remaining cases did not contain a case plan.

- b. Of the 48 applicable cases, 24 case plans (50%) were developed with the mother.
- c. Of the 37 applicable cases, 12 case plans (32%) were developed with the father.

Written case plans are not coded in CPSS or in the Family Court's database; however, it is in CWSB's long-term plan to include this tracking function in CCWIS. Additionally, the Family Court's Child Protective Act Benchbook, hereafter referred to as Benchbook, includes judicial inquiry into whether parents understand and agree with their service plan, but does not include inquiry into whether the case plan was prepared jointly with the parents. To help ensure that parents understand and agree with their case plan, the Family Court may sanction parties who submit untimely court reports to ensure that parents and their attorneys have adequate time to review and respond to a proposed SFHR prior to the court hearing.

2. Item 21: Periodic Reviews

Periodic reviews are conducted by Family Court at least once every six months, pursuant to federal and Hawaii statutes. This requirement is also memorialized in the Benchbook, which all Family Court judges receive and have access to through the Judiciary's internal website. Family Court judges, judicial clerks, Deputy Attorney Generals, GALs, CASAs, parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

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

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

Beginning in April 2017, the data tool for the State's annual case review was revised to capture the timeliness and number of days between periodic hearings. This data will be collected and provided to CWSB to assist in continuous improvement in this area.

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.

Beginning in April 2017, the data tool for the State's annual case review was revised to capture data on the timeliness of permanency hearings. Moving forward, the data will be collected and provided to CWSB so continuous improvements and changes can be made.

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, tracked 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 in Item 5 to report on cases from all circuits in the State. In SFY 2017, reviews of Items 5d, 5e, 5f, and 5g show that of all the 68 cases reviewed, 15 children had been in foster care for at least 15 of the most recent 22 months. Of those 15 children, the agency filed or joined a motion for TPR for seven children (47% of the children). Of the remaining eight children, a judicial exception to the requirement to file or join a motion for TPR existed regarding four of the children (or 26% of the children), resulting in 73% of the children reviewed meeting the ASFA requirements (11 of 15 children either had a filed TPR within the requisite period or there was an approved exception in his/her case). Regarding the four children where a judicial exception to the requirement to file a motion for TPR existed, those reasons were documented regarding all four children.

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, they 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. This project will continue into SFY2018.

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. 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 necessity to document compelling reasons in the SFHRs, when appropriate.

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 required all caseworkers, effective October 3, 2016, to obtain written acknowledgment of receipt of hearing notices from both resource caregivers and, as appropriate, the subject child, during monthly face to face visits. CWSB will continue to collaborate with the Department of the Attorney General to determine if confirmed receipts of notices of hearing are in the case file.
- b. 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 2017, 348 of the 1117 resource caregivers participated in the survey. Of the 262 resource caregivers that answered this question, 152 (or 58%) replied that they were notified of the hearing. Of those notified of the court hearing, 81 resource caregivers (or 38%) said they received notice via letter, 54 (or 25%) said they received notice at a previous court hearing, 138 (or 65%) said they received notice verbally from the worker, and 93 (or 44%) said they received notice from the Guardian ad Litem. Resource caregivers could check all ways in which they received notification of court hearings. For results of this survey, see Data Booklet, Figure 42: Notice to Families for 6-month Review Hearing.

- c. Beginning in April 2017, the data tool for the State's annual case review was revised to determine if copies of the notices to caregivers were in the case files. Reviewers also ask caregivers during case review interviews if they recall receiving written notices of hearings. Moving forward, the data will be collected and provided to CWSB so continuous improvements and changes can be made.

C. QUALITY ASSURANCE SYSTEM

The CWSB quality assurance (QA) and continuous quality improvement (CQI) system remain the same as described in the 2018 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. Operating 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, and regular reviews of child welfare contracts.

b. QA Process

Adherence to the standards set by statute, rule, and procedure is monitored through 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 date 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; 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.
- iv. **Continuous Quality Improvement Council** including DHS and community stakeholders meet 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 APSR and the SwSA for the 2017 CFSR.

d. 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 to permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Procedures for case reviews, contract reviews, and targeted reviews processes were developed or updated in SFY 2016. Purchase of services contracts include requirements that all providers to 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 2018 APSR and the 2017 SwSA for further details. The types of review processes 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;

e. Case Reviews

Case reviews are modeled on the Federal CFSR process and have not changed from the descriptions provided in 2018 APSR and the 2017 SwSA. 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. 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 is open with its data evidenced by its posting several data-rich reports, including the APSR and CFSP on its 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 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 providing aggregate statewide data and data specific to each section. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report format includes charts with ratings over a period of time for each section creating perspective, given the small samples, and a visual for identifying trends and growth/decline for each performance item.

b. CPSS Report of Investigations without Dispositions

Due to this tool, supervisors can 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 2018 ASPR and the 2017 SwSA. 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, 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 SFY 2016, progress on action plans did not have regular oversight of branch administrators; however, to rectify this situation, beginning December 2016, at monthly branch meetings, attended by branch and section administrators, case review findings and action plan development and

progress are discussed. This new system allows 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 of new CWSB programs and initiatives; this data is then shared with CWSB staff and stakeholders to assist in adjusting practice direction and related policies.

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

CWSB New Hire Training is mandatory statewide for all newly employed CWSB case managers, including CWSB supervisors, contracted community based DRS staff, and VCM workers, and is expected to be completed within six months of the caseworker's hire date. New Hire Training is provided quarterly and in SFY 2017 were held in July 2016, September 2016, January 2017, and May 2017.

In SFY 2017, 18 of the 20 (or 90%) new CWSB hires completed New Hire Training within six months of his/her hire date and 0 of the 10 Voluntary Case Managers completed New Hire Training within six months of his/her hire date. See Data Booklet Figure 43: CWSB New Hire Training SFY 2017.

In collaboration with HCWCQI and SHAKA, CWSB section administrators and supervisors are able to ensure their staff complete required trainings in real time by accessing their staffs' training records via SHAKA. The database stores a comprehensive list of active CWSB employees, including each staff's assigned program area, with mechanisms to identify attendance at mandatory trainings, compliance with the annual training requirement, and training completion at both an aggregate and individual level. This database also tracks trainings for VCM caseworkers and supervisors.

In efforts to continually improve its training program, Staff Development continues to use evaluations to gather feedback from the training participants. During the SFY 2017, the July 2016, September 2016, January 2017, and May 2017 cohorts who completed New Hire Training continued to participate in a moderated debriefing session to determine how well the initial training addressed basic skills and knowledge they needed to carry out their duties. See Data Booklet Figure 44: Participant Assessment of New Hire Training SFY 2017.

HCWCQI also continues to meet Staff Development for a QA process to assess whether New Hire Training is providing staff with the basic skills and knowledge required for their positions. Due to the QA process, Staff Development has made positive modifications on respective training modules to meet the needs of the trainees to support the transfer of learning towards their work duties. Staff Development will continue to work closely with HCWCQI to improve the initial training to allow Staff Development to better serve CWSB and VCM staff.

2. Item 27: Ongoing Training

All CWSB and VCM staff with case management responsibilities and their supervisors are required to annually completed 15 hours of training relevant to their job duties. This is accomplished through a combination of mandatory and optional training and conference opportunities offered through a collaborative network of agencies, and national and community organizations. Staff Development is also collaborating with CWSB to create a specific ongoing training for the VCM staff.

In SFY 2017, 43 of the 83 (or 52%) CWSB staff with case management responsibility met the training requirement and 35 of the 35 (or 100%) VCM staff with case management responsibility met the training requirement. See Data Booklet Figure 45: CWSB & VCM Staff Who Met Ongoing Training Requirements.

The following trainings were offered to the CWSB staff during the SFY 2017:

Training	Date of Training
Advancing Excellence in Practice and Policy: What Works for Families Affected by Substance Abuse	August 1, 2016
Parents Interacting with Infants	August 4, 2016
2016 Child Welfare Law Update	August 22, 2016
19th Biennial Conference: Converging Paths, Building Resilience	September 12, 2016
Abusive Head Trauma and Recent Research on Prenatal Methamphetamine Use	September 14, 2016
Information Technology Solutions Management	September 16, 2016
National Association of Drug Court Professionals 22nd Annual Training Conference	October 1, 2016
National Staff Development Training Association Conference	October 15, 2016
The 11th Annual Transformational Collaborative Outcome Management/Child Adolescent Needs Strengths Assessment Conference	November 4, 2016
Investigative Interviews in Child Abuse Cases	November 21, 2016

Hooponopono: "To correct, put to rights; to put in order or shape, revise, adjust; to make ready"	November 22, 2016
Learning by Doing: Encouraging Emotional and Developmental Growth Through Life Experiences	November 28, 2016
Active Shooter Presentation by Honolulu Police Department	November 29, 2016
Immigrant Victims of Human Trafficking and Other Crimes	January 12, 2017
safeTALK Suicide Prevention Program	January 27, 2017
Amber Alert Specialized Training	February 17, 2017
Digital Evidence Training	February 17, 2017
Preventing, Assessing and Treating Trauma Across the Lifespan	March 28, 2017
Civility in the Workplace: Conflict Resolution and Managerial Mediation	April 6, 2017
Overcoming Burnout Supporting Resiliency	April 6, 2017
Multidisciplinary Approach to Child Maltreatment Evaluations and Investigations	May 17, 2017
Child Abuse Allegations in Divorce/Custody Cases	June 23, 2017
Pono for Families Engagement Training	February 21, 2017 February 24, 2017 March 1, 2017 March 3, 2017 March 6, 2017 March 7, 2017 March 9, 2017 March 13, 2017
CWS Case Review Training	August 18, 2016 September 23, 2016 October 28, 2016 January 20, 2017

3. New and Ongoing Training for Supervisors and Section Administrators

During this reporting period, CWSB supervisors and administrators continue to participate in quarterly Management Leadership Team (MLT) Meetings. CWSB continues to use this opportunity to collaborate on measures to accomplish child welfare priorities and goals.

Supervisors also continue to participate in Supervisor Quarterly Convenings, where trainings are identified and delivered specific to the unique CWSB supervisor role. During the SFY 2017, there were four MLT meetings and four Supervisor Quarterly Convenings.

Incorporating feedback from surveys from prior supervisory training, a revision of the 9-module supervisor training schedule and coaching component is being modified to meet

the supervisor's working needs and provide appropriate skills to assist their staff. Supervisors training has since commenced.

4. Item 28: Resource Caregiver and Adoptive Parent Training

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

a. Pre-Service Training

Hawaii Assures Nurturing and Involvement (H.A.N.A.I.) training is part of the licensing process to become a resource caregiver in the State of Hawaii. To ensure that all children are placed in safe and nurturing homes, anyone interested in providing care for a foster child must complete this training, submit all required licensing documents, complete a series of background checks, and participate in a home assessment.

The H.A.N.A.I. curriculum was developed through the collaborative effort of CWSB staff, stakeholders, providers, cultural consultants, and University of Hawaii partners. Since August 2009, when H.A.N.A.I. training replaced the PRIDE training, trainings have become more accessible and curriculum is more consistent across all sites. The collaboration seeks to increase cultural sensitivity awareness in the curriculum to provide appropriate and relevant training to Hawaii's multi-ethnic community.

H.A.N.A.I. training is composed of six training sessions (total of 18 hours) consisting of three three-hour face-to-face classroom sessions with a trainer and co-trainer and three self-directed learning sessions on DVDs (total of nine hours) to be completed at home.

The H.A.N.A.I. training provides resource families with a basic understanding of the child welfare and foster care systems. This training helps families to better understand the needs of children in care and how to work cooperatively with the child's CWSB team to meet these needs. This training covers the following topics:

- i. Understanding DHS
- ii. The Role of a Resource Family
- iii. Medical and Dental Needs
- iv. Impact of Child Abuse and Neglect
- v. Human Development
- vi. Separation, Loss, and Grief
- vii. Attachment and Bonding
- viii. Appropriate Discipline and Positive Caregiving Strategies
- ix. Prudent Parenting
- x. Working with Birth Families
- xi. Family Interaction and Contact – Visitation
- xii. Personal and Cultural Identity Development

- xiii. Reunification and Permanency; and
- xiv. Transition (includes independent living information, resources, and providers).

A comparison of the number of families who started the training and the number that completed the program shows that the completion rate varied by type of license. For those families being trained for a general license, 144 families out of an initial 167 families (or 86%) completed the training. For families being trained for a child-specific license, 195 families out of an initial 397 families (or 49%) completed the training. This difference may be explained by the fact that many children return home quickly, thereby eliminating the need for the child-specific resource caregivers to complete the training. In SFY 2017, 1137 children entered foster care and 423 (or 38%) of them returned home within two months.

After each H.A.N.A.I. training session and at the end of the program, participants provide feedback on the H.A.N.A.I. training through evaluation forms. These surveys permit participants to review the training site, training methods, trainers' approach, and effectiveness in teaching the material. Results are compiled and reviewed annually with provider staff. The results for all presentations were overwhelmingly positive, with 98% of the responses rating the training as good or excellent. For detailed information about the satisfaction rating for the training providers, please see Data Booklet, Figure 50: Overall Satisfaction Rating for H.A.N.A.I.

b. 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 each island, to provide the majority of the ongoing trainings for resource families.

There was a slight decrease in the total number of unduplicated families receiving training in SFY 2017 from 371 families to 406 families in SFY 2016, a decrease of 9%. Please see Data Booklet, Figure 46: Attendees for Ongoing Trainings.

To ensure that resource caregivers complete the required ongoing training hours, licensing workers maintain a training log in each resource caregiver's file, updating with each training and reviewing logs during regular three-month checks. If there are unmet training requirements, the licensing worker will remind the resource caregiver and explain how to fulfill the necessary requirements. In addition, approximately two months before the resource home's license expiration date, resource caregivers receive a notice of outstanding training requirements in recertification letters. Attached to the letter is the mandatory training packet that includes various trainings and the number of credit hours for each training, and the Warm Line

telephone number where resource caregivers can request that training books and videos be sent to their home. The Warm Line can also provide resource caregiver training in the resource home if caregivers have difficulty attending live trainings.

If a resource home fails to complete the mandatory training before the expiration date of their unconditional license, the home is placed on a three-month unconditional extension. If they do not meet the requirement by the end of the three-month unconditional extension, the licensing unit then places the home on a two-month provisional extension. Ten working days before the end of the provisional extension, a final notice is sent by certified mail to inform resource caregivers that the resource home will be closed at the end of the extension.

Following are descriptions of ongoing training opportunities for resource caregivers:

i. Hui Hoomalu Training Highlights

In SFY 2017, Hui Hoomalu implemented numerous resource family trainings including the following:

- 1) “Brains, Beasts, and Behavior: Healing Trauma from the Inside Out”, presented by Ken Huey, Ph.D., explained the latest in brain research and early childhood trauma, and laid the groundwork for understanding correct treatment of children with a trauma history.
- 2) “How to Choose Your Battles and Win Some Too!”, presented by Dr. Steven J. Choy, taught attendees how to enhance the parent-child relationship and improve compliant behaviors through positive interactions.
- 3) “On-line Guardian: Protecting Your Ohana from Internet Dangers”, presented by Christopher Duque, taught families how to protect themselves, their children, and their devices and computer systems while accessing information online. This training was provided in two separate locations on Oahu.

ii. Quarterly Trainings

In SFY 2017, three quarterly trainings were provided in six locations statewide (East Oahu, West Oahu, East Hawaii, West Hawaii, Maui, and Kauai). Families provide input on planning and implementation to maximize participation. Quarterly trainings are held in locations most convenient for resource caregivers, in the evening or on weekends, when caregivers are most often available, and are delivered in a family-friendly atmosphere, providing child care, meals, and other incentives.

The first quarter training was on “Mindfulness: How to Support Youth that Display Challenging Behaviors”, presented by JoYi Rhyss. Through this training, attendees

learned what mindfulness is; mindfulness techniques; how to have an authentic connection with youth; how mindfulness helps improve ability to support youth that display challenging behaviors; and resources that can continue to support families in their mindfulness journey.

The second quarter training was on “Understanding and Responding to Youth’s Challenging Behaviors”, presented by Dr. Chanel Kealoha. Through the training, attendees learned about childhood trauma and abuse, how to create a stable environment for youth in their care, how to recognize behavior triggers, how to help youth develop ways to cope and communicate their needs, professional guidance and support for youth, and symptoms and needs of common mental health conditions.

The third quarter training was on “Creating Sexual Safety in Foster Care”, presented by Dr. Wayne Duehn. Attendees learned about trauma assessment, traumagenic effects of child sexual abuse, its psychological, neurological impact and its behavioral manifestations, direct and indirect social and behavioral indicators of sexual abuse; creating a healing milieu within the family to minimize the negative impact of past sexual abuse on the child’s psychosocial and cognitive development, and developing a high level of comfort in discussing sexual abuse and normal sexuality issues and addressing sexuality and sexual abuse issues in working with sexually abused children and their resource caregivers.

iii. Annual Conference for Resource Families

In collaboration with Family Programs Hawaii, CWSB held the annual resource caregiver conference was held in five locations statewide, on Kauai, West Hawaii, Oahu, Maui, and East Hawaii. While it is not economically practicable to provide a conference on Molokai and Lanai due to the low number of resource caregivers on these islands, DHS offered travel stipends to resource caregivers to attend conferences on neighboring islands. 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.

At this conference, Denise Goodman, Ph.D. presented “What is a S.T.A.B.L.E. Home? Stability, Trauma-Informed, Age-Appropriate Activities, Buoyancy, Linked, Education”. Through this conference, attendees learned:

- 1) To understand their role as a healer and change agent in a child and family’s life;
- 2) How to recognize the impact of instability on a child’s social, emotional, educational, familial aspects;

- 3) The effects of trauma and trauma-informed parenting strategies;
- 4) How to integrate normalcy into a child/teen's everyday routine;
- 5) How to develop, maintain and sustain familial connections for the child; and
- 6) How to promote educational stability within the school and at home.

The conference was attended by 204 families, 293 individual resource caregivers, 75 services providers, and 167 children. For more detailed information, please see Data Booklet, Figure 47: Resource Caregiver Conference SFY 2017 – Attendees. There was a significant decrease in the number of service provider attendees between 2016 and 2017 due to a mandate for CWSB staff attendance.

iv. Skills for Success

This program includes a 6-week curriculum that in 2016 ran from February to March and June to July. Skills for Success focuses on strengthening the relationship between resource caregivers and foster youth, so that resource caregivers can provide better support to the children in their care as they transition into adulthood. Skills for Success provides hands-on learning to foster youth, ages 14 to 18, and resource caregivers on employment soft skills, including budgeting and resume building, preparing healthy meals, and goal planning.

v. Online Trainings

Online training is available through Foster Parent College as coordinated by Family Programs Hawaii (FPH). Since families are not always able to attend “live” trainings due to conflicting schedules, childcare, travel distance, and other factors, FPH continues to expand online training opportunities and the online video and book library. There has been an increase in the use of the Foster Parent College and DVDs from the FPH lending library.

In SFY 2017, 15 individuals, including three new individuals, used the Foster Parent College online trainings, completing a total of 76 training hours. The number of training hours decreased by 74% from SFY 2016, as did the number of participants, decreasing by 78%. Please see Data Booklet, Figure 48: Foster parent College On-line Training SFY 2017.

FPH also continued to offer training opportunities through the Foster Care & Adoptive Community online training site (www.fosterparents.com). These trainings provide families with written materials on a variety of topics. After reading the material, resource caregivers take a test to obtain training credits. In SFY 2017, 27 families (or 29 individuals) utilized [fosterparents.com](http://www.fosterparents.com). Although the number of resource caregivers participating in the Foster Parent College On-Line

training decreased, the number of resource caregivers accessing the trainings at www.fosterparents.com has increased.

vi. Lending Library

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

In SFY 2017, 63 resource/permanency families borrowed 136 DVDs from the lending library for 317 training hours. This resulted in an 18% decrease in training hours from the prior fiscal year. Please see Data Booklet, Figure 49: Resource Caregiver Lending Library SFY 2017.

Starting in November 2017, training videos available through the FPH DVD lending library were made available online. Twenty-five families (or 33 individuals) have accessed 62 videos thus far. Videos online do not include feature films offered through the DVD lending library.

vii. Other Conferences

Resource caregivers are also invited and encouraged to attend the Annual Child Welfare Law Update Conference, Zero to Three Workshops, Ohana is Forever Conference, and Teen Days. For more information on these conferences and workshop, please see *Section VI. Systemic Factors, D Staff and Provider Training, 5 Local Conferences and Training through William S. Richardson School of Law and Judiciary.*

c. 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 51: Overall Satisfaction Rating for The Annual Conference & Quarterly Trainings

PIDF administers the annual Resource Family Survey sent 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 various 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.

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

d. Ongoing Training for On-Call Shelters

CWSB contracts with several providers statewide for on-call shelter services for teens. Maili Receiving Home is a community on-call shelter on the Leeward Coast of Oahu for younger children and their siblings; Hale Opio Kauai 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 to 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 on the Reasonable and Prudent Parent Standard, specifically addressing challenges of the on-call shelter staff. And various on-call shelter staff attended the 2017 10th Annual Conference for Resource Caregivers, "What is a STABLE Home? Stability, Trauma-Informed, Age Appropriate Activities, Buoyancy, Linked, Education". This conference was provided on all islands except Molokai and Lanai. A DVD of the training is available for on-call shelter staff that were unable to attend the conference.

e. Adoption Training and Preparation

Adoptive parents have access to the trainings offered to resource caregivers, referenced above, 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

preparation, WWK program provides a consistent and supportive navigator for all parties involved in the adoption process.

In SFY 2017, WWK served 27 children and youth. By the conclusion of 2017, the WWK program served seven children in "active status", four children in "monitoring status" and two children in "inactive status". Of the ten children discharged from the program in 2017, six were adopted, two aged out, and two moved off island, thus moving them out of the range of WWK's service area. Three other children received permanency services from WWK and were working toward adoption. However, one placement did not work out and the other two were delayed to allow the children more time to work through their adoption readiness.

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

CWSB continues to work in collaboration with the Judiciary, through the Hawaii Court Project (CIP), and the University of Hawaii Law School Task Order, to plan and convene the following conferences, events, and workshops: Ohana Is Forever conference, Annual Child Welfare Law Update conference, Family Court Symposium, Teen Day events, Zero to Three Court monthly workshops, and monthly training support for CWSB staff and service providers for Imua Kakou.

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

a. Ohana is Forever

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

With input from current and former foster youth, the Ohana Is Forever planning committee, chose the theme of *Hiki No* for the Conference held in July 2017. The Conference included the following adult presentations: a presentation from former foster youth who shared how they found their way to living life with a *Hiki No* attitude and offered solutions to assist youth move successfully into adulthood; a presentation on learning methods and approaches that support successful cross-system collaboration to assist children, youth, families, and communities; a presentation by former foster youth speaking about empowering young people in foster care to become advocates and leaders in their own lives; and a presentation by former foster youth on their stories and thoughts about overcoming barriers, pursuing dreams, and making a difference.

b. Annual Child Welfare Law Update Conference

In collaboration with Family Court, GALs, parent counsel, and the DAG office, CIP and Law School also assist in presenting the Annual Child Welfare Law Update Conference. The 2017 Annual Family Law Update conference was held on August 25, 2017 and speakers presented on a variety of legal and social work topics pertaining to child welfare. At the conference, representatives from the CWSB, DOH Child and Adolescent Mental Health Division, DOE, and Family Court provided updates on current and new policies and initiatives regarding their respective agency. Representatives from the Attorney General Family Law Division also provided updates on recently enacted federal and state statutes and recently decided case law pertaining to child welfare and child abuse.

Additionally, at the 2017 Conference, attendees heard from a panel discussing issues surrounding out-of-state therapeutic placement and transition home, and an ensemble portraying experiences of human trafficking survivors followed by a discussion and informative panel of experts working to prevent human trafficking.

c. Teen Day

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

d. Zero to Three Workshops

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

In 2018, in collaboration with National ZTT program, Hawaii ZTT will be hosting an all-day conference with presentations on issues surrounding the children in foster care ages zero to three years old. Hawaii ZTT intends to invite Hawaii legislators, CWSB social workers, GALs, judges, and partners of the Hawaii ZTT program to attend this conference.

e. Building Competency in Serving LGBT Youth Conference

The LGBT Youth conference has been held every two years since 2015 and is sponsored by the Family Court's Committee on LGBT Youth in Hawaii's Juvenile Justice System, which is a collaboration of the Family Court of the First Circuit, Office of Youth Services, Office of the Public Defenders, Attorney General Family Law Division, DHS CWSB, Child and Adolescent Mental Health Services Division and Suicide Prevention Program of the Emergency Medical Services and Injury Prevention Systems Branch, the DOE, and the Honolulu Police Department. With the last conference held in 2017, the next conference is currently scheduled for 2019.

6. Partners in Development Hui Hoomalu Staff Training

During this reporting period, Partners in Development Foundation (PIDF) Hui Hoomalu staff continued to have access to external trainings and conferences on topics related to their respective positions and attended all mandatory trainings as required by CWSB and/or PIDF. Trainings offered include but are not limited to ongoing cultural trainings and learning opportunities emphasizing Hawaiian values and traditions and if needed, consultation on specific case issues, annual safety training on multiple areas regarding safety in the workplace and field, and participation in HCWCQI case reviews by a minimum of five PIDF staff members to increase understanding of CWSB cases and enhancement of staff's skills and knowledge base.

All full-time staff statewide and part-time staff on Oahu participate in a one day PIDF orientation that provides an overview of PIDF, its mission, and programs. The orientation for new PIDF staff is geared to the meets the needs of the individual position including but not limited to an overview of the Hui Hoomalu organization, CWSB administrative or general licensing, human resource policies and procedures, safety/risk management program and PIDF's Hawaiian cultural platform.

Full time staff engage in a two-week orientation period covering all the items below, and on-call and part-time staff attend areas pertinent to their respective positions. Neighbor island staff receive some of the training via video conferencing and conference calls, are supplemented by shadowing a mentor, and receive direct in person training by their supervisor or designee.

- a. Client Grievance Procedure;
- b. Conducting a home study with supervision;
- c. Conducting a recruitment presentation with direct supervision or mentoring;
- d. Conducting an initial visit with supervision;
- e. Conducting an intake with supervision;
- f. Confidentiality;
- g. Crisis Prevention Intervention;
- h. General Licensing Policies and Procedures manual;
- i. Home Study template and expectations for a home study;
- j. Introductory time with each staff member;
- k. Language Access and Civil Rights Compliance;
- l. Mandatory Reporting;
- m. Overview of an initial visit;
- n. Overview of an intake;
- o. Overview of Child Abuse and Neglect;
- p. Overview of Child Specific Licensing;
- q. Overview of DHS;
- r. Overview of Foster Care;
- s. Overview of H.A.N.A.I.;
- t. Overview of Resource Family recruitment;
- u. Overview of Support Services;
- v. Overview of the collaboration and contract;
- w. Overview of the General Licensing specific licensing process;
- x. Shadowing of a recruitment presentation;
- y. Shadowing of an initial visit;
- z. Shadowing one or two home studies;
- aa. Shadowing several intakes;
- bb. Specific training on processing licensing documentation;
- cc. Train the Trainers for H.A.N.A.I.;
- dd. Utilization of the database;
- ee. Visit and introduction to key individuals in partner agencies including DHS; and
- ff. Workplace Violence or Situational Awareness/Self Defense.

In addition to the trainings above, PIDF supervisors participate in additional training focused on skills needed for successful leadership. Supervisors participate in a Leadership Works Training that focuses on enhancing leadership skills, building teamwork, and program development. The training blends Eastern and Western business practices, allowing incorporation of these concepts into Hawaii's cultural framework and covers the following topics:

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

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

PIDF supervisors also can attend a series of training sessions, as funding permits, aimed at increasing their supervisory knowledge and skills covering the following topics:

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

PIDF staff attended the following trainings in June 2017 – February 20, 2018:

- a. 11th Annual Hawaii Pacific Evaluation Association Conference and Workshops;
- b. Active Shooter Awareness and Workplace Violence Prevention;
- c. Annual Child Welfare Law Update Conference;
- d. Anti-Human Trafficking Summit;
- e. Civil Rights Awareness Training;
- f. Cultural Competency – Marshallese/Micronesian Children and Families;
- g. Fire Safety Training;
- h. FPH Training- Resource Caregiver Training; Sex Education; Salvation Army – Teens;
- i. HAPA/FCTC: How to Choose Your Battles and Win Some Too!;
- j. HCWCQI Training;
- k. HOPE: Helping Our Providers Educate: Tips for Effective Communication with Youth about Sexual Health;
- l. Human Trafficking – Exploring the Connection between Foster Care & Human Trafficking;
- m. Human Trafficking: “A Day in the Life” performance;
- n. Innovation Huddle by Liliuokalani Trust;
- o. Individual consultations on sexual safety (by Dr. Wayne Duehn);
- p. IVAT Training, Increasing our Community Impact for Children Exposed to Violence;
- q. Kaulana Mahina;
- r. Keeping Kids Safe on the Internet;
- s. LGBTQ Resource Family Training;
- t. New Supervisory Training – Review of PIDF policies and procedures for new

- supervisors;
- u. Ohana Is Forever Conference;
- v. PIDF New Hire Orientation;
- w. Protecting Your Child: Exploring the Connection between Foster Care and Human Trafficking;
- x. Rural Recruitment and Retention;
- y. Safety Trainings
 - i. Blood borne Pathogen;
 - ii. Driver Safety;
 - iii. Electrical Safety;
 - iv. Emergency Preparedness;
 - v. Ergonomics;
 - vi. Fire Safety;
 - vii. Globally Harmonized System 1, 2, & 3;
 - viii. Ladder & Stair Safety;
 - ix. Manual Material Handling & Storage;
 - x. Stretch and Flex Program; and
 - xi. Workplace Violence Prevention I & II
- z. Supporting Youth in Developing Healthy Gender Identities and Sexual Orientation;
- aa. Trauma-Informed Care of Sexually Exploited Youth;
- bb. Workplace Violence and Sexual Harassment;
- cc. Workplace Violence and Sexual Harassments – Employee Assistance of the Pacific;

All trainings attended by PIDF staff are documented in staff's individual personnel files and included in the DHS QAR reports.

7. Catholic Charities Staff Training

Orientation and Annual Trainings include the following:

- a. CCH and Statewide Resource Families policies and procedures;
- b. Civil Rights Training;
- c. Cultural characteristics of and orientation to the population being served;
- d. De-escalation Training;
- e. Documentation and Case Contacts;
- f. Harassment;
- g. Health Insurance Portability and Accountability Act of 1996 (HIPPA);
- h. Language Access;
- i. Mandated Reporting regarding child abuse and neglect;
- j. Orientation to CCH, its mission, values, and goals;
- k. Quality Improvement: The Basics;
- l. Risk Management and health issues (i.e. Blood borne Pathogens, First Aid/CPR);
- m. Shadow staff in licensing, home visit or HANAI Trainings; and
- n. Workplace Emergencies and Natural Disasters: An Overview.

Ongoing trainings build on what staff has learned in orientation training and addressing other training needs as they arise. All direct staff receive annual refresher trainings in de-escalation, HIPPA, case contacts/documentation, and mandated reporting. Staff are also encouraged to attend external trainings and conferences on topics related to their work. The staff on Oahu have a greater number of training opportunities in the community than the staff on the neighbor islands as training costs and staff coverage are identified as barriers.

Training modules are periodically updated to include new research data, procedures and/or Council of Accreditation requirements. All trainings are documented in individual personnel training files and included in the quarterly report for DHS.

Various staff attended the following trainings from May 2017 to February 2018:

- a. 2017 Annual Child Welfare Law update;
- b. Annual training on Sexual Harassment;
- c. De-escalating Hostile Clients;
- d. DHS CQI Case Review;
- e. Family Programs Hawaii conference on Human Trafficking;
- f. FCTC Training "Online Guardian: Protecting your Ohana from Internet Dangers;
- g. First Aid Refresher;
- h. FPH Annual Resource Caregivers Conference;
- i. HAPA Annual Conference "How to Choose Your Battles and Win Some Too";
- j. HIPPA: The Basics;
- k. Human Sex Trafficking in Hawaii: Increasing Awareness of Human Sex Trafficking on Hawaii Island;
- l. Increasing Community Impact for Children Exposed to Violence and Adverse Childhood Experiences;
- m. LGBTQ;
- n. Mandated Reporting;
- o. Mental Health First Aid;
- p. Prudent Parenting Training and the Prudent Parenting Addendum;
- q. Quality Assurance PQI Training, Incident Report Refresher Training and the Review of the Agency's Breach notification policy and procedure;
- r. Understanding and Recognizing Trafficking in Persons;
- s. Workplace Safety: The Basics; and
- t. Workplace: Emergencies and Natural Disasters: An Overview.

8. 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 participates 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 his/her program. The program-specific training is provided by the program supervisor, VP of Programs, or Executive VP. Among others, 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 will attend all the training provided for resource caregivers and other relevant training in the community to increase their knowledge and skills and better support resource caregivers. While funds for training are very limited, a plethora of free trainings as well as webinars can be found.

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

Various staff attended the following trainings from 7/1/2016 through 2/21/18:

Many valuable training opportunities were provided to resource caregivers, service providers, DHS staff and community stakeholders. The trainings fall within the following broad topics, usually with several offerings within each topic:

- a. identification and assessment of child abuse/neglect;
- b. increasing awareness and skills in managing difficult behaviors and situations with children in foster care;
- c. increasing awareness of various cultures and cultural diversity;
- d. creating sexual safety in foster care and increasing awareness of sexuality, gender and gender identity issues, human trafficking and internet safety;
- e. creating and increasing awareness and skills related to trauma informed care; and
- f. increasing knowledge regarding medical and mental health, including psychotropic drugs and their effects.

Some offerings were focused more for service agencies and their staff, including:

- a. increasing supervisory skills and skills in case and crisis management;
- b. effective documentation of reports, interviews, and plans;
- c. workplace harassment and safety, and
- d. agency and worker ethics.

E. SERVICE ARRAY AND RESOURCES

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 develops its Program Improvement Plan, many of these issues will be addressed.

Over the past two years, Maui has engaged in promising efforts to improve its service array. In collaboration with Casey Family Programs, Maui Child Welfare Services participated in a Systems Analysis Project. The goal of this project was to assess how well the services offered by Child Welfare Services meet the needs of the targeted families. This project also assisted with community engagement. As a result of this analysis, three new projects were developed hand-in-hand with the community.

1. The first project focused on the efficacy of parenting services for families with confirmed abuse and/or neglect allegations.
2. The second project reviewed the efficacy of domestic violence services for CWSB families struggling with this rising concern.
3. The third project focused on making services accessible to families in one location. The "One Stop Shop" is a collaboration of Maui Providers who want to make services available in a family-friendly environment. Through continued collaboration, families involved in social services will be able to have services that meet their needs in one family-centered location.

After some initial success in Maui, in the Spring 2018, Casey Family Programs began a similar Systems Analysis Project in CWSB East Hawaii Section. These actions and projects are potential blueprints for statewide service array improvements.

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 2018 APSR and 2017 CFSR Statewide Assessment.

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

CWSB continues to collaborate successfully with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. For some examples of statewide collaborations, see the 2018 APSR and 2018 CFSR Statewide Assessment.

G. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION

1. Item 33: Standards Applied Equally

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

While CWSB does not give waivers or exemptions for a potential caregiver's criminal history, it may grant waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, provided the waiver does not compromise the health and safety of the child. Although waivers can be requested for all homes, space and bed waivers have recently been authorized only for relative placements. A 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 is sent to the CWSB licensing unit describing the circumstances and what is being done to resolve the

situation. The waiver request is then approved or rejected by a section administrator. From July 1, 2016 to June 30, 2017, there were 22 bed or space waivers completed, two in East Hawaii, two in West Hawaii, and 18 on Oahu. From July 1, 2017 to March 31, 2018, there were 18 bed or space waivers completed, one in East Hawaii, two in West Hawaii, and 15 on Oahu. All waivers were for relative placements.

2. Item 34: Requirements for Criminal Background Checks

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

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

Hawaii Criminal Justice Data Center (HCJDC) has begun retaining fingerprint records of applicants pending the nationwide rollout of Rapback, which will ensure automatic arrest notifications regarding all applicants.

Hawaii recognizes that improvements are needed. In order to update staff on the functions and features of CJIS, users of the system were mandated to attend a training by HCJDC in April 2017. 84 participants attended the two-hour training, which covered topics such as security awareness, criminal justice inquiry, rap sheets, conviction inquiry, secondary dissemination inquiry, public sex offender inquiry, public offenders against minors inquiry, temporary restraining order/protection order inquiry, and FBI rap sheets. The training was well received by staff.

CWSB worked with HCJDC to authorize CWSB staff who are completing a CJIS clearance on prospective resource caregivers for child-specific licensure, to print the applicant's

conviction screen and log all disseminations in CJIS. Prior to this change, only licensing workers were authorized to print these screens.

Licensing procedures for background checks have been updated to include: Clarification of CWSB worker responsibilities before placing a child in a prospective resource home, i.e., printing CJIS screens, National Sex Offender Screen, and the CA/N screen and attaching them to DHS Form 1586 (Provisional Approval of Homes for Specific Children); adding procedures on Dissemination of the Criminal History Record Information (CHRI)-FBI/State Fingerprint based check; and adding a section on Security of the CHRI-FBI/State Fingerprint Based Record Information.

Beginning December 2017, CWSB, through the HCWCQI Project, will conduct a statewide targeted review to assess the implementation of procedures and functioning for this systemic factor. Reviews will be conducted annually thereafter.

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

a. Faith based efforts

Faith-based recruitment continues to be an integral part of the overall recruitment and awareness plan. PIDF maintains key relationships with several faith-based organizations that assist in recruitment and support of resource families within their congregation and their respective communities. For example, in East Hawaii, Hamakua Baptist Church has embraced families involved in foster care and started a ministry assisting with recruitment and support. On Oahu, PIDF continues to partner with Harvest Family Life Ministries Hawaii with referrals for families who are ready to start the assessment process. And One Love Ministries and New Hope Leeward have developed foster care ministries at their churches and assist with recruitment efforts, conduct supportive activities, such as toy drives, and provide support to resource families within and outside of their congregation. On Kauai, Lihue United Church has been continually supportive, hosting fundraisers on behalf of PIDF, spreading the awareness through allowing presentations and various mass information distributions to their congregation.

b. Native Hawaiian efforts

Native Hawaiian children continue to be overrepresented in foster care in Hawaii; therefore, it is critical to continue to relay the message for the continued need for resource families to key individuals and organizations in the Native Hawaiian community. PIDF supports these efforts through the PIDF Cultural Consultant who assists in various ways such as connecting recruiters to key individuals in the Native Hawaii community, being available for consult on issues regarding cultural appropriateness and sensitivity, and translation of collateral into Hawaiian language.

Dr. Denise Goodman, recruitment consultant and trainer, continues to provide consultation on recruitment strategies to target the Native Hawaiian population and provides resource caregiver recruitment training for new recruitment staff on skills such as targeted recruitment.

PIDF maintains involvement in several community collaborative groups that are specifically targeted to serving the Native Hawaiian population. For example, on Oahu, PIDF is a member of the Waianae Coalition, a collaboration of service providers in the Waianae area, one of the areas with the highest Native Hawaiian population and where many of the removals take place. Regular meetings are held where members share community news and events and identify ways to collaboratively provide additional services in the area. During its meetings, 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 in the Native Hawaiian community on Kauai.

PIDF also maintains a presence at events that target the Native Hawaiian population or aim to share the Native Hawaiian culture in the community on each island such as Kamehameha Day Celebration and Parade on Kauai, Kamehameha Schools Hoolaulea on Oahu, and Kamehameha School Senior Expo in East Hawaii.

c. Utilization of resource caregivers, alumni foster youth, and birth families

In SFY 2017, most of PIDF's recruitment activities included a former foster youth and/or resource caregiver. Recognizing that former foster youth and resource caregivers bring a wealth of experience as a recruiter, PIDF recruitment staff on each island includes a former foster youth or resource caregiver. Former foster youth and/or resource caregivers are present at recruitment activities to share perspectives and answer questions asked by potential caregivers. In some cases, licensed resource caregivers are connected with potential caregivers, who are apprehensive about fostering, to assist in providing guidance and support.

PIDF staff also continue to maintain contact with all HI H.O.P.E.S. youth boards statewide. For more information on HI H.O.P.E.S, see *Section IX. Chafee, E. Other Independent Living Areas, 7. Youth Advisory Board.*

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 2017, PIDF licensed 11 families referred through its Ohana Rewards program. PIDF continues to capitalize on this avenue of recruitment at every opportunity. To draw attention to this program and encourage participation, Ohana Rewards recipients are recognized in the quarterly Resource Advisory Council newsletter that is sent out to all licensed caregivers and key community individuals and at the FPH Annual Conference.

e. Web based media

Web-based recruitment continues to be crucial as internet search continues to be one of the top two sources of referral. During SFY 2017, web search continued to be the most common method of referral with 40% of inquiries coming from web search. As

a result, PIDF vigilantly maintains its Google ad to drive anyone who searches “foster care Hawaii” or any variation of that to the Hui Hoomalu homepage, http://www.pidf.org/programs/hui_hoomalu/about. Once there, visitors can access and request various information, or start the application process.

Social media presence has also grown significantly in SFY 2017. In a year’s time, Facebook “likes” for “Hui Hoomalu” grew by 2,872. A significant amount of people utilizes Facebook to connect, ask questions, and request information from PIDF through the messaging function. In addition, an Instagram account was added, “huihoomalu_fostercare”, gaining 99 followers in its first few months. Information sessions, events, and inspirational messages are the main type of content shared through this avenue.

f. Recruitment of LGBT resource families

PIDF continues to target demographics that would be open to caring for LGBTQ foster youth by connecting with open and affirming churches, hosting information booths at LGBTQ friendly events, and utilizing open LGBTQ resource families to share their experiences at recruitment events.

g. Child specific recruitment based on ethnicity

As mentioned above, Native Hawaiian recruitment continues to be a targeted focus. PIDF also 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, on several occasions, 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.

Additionally, PIDF’s sister program, We Are Oceania, services the Micronesian community and continues to be a bridge to valuable contacts in the community that PIDF can consult with on how to best approach the growing need for additional Micronesian resource caregivers.

Please the Data Booklet, Figure 52: Number of Licensed Resource Caregiver Homes SFY 2017 [Table] and Figure 53: Number of Licensed Resource Caregiver Homes SFY 2017 [Chart]

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

Hawaii has a statewide process for the use of cross-jurisdictional resources to facilitate permanent placements. Hawaii is an active participant in the Interstate Compact for the Placement of Children (ICPC), which generally functions well in Hawaii; however, Hawaii has taken steps to further improve its efficiency in processing requests and meeting permanency outcomes for children.

Hawaii contracts out ICPC services, which has historically encompassed only incoming requests and required the provider to conduct homestudies and supervise children placed in an approved placement. In SFY 2017, Hawaii re-procured ICPC services under a new

contract and expanded the service array to include processing all incoming and outgoing ICPC requests. Hawaii believes that a contracted provider, whose sole focus is ICPC, can better ensure that the timelines of the Compact and the Safe and Timely Interstate Placement of Children Act of 2006 are met. In May 2017, the new ICPC contract was awarded to Catholic Charities of Hawaii which has been performing ICPC services for Hawaii for over 20 years. In July 2017, the new contract was executed and, at that time, the state began to transition the full range of ICPC services to Catholic Charities of Hawaii beginning with outgoing requests and then all residential requests. At this time, the only ICPC requests that continue to be submitted directly to Hawaii's state office are those involving private adoptions. Hawaii has chosen not to transition private adoptions to Catholic Charities due to unique circumstances posed by recent adoptions of Marshallese children.

In February 2018, Hawaii took additional steps to further improve the efficiency of processing ICPC requests and permanency outcomes by joining NEICE, 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 its staff and its contracted provider to electronically submit their ICPC requests through NEICE. Staff continue to learn the NEICE system and to address technical issues that arise. Hawaii plans to expand access to NEICE to Family Court judges as well as to deputy attorneys general. On March 16, 2018, NEICE training was provided to Oahu Family Court judges by CWSB Staff Development Office; a training for deputy attorneys general took place on April 23, 2018. Upon completion of training, judges and deputy attorneys general will be granted view-only access. This will allow both groups to view the status of ICPC requests, completion of home studies, and approvals and denials and placements of children.

In SFY 2017, Hawaii processed 101 requests for placements in other states; this number is inclusive of multiple requests for one child. Hawaii completed 50 home studies for incoming ICPC requests. 24 Hawaii children were placed with resources in other states, while 85 children from other states were placed in Hawaii. Of the 50 home study requests, 78% percent were complete or a preliminary home study was completed within 60 days.

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

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

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC

1. Current Situation

Since the end of SFY 2015, CWSB has been working with the Capacity Building Center for States (CBC). The CBC is designed to build the capacities of local agencies and courts to meet federal standards and requirements, improve child welfare practice and administration, and achieve better outcomes for children, youth, and families.

CWSB and CBC held an annual assessment and work planning session resulting in an updated work plan and a compilation of services that CBC would provide to assist CWSB. The CBC engaged with CWSB in three projects.

a. Race and Ethnicity Data

The first project is assistance involving Title IV-E Waiver data. Following a conference in August 2017, the CBC has been working directly with CWSB on protocols for the collection of race and ethnicity data. The CBC has also been working with CWSB on the ability to replicate data analysis on disparity data.

b. Succession Planning

The second project is building a system of succession planning through coaching and mentoring. After several meetings with the CBC, this project was put temporarily on hold, due to the need to focus on other areas.

c. PIP Development

The third project is the support the CBC has been providing to CWSB with Hawaii's CFSR PIP. The CBC assisted in deeper data exploration of identified problem areas to help make connections between the cross cutting practice concerns and the proposed goals, strategies and key activities.

2. Anticipated Requests

Continued support around data analysis and data exploration on racial and ethnic data collection is expected to be provided by the CBC for the coming months. The CBC will also continue to assist CWSB in the development and the implementation of the PIP work plan. An annual assessment and work planning session has been tentatively scheduled for June 2018. CWSB may identify other services requiring assistance from CBC.

B. TRAINING AND TECHNICAL ASSISTANCE TO THE COMMUNITY

1. Overview

Hawaii SSD provides continual technical assistance and training to local community and State agencies that are working on child abuse and/or neglect and related issues. Examples are below.

- a.** The Staff Development Office trains mandated reporters of child abuse and neglect in the DOE and DOH several times a year.
- b.** All CWSB-contracted providers receive on-going technical assistance, which includes help with assessment tools, documentation, budgets, accounting, data collection, staff training, CQI systems, and antidiscrimination policies.
- c.** Contracted providers and other agencies are often invited to CWSB trainings, like 'Ohana Is Forever and the annual CWS Law Update to help ensure that the broad community of providers is fully informed on current child abuse and neglect issues.
- d.** The statewide providers' staff for CWSB's Differential Response System participates in CWSB's New Hire Training series, alongside CWSB newly hired staff, so not only do they all learn the same material, but they also create connections across agencies.
- e.** SSD's CCWIS Team has begun engaging child welfare contributing agencies (CWCAs) to discuss data transfer systems, and how CWSB will support these agencies through the development of the upcoming data-sharing system.
- f.** In SFY 2018, Hawaii switched to a new Multidisciplinary Team (MDT) provider. CWSB received feedback from staff and the provider that the Team members needed a greater understanding of Hawaii laws regarding child abuse and neglect to provide the best consultation possible. SSD responded by creating and delivering a specialized training for the MDT on HRS §587A and HRS §350, which was found to be successful in strengthening the Team's knowledge and abilities.

CWSB administrators regularly attend community meetings and are key members of other agencies' workgroups. In these meetings and workgroups, the CWSB staff ensure that projects and plans are informed by child welfare best practices. For a list of CWSB's agency and community collaborations, see the 2018 APSR and 2017 CFSR Statewide Assessment.

Additionally, through the contract review process, where CWSB's contracted CQI provider and SSD staff work together, SSD provides constructive feedback and support to the contracted provider agencies to improve their systems and outcomes.

2. Improvements

a. Time in Care

One of the priority objectives of Hawaii's CFSP is to safely reduce the amount of time that children spend in foster care. This priority has been explored with our community stakeholders in CQI Council meetings, in meetings with SPAW and Wrap staff, in workgroups with Family Court and the CIP, as well as other settings. One can see the positive result of this continued focus in the length of stay data. Please see Data Booklet, Figure 17: Average Length of Stay in Foster Care in Months, which graphically demonstrates the decline in length of stay for the SFYs 2011-2017.

b. Child Well-being

In Hawaii's CFSP, when discussing plans for improvement, Hawaii identifies increasing wellbeing of children in care as a priority objective. There are numerous areas of potential focus which might address aspects of child well-being. Two recent examples of Hawaii's work in this area are discussed below.

i. Mentoring and Sibling Visit Volunteers

Over the past two years, West Hawaii CWSB staff, PIDF staff, and West Hawaii HI H.O.P.E.S. members have collaborated in engaging the community to provide trainings on Prudent Parenting and Normalcy and on the Foster Youth Bill of Rights to resource caregivers and youth in foster care. As a result of these trainings, new volunteers have come forward to 1) mentor youth in care and 2) coordinate and supervise sibling visits for children not placed together.

ii. Trauma and Healing Informed Care

CWSB has made strides in trauma-informed care. Hawaii is optimistic that, when staff engage with children and families through a trauma-informed lens, children's well-being and resilience will be enhanced.

Over the past year, there has been a major collaborative initiative regarding Trauma and Healing Informed Care. CWSB is committed to infusing trauma-informed practices throughout the system. Although this effort will be ongoing and Hawaii is in the beginning stages of implementation, preliminary results of CWSB staff training are inspiring. All CWSB staff statewide is being trained on Trauma and Healing Informed Practice in groups of 30 or less. In attendees' surveys from June and July 2018 trainings, when asked how much their knowledge on the topic improved, on a scale of 1 (lowest) to 10 (highest), the average rating was 8.6. Perhaps even more encouraging is the feedback that staff have been sharing with

their supervisors. Staff, who have been through the training, have stated that they feel they are more easily able to empathize with children and families now, and they feel more connected to why they are doing this work and its importance. For more information on the Trauma Healing Informed Care initiative, please see below *C. Strategic Planning Committee, 2. Trauma and Healing Informed Care.*

c. Stakeholder Collaboration and Engagement

One of the primary objectives of the 2015-2019 CFSP is to enhance stakeholder collaboration and engagement. One of Hawaii's many strengths lies in its ability to embrace collaboration and warmly engage its internal and external partners, which have resulted in breaking down boundaries between professionals at various levels and encouraging professionals to solve problems effectively as a team. Comparing to 5-10 years ago, Hawaii has seen more collaboration than ever before and now collaboration is inevitable and the understanding that collaboration inspires staff and community to contribute to the overall mission of the organization. There are numerous examples of successful collaboration and engagement. One salient example from the past two years is the Foster Youth Bill of Rights.

CWSB staff has collaborated with current and former foster youth through the HI H.O.P.E.S. board, DAGs, and numerous agencies that serve foster youth to develop a Foster Youth Bill of Rights. This Bill was signed into law on July 5, 2018. Identifying foster youth needs and rights has been a focus of the annual Ohana Is Forever conference. Data from conference workshops was gathered from conference attendees and proved essential in the creation of the Bill of Rights. Hawaii State Law is newly more explicit in its protection of a foster youth's right to educational stability, religious practice, orthodontia, visits with family, obtaining and understanding a credit report, helping develop his/her case plan, and more.

d. Underserved Populations

Part of Hawaii's CFSP is to focus more attention, through data collections, interviews with providers, and community partners, to at-risk and underserved populations.

i. LGBTQ

In SFY 2018, CWSB worked with a community expert and provided training on LGBTQ issues to resource caregivers statewide. Based on post-training surveys and resource caregiver direct feedback, the training was successful in increasing caregivers' sensitivity and awareness regarding this vulnerable population. For more information on CWSB's effort in working with people who identify as LGBTQ, please see *Section IV. Programs Supporting*

Permanency, A. Program and Service Descriptions, 3. Most Vulnerable Populations, e. LGBTQ Efforts of this APSR.

ii. Homeless Youth

Providers of services for homeless youth had expressed confusion regarding CWSB's intake process and safety decision-making. These providers are often the first point of contact for some trafficked minors. To address this need, in SFY 2018, SSD provided an interactive training with key homeless youth providers. Post-training, there is increased understanding and collaboration between the homeless youth providers and SSD staff.

3. Plans

Throughout the upcoming year, SSD plans to continue to support community providers and State agencies to ensure fruitful collaboration and improved outcomes for children and families. Some specific plans are discussed below.

a. LGBTQ

Increasing quality services to the LGBTQ population, identified as an underserved population, is part of Hawaii's CFSP. In SFYs 2016 and 2017, language was added to all CWSB contracts requiring provider staff to be trained in working with LGBTQ people. Although the contracts were revised, some providers have struggled to train staff appropriately. In SFY 2019, CWSB plans to support our contracted providers in training their staff on best practices in serving the LGBTQ population. For more information on CWSB's effort in working with people who identify as LGBTQ, please see *Section IV. Programs Supporting Permanency, A. Program and Service Descriptions, 3. Most Vulnerable Populations, e. LGBTQ Efforts of this APSR.*

b. CCWIS

Another explicit focus of Hawaii's CFSP is building our new data base. Hawaii has been working on this for many years. In the upcoming year, the CCWIS team plans to increase its collaboration with and support of community partners to effectuate efficient data sharing.

c. Trauma and Healing Informed Care

Working with service providers to improve trauma-informed care practices is part of Hawaii's CFSP. Hawaii CWSB is collaborating with the community on a major project in this area. Please see below *C. Strategic Planning Committee, 2. Trauma and Healing Informed Care.*

d. Minor Sex Trafficking

Hawaii is engaged in many Human Trafficking efforts with the community. Please see below *Section VIII. Child Abuse Prevention and Treatment Act (CAPTA) Progress Report on State Plan, H. Human Trafficking* for more information on these activities. One upcoming venture is a planned training for Hawaiian Airlines. CWSB staff will likely be training Hawaiian Airline staff on Minor Sex Trafficking, including noticing signs, how to report, and community resources. This training is the result of recent incidents at the airline which made the local news. SSD identified the community need, and reached out to the airline to offer support and education.

e. PIP3

Hawaii is currently developing its latest Program Improvement Plan. To be successful in implementing the plan, CWSB will collaborate with numerous agencies and partners. The judiciary, HI H.O.P.E.S. members, CAMHD leaders, DOE representatives, CQI Council, CRP, UH Law School, UH School of Social Work, local non-profit agencies, and many others will all have a role in moving Hawaii's CWSB forward toward its PIP goals.

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. With reduced caseloads and a decrease in the foster care population, caseworkers can invest their energies in better strengthening and supporting vulnerable families. 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.

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 community partners. Although Hawaii has held several trainings on trauma informed care

for CWS staff, and some related shifts in CWS practice have been observed, the Learning Collaborative will provide greater impetus for this movement. This effort is not for CWS 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 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. These gatherings will continue in SFY 2018.

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. When the children enter care, the parent liaisons would support CWSB families through emotional coaching and assistance in accessing and participating in services. 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.

b. Maui

Maui CWSB is working with CFP on a systems analysis framework, called “Islands of Hope”, to support and enhance collaboration among providers. During SFY 2017, Maui CWSB staff regularly met with community service 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.

c. East Hawaii

In SFY 2017, CWSB East Hawaii Section held the following events:

- i. In May 2017, the Hilo Pacific Island Collaboration was held to engage Pacific Islander leaders. These leaders were asked to help ascertain cultural awareness training needs of CWS staff. In addition to addressing other cultural issues related to their communities, they were also asked to identify culturally responsive services to assist CWS-involved families.
- ii. In July 2017, Family Fun Day brought together children, resource caregivers, and birth parents and provided an opportunity for quality time between children and their parents. This activity helped to increase mutual awareness for all participants, build supports for the parents and children, and strengthen the relationship between the resource caregivers and the birth parents, with the goal of supporting reunification or other permanency options. This activity also allowed siblings to spend fun time together.

- iii. In October 2017, CWSB staff and resource caregivers participated in Engagement Training with Dr. Kimo Alameda.
- iv. In November 2017, the POS provider meeting provided CWSB and community service providers with an opportunity to discuss topics including sharing of data, working agreements and understandings, strategies for working with families in 2018, reunification and permanency efforts, identification of hot spot areas, and the agreement to continue working on communication and reducing duplication of services.

For 2018, the plan includes 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.

d. West Hawaii

In SFY 2017, CWSB West Hawaii Section held the following events:

- i. In May 2017, mandated reports, including community stakeholder and partners, such as the DOE staff, participated in the Two Systems-One Child training.
- ii. In November 2017, CWSB staff and community partners participated in Cultural Competency Training, which focused on increasing the awareness and understanding of Micronesian families and their communities.
- iii. In December 2017, CWSB held a Christmas event for children, their birth families, and resource caregivers. This event included birth families with children in foster care and children living in their homes under family supervision.

For SFY 2018, CWSB will continue to plan Building Bridges Events for birth families and resource caregivers to increase awareness of resources and to build relationships. This plan includes presentations by the HI H.O.P.E.S. board on topics including the Foster Youth Bill of Rights, Prudent Parenting, and other related topics as they are identified.

e. Kauai

In SFY 2017, Kauai Section held the following events:

- i. In August 2017, Cultural Engagement Training was provided for the judiciary, legal professionals, and partner agencies. Participants received the same training that CWSB staff received in 2016.
- ii. In August 2017, CWSB held Family Night at Nana's House, which was an open house event to help introduce families in the neighborhood to community resources. Nana's House is in a largely Native Hawaiian community, which helps supports CWSB continued efforts to enhance mutual trust with the Native Hawaiian community.

- iii. In October/November 2017, CWSB held two Open House/Fun Days for Families involving birth families, resource caregivers, community partners, and other community stakeholders. The purposes were to increase the participants' awareness of resources and supportive/assistance services, and to build relationships between CWSB and families and their communities.

For SFY 2018, 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.

D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

1. Overview

In 2017, CWSB collaborated with the Children's Bureau (CB), Administration for Children and Families (ACF) 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 to prepare for the anticipated ending of the Waiver on September 30, 2019. The purposes of this TA review were:

- a. to assess the extent to which eligibility determinations were made consistent with federal requirements,
- b. to ensure strategies implemented during the last PIP (from the 2013 IV-E Review) continue to be successful in addressing areas that were identified as needing improvement, and
- c. to 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:

1. 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.
2. Title IV-E PIP strategies were successful in ensuring that court orders were not used to document multiple hearings.

Children Bureau recommended the following for improvement:

3. Strengthen Hawaii's foster home licensing process to ensure that Title IV-E funds are claimed only for fully licensed placements.

4. Clarify and document Hawaii's process for claiming group home payments.
5. Implement an internal quality assurance process for monitoring Title IV-E eligibility determinations.

3. Plans for Improvement

A plan to improve the areas identified above includes quarterly targeted file reviews statewide by a CQI team. For these quarterly checks, the files to be reviewed will include CWSB case records, licensing files, and Title IV-E files. In addition, the Eligibility unit already instituted an internal QA, whereby the unit staff randomly selects and reviews cases to ensure proper eligibility determinations, documentation, and Title IV-E coding.

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

A. OVERVIEW

CAPTA funding has been and will continue to be used in the upcoming fiscal year to carry out Hawaii's CAPTA State Plan by supporting Family Strengthening Services (FSS). FSS is part of Hawaii's Differential Response System (described above in *Section III. Programs Supporting Safety, C. Child Maltreatment Reports and Disposition Statewide*), consistent with the goals and objectives of the CFSP. Hawaii has not enacted or issued any new or amended State laws or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the State's eligibility for the CAPTA State Grant.

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

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 factions of the community and all the islands in Hawaii, with each member contributing his/her unique perspective to the CRP. 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 former birth parent.

CWSB supports the CRP by providing its annual operating budget which has been used to transport neighbor island members to Oahu for CRP's meetings every other month, send two members to participate in the National CRP conference in Alaska in April 2017, and hold a CRP retreat where members received training on issues confronting Micronesians, and on commercial sexual exploitation and trafficking of minors. CRP members will also use funds to participate in the NCRP conference in Michigan in 2018.

During this reporting period, after evaluating CWSB policies and procedures, the members identified two projects to assist in enhancing CWSB practices. These are assisting CWSB increase

public awareness on commercial sexual exploitation and 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. These materials will be disseminated at various community locations and at CWSB's community presentations and training events. The committee will also be pursuing bus posters.

To obtain information on drug exposed infants and the challenges CWSB has had increasing public awareness, the CRP sub-committee working on community awareness of drug exposed infants met with CWSB and representatives from the Office of the Attorney General. The Attorney Generals presented information as a part of its "iChoose Me" campaign, which provides an overview of current illegal substances in Hawaii and their impact on pregnancy. The committee will be reviewing the information gathered from these meetings to identify projects that will support current CWSB efforts in this area.

For the upcoming year, CRP will continue to evaluate and analyze strategies to support CWSB programs. Once Program Improvement Plan 3 is finalized, the CRP projects will focus on identifying and implementing projects that will assist CWSB's implementation of PIP3.

C. CHILD FATALITIES

1. Death in CWSB Cases

Hawaii DHS reports CPSS data to NCANDS on child death cases, that were active during the reporting period, where child abuse or neglect or threat of abuse or neglect has been confirmed.

See the Data Booklet, Figure 56: Children Who Died in Active CWSB Cases – SFY 2014 – SFY 2017.

Internally, the DHS utilizes a Multi-Disciplinary Team (MDT), to provide consultation to staff on serious cases of child abuse and neglect, inclusive of child death cases, to assist in assessing the safety of the home for any surviving children and service recommendations. In July 2017, the DHS transitioned to a new provider to deliver MDT services. For every child death or serious injury to a child on an active CWSB case, a Multi-Disciplinary Team is convened. One purpose of the Team is to help identify the need for any potential CWS policy, procedure, or practice changes to help prevent these incidents.

2. Child Death Statewide

Hawaii's Department of Health (DOH) Child Death Review data compiles child fatality data from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the State's Medical Examiners' Office to report all deaths in the State. For these reasons, the DOH and CWSB NCANDS data differ. DOH Child Death Review reports include child deaths as defined by the National Center for the Review and Prevention of

Child Deaths. Child deaths are categorized as follows: 1) Child Abuse and Neglect, 2) Homicide, 3) Natural, 4) Suicide, 5) Undetermined, and 6) Unintentional Injury.

In Hawaii, the legislature has tasked the DOH, Family Health Services Division, Maternal and Child Health Branch with implementing comprehensive multidisciplinary reviews of child deaths. The purpose of these reviews is to understand risk factors and prevent future child and maternal deaths in Hawaii.

Through the DOH multidisciplinary process, child deaths in Hawaii are reviewed one year after the death occurs. The most recent child death data available is for those deaths that occurred in 2015. Since 2016, Child Death Reviews have been held on Oahu, Kauai, Maui and Hawaii Island. In calendar year 2016, a total of eight Child Death Reviews were completed on Oahu, two on Kauai, one on Maui and two on Hawaii Island. Since then, Child Death Reviews have continued through 2017 and as of February 2018 it is expected that Oahu will complete the review of all 2016 child deaths that occurred on Oahu by March 2018.

The following findings were made through the DOH Child Death Reviews:

a. Unexpected infant deaths

Of 18 deaths reviewed, 17 were secondary to unsafe sleeping arrangements, including 15 that were due to suffocation while sleeping with parents. In several cases parents were impaired due to alcohol or substance abuse.

b. Drownings

There were four preventable deaths that occurred. For 2015, three drownings occurred in swimming pools and one in the ocean.

c. Suicide

Six children and teens took their own lives in 2015.

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.

Follow up on recommendations is crucial to ensuring preventable deaths from occurring. Both the Child Death Reviews and Council have made concerted efforts to prioritize the identification of recommendations for system improvements a priority at reviews and meetings to ensure preventable deaths from occurring.

3. CAPTA Fatality and Near Fatality Disclosure Policy

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

- a. Age of the child;
- b. Gender of the child;
- c. The cause and circumstances regarding the child fatality or near fatality surrounding the incident;
- d. Information about previous reports of child abuse or neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality;
- e. Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
- f. The results of any such investigations, and
- g. The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

D. CHILD WELFARE SERVICES WORKFORCE

1. Overview

To provide an accurate portrait of its workforce, CWSB conducted a survey of all its staff members in April and May 2018. This section presents the results of this survey, along with caseload data pulled from CPSS. The CWS Workforce data tables and charts can be found in the Data Booklet, Figures 62-70.

2. Staff

As of May 2018, CWSB had 402 funded positions, 315 employees, and 87 vacant positions. Based on these figures, CWSB is currently functioning with only 78% of the authorized staff. Refer to the Data Booklet, Figure 57: CWSB Staff Positions and Vacancies – 2013-2018, for point-in-time details on data for the past six years.

3. Caseload

Based on the November 2017 active case assignments in CPSS, the average caseload per assessment worker is approximately 37 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 20 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 58: Hawaii CWSB Average Caseload for details and a comparison of May 2012 through November 2017.

4. Positions

The breakdown of staff positions for May 2018 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 61: Statewide Distribution of CWSB staff – May 2018.

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 2018 CWSB-internal survey showed that CWSB employees were 81% female and 19% male. 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 62: Age Distribution of CWSB Staff - May 2018, 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 2018, CWSB had no employees under age 20 or over age 79. The largest percentage of CWSB staff (33%) fell into the 50-59 age range, followed by the 40-49 age range (24%).

In looking at Figure 62: Age Distribution of CWSB Staff - May 2018, approximately 48% 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 63: CWSB Staff Highest Level of Education - May 2018, for details on the highest levels of education of CWSB staff in May 2018.

8. Ethnicity

Refer to the Data Booklet, Figure 64: CWSB Staff Ethnicities - Self-Reported, May 2018, 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 65: 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

CWSB recognizes the need to closely track foster youth who enter and exit the juvenile justice system. CWSB also understands that it is important to the well-being of foster youth to make these transitions as non-traumatizing as possible and to assist the youth with adjusting to his/her new setting. CWSB has made it a priority to cultivate collaboration between CWSB caseworkers and juvenile facility staff to plan, coordinate, and communicate effectively and regularly for the benefit of youth. See Data Booklet, Figure 66 and Figure 67: Foster Youth in Detention Centers SFY 2014 – 2017 for the number of foster youth at HYCF and the Detention Home during SFYs 2014 – 2017.

To better coordinate smooth transitions and positive outcomes regarding youth in the juvenile justice system, CWSB collaborates with multiple entities including CAMHD, who provide services to foster youth to address their mental health needs, Office of Youth Services (OYS), and Family Court. CWSB and OYS also continue to enhance this partnership as both are committee members in the Committee on LGBTQ youth in the juvenile justice system.

During SFY 2017, 25 foster youth (unduplicated count) were in a detention facility. See Data Booklet, Figure 68 and Figure 69: Frequency of Lengths of Stay in Detention Centers for the range of length of stay for the 25 youth during SFY 2017. The length of stay was calculated based on entry and exit dates. For youth who had not exited, the date of June 30, 2017 was used to calculate length of stay.

Compared to SFY 2016, the SFY 2017 population shows a decrease in the number of youth who were in a detention facility. While the total population decreased from 32 to 27 and the percentage of youth in a detention facility for four (4) months or fewer decreased from 97% to 84%, the percentage of youth in a detention facility for nine months or more rose slightly from 3% to 8%.

F. DOMESTIC VIOLENCE

1. Services

CWSB 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 the underserved and special populations. These services are provided at no-cost to participants, including individuals involved in CWSB. DV services include DV shelters and support, teen dating violence prevention and intervention, legal

services and advocacy, and DV services for families. For a description of these programs, please refer to the 2018 APSR.

2. Collaboration

For this reporting period, 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 also continues to work 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 with plans to provide training to the neighbor islands in March, April, or May 2018.

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. In 2017, 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.

G. SUBSTANCE-EXPOSED INFANTS AND CHILDREN

CAPTA funding was recently increased through the signing of a law on March 23, 2018. This new law prioritizes the use of funds for the plans of safe care for substance-exposed infants. Hawaii's CWS plans to use the funds to:

1. train staff on topics related to substance-exposed infants,
2. develop a tracking and monitoring system for substance-exposed infant cases in Hawaii's new CCWIS, and
3. collect the data for these cases to improve the case management services to this group of children and their families.

CWSB will review its existing contracts to potentially revise the scope of services for the substance-exposed infants, which may result in an increase in funding to these contracts. As CWSB is starting to implement new initiatives and is revising existing initiatives through PIP3 and the transition plan for the Title IV-E Waiver Demonstration Project which is ending in 2019, CWS will work to develop, monitor, and implement the plans of safe care for substance-exposed infants into the ongoing development of these and other initiatives.

There have been no significant changes to the plans of safe care for children and infants born with and impacted by substance abuse or withdrawal resulting from prenatal drug/alcohol exposure. CWSB continues to employ the same assessment tools to assist the caseworkers in the case planning and monitoring of the child's safety and placement throughout the child's involvement in foster care.

The Department of Health (DOH) is the lead agency for the State in the fight against opioid addiction implementing the Hawaii Screening, Brief Intervention Referral and Treatment (HI-SBIRT) project to develop and enhance partnerships with hospitals, public health, medical and other providers to create a statewide standard model of care that will identify and treat people identified with substance use problems and those at risk of developing these problems. The HI-SBIRT project will provide training throughout the state at federally qualified health centers and more than 100 smaller independent primary care practices.

DOH's Alcohol and Drug Abuse Division (ADAD) is also taking HI-SBIRT statewide. Initial contracts are focused on Oahu and Big Island and contracting with a local provider to do the training of HI-SBIRT. Plans include providing HI-SBIRT training for CWSB staff so that CWSB to enhance their knowledge, skill base and ability to provide services for the families they serve.

H. HUMAN TRAFFICKING (HT)

Since the change in the Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, was enacted, CWSB, the Title IV-E agency, has implemented policies and procedures to identify, document, and determine appropriate services for any child in placement or care, or under its supervision, who is at-risk of becoming, or is, a sex trafficking victim. CWSB has also developed and implemented protocols to locate missing foster children, address factors that contributed to their absence, and assess their experience while absent, including whether the child is a sex trafficking victim.

1. Human Trafficking Workgroup

The HT worker group continues to meet monthly, and the Hawaii Coalition Against Human Trafficking has reconvened quarterly meetings. The purpose of these ongoing meetings is to address the HT issues in the State.

2. CWSB Staff Human Trafficking Training

The current CWSB service provider for HT, Susannah Wesley Community Center, continually offers trainings for resource caregivers and the public regarding HT. They provided HT trainings at the resource caregiver quarterly trainings this past year and CWSB plans to include HT in the annual resource caregiver training. CWSB staff also participated in ongoing HT trainings provided by other agencies throughout the year.

CWSB is providing trainings for mandated reporters, statewide, on HT, the newly implemented HT hotline and HT checklist. The HT checklist will be made available on the DHS website at a later date.

3. Collaboration

HCAHT, Family Court of the First Circuit and other State agencies maintain ongoing efforts and provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework. A Memorandum of Agreement has been created to ensure that the protocol will be implemented as designed.

CWSB 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) in establishing an electronic feed of data from the state's JJIS database to NCMEC. An MOU 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 being reported are properly tracked electronically. This will also ensure that information on CWSB missing children is reported to NCMEC as required by Public Law 113-183.

4. Current Actions

The HCAHT and the Family Court continue parallel efforts to collaborate with various agencies to address human trafficking. The HCAHT addresses sex and labor trafficking of adults and children statewide, and Family Court addresses the commercial sexual exploitation of children on Oahu. Both efforts are ongoing and provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework. A Memorandum of Agreement among the various agencies was established to ensure that the protocol will be implemented as designed.

CWSB implemented a 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.

CWSB also created a HT Mandated reported checklist, form DHS 1685, and The Guide for Mandated Reporters, 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 form includes human trafficking characteristics, dynamics, and indicators to assist the reporter in identifying suspected or known victims of sex and/or labor trafficking, as well as other key information which would help the CWSB locate and assess children. The forms will be made available on the DHS website at a later date.

I. CONTINUOUS GROWTH

Over the past year, Hawaii CWSB has been involved in three ACF Program Improvement Plans (PIPs). Updates for each plan are captured below.

1. AFCARS Improvement Plan (AIP)

Hawaii has addressed many of the items in the AIP. An analysis of the FFY 2017A/B AFCARS submission found no elements with error rates above the 10% Federal penalty threshold. See *Section VI. Systemic Factors, A. Statewide information System, Item 19* in this APSR for more specifics on the analysis. Hawaii continues to strive to improve its AFCARS performance and complete the AIP; however, the State will not be able to complete the AIP until implementation of the new DHS database, CCWIS.

CWSB continues to provide clarification and training on the use of various codes in CPSS. The most recent effort occurred during a statewide meeting on February 14, 2018. CWSB has found that the practice of sharing pre-submission data runs with staff and helping

them to understand and correct errors has been effective in improving data accuracy. The State remains committed to continuous quality improvement and will continue to include policy and practice clarification, training, data sharing, and reviews to support this goal.

2. Program Improvement Plan (PIP)

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. From the end of May to the beginning of June 2017, ACF representatives conducted on-site stakeholder interviews regarding CFSR systemic factors. From April to September 2017, CWSB participated in the case review portion of the CFSR. The results of this review and progress on CFSR items are reported throughout this APSR.

CFSR Items	SECTION
1-3	III. Programs Supporting Safety
4-11	IV. Programs Supporting Permanency
12-18	V. Family Engagement and Child Well-being
19-36	VI. Systemic Factors

Hawaii's CFSR Program Improvement Plan 3 (PIP3) is in the process of being developed. At the beginning of April 2018, Hawaii submitted a complete draft to ACF. To develop the PIP3, CWSB engaged its staff, community, and stakeholders. This collaboration will continue as CWSB works to finalize the plan and proceed to implementation. 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. 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 are guiding development of this plan. Hawaii is also benefiting from collaboration with the Capacity Building Center for States and ACF partners in creating its new PIP.

Hawaii's PIP will address four primary areas that were identified in the 2017 CFSR. These are:

- a. Conducting quality risk and safety assessments
- b. Engaging families in case planning throughout the life of the case
- c. Achieving timely permanency
- d. Strengthening workforce capacity

3. Initial Contacts

CAPTA requires that specific information be provided to an individual, who is the subject of a report of child abuse and neglect, when the agency first makes contact.

CAPTA Section 106(b)(2)(B)(xviii) states: “provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant.” CWSB obtained assistance from the CBC, as well as from State attorneys and federal partners at ACF, to ensure full compliance with this provision.

Part III – Casework Services, Section 2 – Social Work Investigations, 2.2.0 – Initial Contact with the Individual who is the Subject of to a Child Abuse and Neglect Investigation/Assessment, of the DHS Child Welfare Procedures Manual, has been updated to provide needed clarification. These revised procedures were disseminated to all relevant staff, including Hawaii’s differential response contracted providers.

All relevant PIP activities and documents were completed and submitted to ACF prior to the deadline of June 30, 2017. On July 19, 2017, the Children’s Bureau informed Hawaii that it had successfully completed the PIP.

SECTION IX. YOUNG ADULTS AND CHAFEE

A. A UNIFIED SYSTEM

Independent/Interdependent Living Services, Higher Education/Education and Training Vouchers, Extended Foster Care (Imua Kakou), and Extended Assistance

In its continuing efforts to provide an enhanced and seamless system of care for young adults currently and formerly in care, CWSB has combined the Independent/Interdependent Living (IL) Services, Higher Education (HE) Allowances/Education and Training Vouchers, Imua Kakou (IK) & Extended Assistance – IL/HE/IK (**IHI**) programs. Since January 1, 2017, integrated contracts were awarded to local providers to ensure that the young people have community and cultural connections and knowledge of their local resources.

Hawaii will not be making changes to its Chafee program. At this time, Hawaii is not opting in to Chafee services Expansion Option to Extend Services up to age 23. Hawaii is not requesting to use Chafee funds to cover the costs of these services to age 23, because Hawaii already provides services to this age group through age 26, using State funds, and the State already uses all of its Chafee funding for services to young people under 21.

To maximize service quality and availability and to create the seamless system of care, CWSB continues to work with its contracted Independent Living Collaborator, which assists the IHI providers in enhancing services, tracking, referrals, and data collection. The Independent Living Collaborator (ILC) also promotes providers' collaboration within their own agencies, as well as among community and State organizations. ILC provides information, trainings, and meetings. Since the ILC began, there has been increased collaboration and consistency in providing services, and in putting on local and state events such as Teen Days at the court house and the `Ohana Is Forever annual conference.

Service summaries are as follows:

1. IL Services for Youth in Foster Care (ages 12-15)

Youth in foster care ages 12 – 15 years are provided services supporting the youth's healthy development of self-awareness and self-esteem, including decision making, coping with peer pressure, and involvement in case planning. Resource caregivers for this age group are also provided with additional support. Services for this age-group focus on the following areas:

- a. Self-Identity,
- b. Emotional, Psychological, and Spiritual Wellbeing,
- c. Cultural Identity and Diversity Issues,
- d. Communication,
- e. Relationships,
- f. Social Capital,
- g. Connections,

- h. Goal-Setting,
- i. Decision-Making,
- j. Problem-Solving,
- k. Self-Advocacy,
- l. Resources, and
- m. Understanding CWS and Family Court.

2. IL Services for Older Youth in Foster Care (ages 16-18)

Youth in foster care ages 16 – 18 years are provided services that actively engage young people in developing a case plan that will allow them to learn from their experiences while developing skills to enhance their self-sufficiency and well-being. Services for this age-group include the topics listed in 1. above, and additionally include addressing safety, permanency, and wellbeing, and helping the youth set goals in the areas listed under 3. below. For 17-year-old youth, a transition plan is jointly created with the youth, which addresses the areas listed in 3.

See the Data Booklet, Figure 70: IL Statewide Services Provided NYTD 2017B, for a recap of information reported to NYTD.

3. Imua Kakou (IK) Services for Former Foster Youth (ages 18-20)

Young adults ages 18 – 20 years (up to their 21st birthday) are provided services that may include monthly financial support at the adolescent foster board rate, the opportunity to be more actively involved in their own case planning and decision-making processes, extended support to further develop their well-being and skills for adult self-sufficiency, more time to attain their goals, and a case manager to assist and support them in acquiring the knowledge and skills needed for success in adulthood. All IK Case Plans address the following areas:

- a. Social Capital, Family/Lifelong Adult Connections, & Relationships (include Parenting, if a parent);
- b. Health (physical, spiritual, emotional, cultural and mental health);
- c. Daily living;
- d. Housing;
- e. Education;
- f. Employment;
- g. Financial Literacy and Management;
- h. Documentation; and
- i. Empowerment.

4. Higher Education (HE) Services (State-funded) for Former Foster Youth (ages 18-26)

Hawaii offers a higher education stipend to former foster youth (from age 18-26, up to their 27th birthday) who exited foster care at age 18 year or were adopted or entered legal guardianship from foster care. The former foster youth must be attending an accredited (academic or vocational) institution of higher learning, and must not be receiving CWSB

financial support through IK or Extended Permanency/Adoption Assistance. Additional HE services include support services, and monthly counselling/check-in. This support includes addressing the areas listed in 3. above.

5. IL Services for Former Foster Youth (ages 18-26)

IL services are available to former foster youth ages 18-26, up to their 27th birthday, with priority to those who exited care while under DHS custody and are not receiving IK or HE services. IL services provide support and outreach to former foster youth and range from information and referral only to more intensive support and assistance, including crisis intervention, in areas such as health, mental health, housing, finances, employment, education, and relationship connections/social capital. Group activities may include IK and HE participants.

Support for former foster youth living out-of-state, including those who were adopted or in guardianship, shall be limited to information and referral services.

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. The ILC assists CWSB in:

1. collaboration,
2. enhancing communications,
3. workgroup development and facilitation,
4. development of guidelines with best practice standards,
5. providing and/or collaborating on trainings and conferences,
6. evaluation and monitoring, and
7. young people engagement to ensure their voices and perspectives are heard and imbedded in policy and practice.

The ILC continues to work with the HI H.O.P.E.S. Initiative to ensure that the voice and perspectives of the young people remain true, heard, and properly valued. The ILC provider's strong relationships with youth-focused entities help support the work of this contract. The ILC also assists CWSB, UH Law School, and SHAKA in many areas, including:

1. overseeing Imua Kakou applications and services,
2. convening, supporting, and strengthening relationships among the IHI contractors and CWSB staff,
3. providing training to IHI contractors and CWSB,
4. assisting HI H.O.P.E.S. and SHAKA with data collection for NYTD,
5. assisting CWSB on specific youth cases,
6. developing practice and policy,
7. connecting young people and individuals supporting the young people with needed resources,

8. collaborating with Jim Casey and Annie E. Casey regarding Results Based Accountability (RBA), and
9. collaborating with the HI H.O.P.E.S. board, Judiciary, UH Law School, and CWSB on functions, such as the Senior Celebration Graduation Luncheon, Teen Days, and Ohana Is Forever.

ILC also created 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. In SFY 2019, ILC will also be assisting with the CQI contract reviews of the IHI contracts and in the upcoming PIP3 workgroups.

C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS

DHS' higher education stipend program has been a tremendous success and benefit for youth formerly in foster care. With this additional support, many young adults have been able to complete two-year and four-year degree programs, and a few have even obtained advanced degrees. By the end of the 2016-2017 school year, 1,833 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 trend has been an increase in the percentage of returning students and a corresponding decrease in the percentage of new students, with the data for SFY 2017 showing 21% new students and 79% returning students.

This trend was anticipated and is an indication of the successful implementation of Imua Kakou, which allows eligible youth to begin with Imua Kakou and then receive the higher education stipend after exiting from Imua Kakou at age 21. Refer to the Data Booklet, Figure 73: Higher Education Stipends (Table) and Data Booklet, Figure 74: 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 incorporate the fact that former foster youth often start on their higher education paths later than their peers, and they take longer to reach the end.

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 a decrease in underutilization of funds. Concerted efforts to increase awareness and understanding of the ETV program benefits and requirements began in 2016. The success of these efforts is demonstrated by an increase in the number of students receiving benefits from 24 in school year 2016-2016 to 36 in school year 2017-2018. There has also been a corresponding increase in the percentage of funds used from 50% of the FFY2014 ETV grant amount to 72% of the FFY 2016 grant amount. Refer to the Data Booklet, Figure 75: Education and Training Vouchers (Table) and Data Booklet, Figure 76: 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. Enhanced outreach efforts to staff, foster youth, young adults, youth-serving agencies, and community partners include:

1. increased technological support to identify potential recipients in the CPSS database,
2. more user-friendly reports for staff,
3. refresher trainings for staff and supervisors,
4. electronic outreach from SHAKA, via emails blasts to foster youth, young adults, staff, and community partners.

CWSB is optimistic that continued emphasis on eligible young adult's awareness of benefits will lead to fuller utilization of the ETV funds. Hawaii also anticipates that the recent changes to federal legislation, which increased the age limit to 26, will also have a positive impact on increasing the utilization of these funds. Hawaii has already implemented the extension to age 26 for the upcoming Fall 2019 ETV applications; therefore no further changes are necessary to Hawaii's program to ensure compliance with the amended ETV program.

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

The Imua Kakou and Extended Assistance programs will complete year four on June 30, 2018.

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, subject to an agreement between DHS and caretakers at age 16 or older, into legal guardianship or adoption. Please refer to the Data Booklet, Figure 77: Young Adults Receiving Imua Kakou or Extended Assistance, SFY 2017, and Figure 78: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2017.

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.

3. Imua Kakou Applications

During SFY 2017 and the first three quarters of SFY 2018 (6/1/16 - 3/31/18), SHAKA logged 258 applications in various stages of completion. Of these applications, 111 (or 43%) were determined eligible for Imua Kakou, 14 (or 5%) were determined to be ineligible, 54 (or 21%) were referred to other resources, 79 (or 31%) were new/incomplete or recently submitted and two were incomplete or withdrawn. These numbers are similar to SFY 2016 data. Please see Figure 79: Imua Kakou Applications SFY 2015-SFY 2018 (as of March 31, 2018), for a comparison of application totals by SFY.

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 2018, there were 147 Imua Kakou cases open in the SHAKA database. Based on the data, a ‘typical’ Imua Kakou participant is female (65%) of Hawaiian ancestry (57%) who emancipated from foster care while under CWSB placement responsibility (82%), resides with relatives (21%), maintains eligibility by participating in post-secondary or vocational education, and understands and was involved in developing her case plan (97%).

Trend information from surveys of 101 young adults exiting Imua Kakou from July 1, 2016 to February 28, 2018 indicates that the young adult is exiting at age 21 (74%), with a relationship with at least one adult that is trusting, supportive, and unconditional and who will always be there (99%), has a Social Security Card (92%), birth certificate (93%), and medical coverage (94% MedQuest, 14% 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), attended their initial Imua Kakou hearing, and participated in Imua Kakou for at least 60 days, participated in the development of their case plan.

The young adult often referred 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 foster care is in the young adult’s best interest.

For young adults still in foster care, 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 planning 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 team.

E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS

1. Chafee Funded Housing Support

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

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 to community resources and public agencies (e.g., BESSD, Division of Vocational Rehabilitation, and City & County programs) regarding areas of health, education, housing, and employment.

3. Youth Homelessness

One important component of IHI is a relationship between the City and County of Honolulu Public Housing Authority, CWSB, and Hale Kipa to make Family Unification Program vouchers available to former foster youth. In 2016, Housing and Urban Development increased the time from 18 months to three years which increased former foster youths' interest in participation. Some of the challenges to voucher utilization in 2017 were the repetitive opening and subsequent quick closing of the Section 8 list. The list has been open with youth ready to use their voucher and then the Housing Authority would quickly close the list and, in some cases, took vouchers back from former foster youth. This was extremely disappointing to some youth and has made it a challenge to utilize all the possible available vouchers. CWSB remains hopeful that the extended time for the vouchers will allow these young adults more time and supports to become independent, self-sufficient, and financially autonomous. However, there is concern about the uncertainty of continued funding as well as the unpredictability of the waitlist opening and closing.

CWSB is a partner in the Governor's Hawaii Interagency Council on Homelessness and participates in efforts to reduce and prevent homelessness among foster youth as well as bring attention to the issue of former foster youth falling into homelessness at a much higher rate than non-foster youth. In 2017, CWSB was asked a second time to assist Partners in Care, the Oahu Continuum of Care for homelessness, in a grant writing project to obtain funding specifically for Oahu's homeless youth. CWSB is part of a steering committee advising on issues of homeless youth in the Child Welfare system and youth who become homeless shortly after emancipating from the CWS system. As part of the grant requirements, CWSB assisted in establishing a Youth Advisory Board, consisting of homeless or previously homeless youth from all areas, who want to give their input on the unmet needs of homeless youth on Oahu and planning for future services.

In October 2015, Hawaii's Governor declared a state of emergency to help get a handle on the overwhelming homeless issue in the State. 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. In working more closely with those involved in resolving homelessness in the community, CWSB can learn about resources available to CWS families and share information with a wide variety of community allies CWSB would not ordinarily partner with outside of this issue.

4. Human Trafficking

For information on human trafficking, please see *Section VIII. CAPTA, H. Human Trafficking* above.

5. Medical Coverage

Please see the section above in *Section III. Family Engagement & Child Well-Being, A. Program and Service Descriptions, 2. Health Care Services, d. Medical Benefits for Former Foster Youth*. During this reporting period, former foster youth, who aged out of care, continue to be eligible to receive medical coverage through the MedQuest Division (MQD) until age 26 years. In preparation for the youth's exit from foster care, CWSB sends a notification form to MQD that a youth is exiting foster care and medical coverage should automatically continue until age 26. The youth is also notified about the MQD requirement that the youth's contact and address information on file with MQD be regularly updated. The MQD sends the young adult correspondence mail at the next eligibility period. Continued medical coverage for former foster youth will be automatic as long as the correspondence is not returned because the young adult no longer resides at the same address. If there is a lapse, the young adult can contact the local MQD eligibility office or reapply for continued coverage.

To expedite and increase accuracy during the process of obtaining medical coverage for foster youth and continue for former foster youth, CWSB collaborated with MQD to finalize the CWSB internal communication form between MQD and CWSB. After further application testing, the form will be available for CWSB staff, through the new KOLEA SSD portal online, to fill-in and send to MQD. MQD and CWSB continue to work on procedures and instructions for this form, other working procedures on foster care, and medical care for children placed outside of Hawaii.

In addition to the above referenced form, the medical application to apply for MQD is also being tested online. Continued development of these forms online will help to access medical services for foster children in a more efficient and accurate way.

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 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 dream.

YCs are a major support for engaging youth in developing the Departmental required case plans for youth in care aged 14 years and older. This is also the major venue for the development of the federally required transition plan within 90 days preceding the youth's 18th 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 will discuss the impact of an individual's credit history.

During SFY 2017, 260 youth [unduplicated count] participated in a youth circle; this is a slight decrease from the 307 youth who participated in a youth circle in 2016. Refer to the Data Booklet, Figure 71: Number of Youth Participating in Youth Circles SFY 2014SFY 2018 2nd Quarter, and Figure 72: Number of Youth Circles Held SFY 2014 – SFY 2018- 2nd Quarter.

7. CWSB Youth Advisory Board

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board continues to be active on Oahu, Maui, Kauai, and East and West Hawaii. Additionally, the peer outreach component to facilitate positive development for current and former foster youth continues through Family Programs Hawaii (FPH).

Hearing and listening to the voices of youth currently and formerly in foster care is critical to the development and maintenance of programs and benefits for youth. CWSB is fully committed to including the foster youth voice as a critical component in developing of programs that affect foster youth. The HI H.O.P.E.S. boards represent the foster youth's 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. The HI H.O.P.E.S. members also help to increase public awareness about the foster youth population through outreach to other sectors in the community, including education, employment, and housing.

Since 2016, the HI H.O.P.E.S. board has focused on efforts to raise awareness of foster youth rights through presentations at court sponsored events and CWSB sponsored meetings and trainings. After gathering feedback from over 100 foster youth and working closely with CWSB, Family Court, the Attorney General's office and other stakeholders, the "Rights for Children in Foster Care" was introduced via the Governor's package in the 2018 legislation session. This legislation updates the existing Guiding Principles in HRS statute and provides additional rights to youth in care. At the end of March 2018, the bill passed its final committee hearing and was on its way to being signed into law by the Governor.

CWSB, youth boards, and community stakeholders continued discussions on the design of a grievance process and foster youth's participation in case planning. Other youth board-specific efforts have focused on Youth Leadership Institutes, Teen Days, and other events that encourage foster youth to attend their court hearings, develop self-advocacy skills, and participate in their cases.

In addition to the HI H.O.P.E.S. board, FPH, drawing on its programmatic expertise in working with foster youth, developed outreach and supportive services that will increase protective factors for current and former foster youth called YES Hawaii. The program provides geographically-based youth outreach and engagement, group recreational activities, skill-building events, and social media communication supporting positive youth development and peer mentoring and support. Through actively participating in developing the program and planning the activities, foster youth develop leadership skills and gain a sense of belonging.

From Fall 2016 to mid-year 2017 and resuming in early 2018, FPH, with the support of community providers, facilitate a peer mentoring program for foster youth. While feedback from mentees and mentors continue to be positive, transportation has been an identified as a barrier for some mentors who do not have access to a car.

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 SFY2017, 63 of the 79 youth turning 17 years old (80%), completed surveys. The 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 survey will form the cohort for the follow-up surveys at ages 19 and 21. In SFY2017, Independent Living Program services were provided to 977 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:

- a. ILC,
- b. YC staff,
- c. HI H.O.P.E.S. board,
- d. Hawaii Youth Opportunity Passport Hui,
- e. YES Hawaii,
- f. IHI community providers,
- g. UH Law School,
- h. Family Court,
- i. CAMHD,
- j. CWSB staff,
- k. CWSB's Management Leadership Team (MLT),
- l. Citizen Review Panel (CRP), and
- m. CWS 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 showing that approximately 24% of the young people had experienced homelessness and that 19% have fathered/mothered children spurred collaborative RBA work with community partners, Jim Casey, IHI Providers, and CWSB on 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.

9. Youth-In-Court Facilitation Program

In this program, a former foster youth continues to mentor and assist current and former foster youth with navigating the court process, informing youth of their rights, promoting self-advocacy skills, and providing information regarding the various programs and resources available. This Youth-In-Court Facilitator also attends Permanency Court and Imua Kakou hearings, supports youth, and assists them with issues arising from their stay in foster care.

10. Planned Activities for SFY 2019

Rather than designing or implementing any new programs, CWSB planned activities for SFY 2019 include continued efforts to implement and improve in the following areas:

a. Youth Engagement and Empowerment

Collaboration and partnership with CWSB staff, HI H.O.P.E.S., and CWSB providers allow for a powerful current and former foster youth voice to develop leaders and to guide policies, procedures, and programs. A primary focus will be the implementation of the Bill of Rights for Children in Foster Care, Legislative Session 2018, which was signed into law by the Governor on July 5, 2018.

b. Independent Living Collaborator (ILC) Contract

The ILC enhances collaboration, communication, connection, and coordination among CWSB, CWSB providers, young people currently and formerly in care, resource caregivers, birth families and relatives, judiciary, and other public and private entities and communities. During SFY 2019, the ILC will continue to fulfill the functions and goals of the contract as detailed in *Section IX.B Independent Living Collaborator*.

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 care. It also improves and enhances services and benefits for IL and IK. During SFY 2019, efforts will be directed at continuing to improve services, especially IL services for foster youth, data collection, collaborations within agency and with other partner agencies and community stakeholders.

d. Information Technology

CWSB will focus on strengthening the tracking system, outcomes, and online applications in SHAKA. Improving information sharing among CWSB, its providers, current and former foster youth, ILC, and UH Law School is another priority. During SFY 2019, the ILC App (Foster Hope HI) and the IL section on the DHS website will be enhanced.

e. Teaming on IHI and ETV

Teaming with CWSB, ILC, UH Law School, SHAKA, and other partners strengthens the development, implementation, and ongoing CQI of IHI programs and initiatives.

f. Ongoing Relationship Building

Building trusting relationships and collaborations is key to improving the work, services, benefits, and care for the young people, families, and communities in Hawaii.

SECTION X. RECENT HAWAII LEGISLATION

A. ACT 016, RELATING TO REPORTS OF CHILD ABUSE

Hawaii's 2017 legislative session ended with passage of Act 016, Relating to Reports of Child Abuse. The Act had three primary effects.

1. Sex Trafficking included in CAN Definition

Act 016 brought Hawaii into compliance with the Justice for Victims of Trafficking Act of 2015 and the Child Abuse Prevention and Treatment Act of 2010 by amending the definition of "child abuse or neglect" to include sex trafficking and severe forms of trafficking in persons.

2. Use of Expunged Information

The Act clarifying that records and information contained in child abuse and neglect reports that are expunged from the State's central registry may be retained by the Department of Human Services for future risk and safety assessments.

3. Elimination of Unsubstantiated as a Disposition

The Act deleted the child abuse investigation disposition of "unsubstantiated," replacing it with "not confirmed." The change clarifies that information on reports of child abuse and neglect that are expunged from the central registry may be retained by the department for future risk and safety assessments in accordance with Child Abuse and Prevention and Treatment Act 2010 (P.L. 111-320). Following legal consultation, Hawaii CWSB asserts that this change has no impact on Hawaii's eligibility for the CAPTA State Grant.

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, 2018, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2018.
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, 2018, 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 2018.
6. Please refer to the Data Booklet, Figure 80: Title IV-B, Subpart I Child Care, Foster Care & Adoption Assistance Comparison FFY 2005 and FFYs 2016 – 2019, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, FFY 2016, FFY 2017, FFY 2018, and the planned expenditures for FFY 2019 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 2019

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 81: Title IV-B-2 Service Categories and FFY 2019 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2019.

3. FFY 2016

The FFY 2016 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was \$1,044,346. 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 81: Title IVB-2 Service Categories and FFY 2019 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2019. 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

For the number of ETVs awarded for the 2016-2018 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. INTERIM EVALUATION REPORT OF HAWAII TITLE IV-E WAIVER
DEMONSTRATION DATED JANUARY 19, 2018**

**F. CHILD WELFARE TITLE IV-E WAIVER DEMONSTRATION SEMI-ANNUAL
PROGRESS REPORT 6, JULY 1, 2017-DECEMBER 31, 2017 DATED JANUARY 30,
2018**