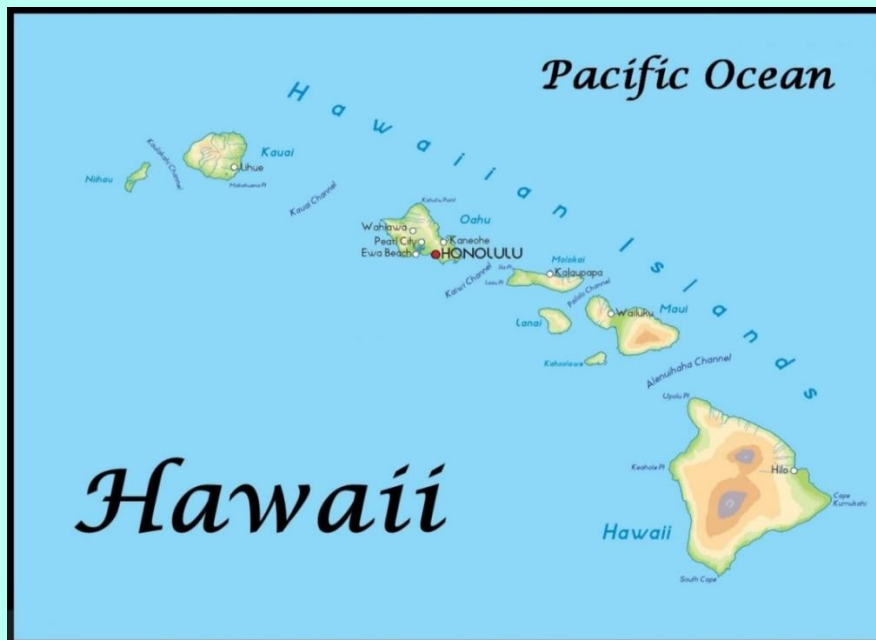


# **HAWAII**

## **FFY 2021 Annual Progress and Services Report (APSR)**



State of Hawaii  
Department of  
Human Services

Social Services  
Division

Child Welfare  
Services Branch

FFY 2021  
Annual Progress &  
Services Report  
(APSR)

Submitted  
June 26, 2020

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The approved final draft of this report will be available in the Child Welfare Services section of the State of Hawaii, Department of Human Services' website:

<http://humanservices.hawaii.gov/ssd/home/child-welfare-services/>

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## **ACRONYMS & ABBREVIATIONS**

ACF	Administration for Children and Families
AFCARS	Adoption, Foster Care Analysis and Review System
ANI	Areas Needing Improvement
APCSB	Adult Protective Community Services Branch
APPLA	Another Planned Permanent Living Arrangement
APSR	Annual Progress Services Report
BIA	Bureau of Indian Affairs
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
CBC	Capacity Building Center for States
CBCAP	Community-Based Child Abuse Prevention
CCH	Catholic Charities Hawaii
CCWIS	Comprehensive Child Welfare Information System
CDR	Child Death Review
CFP	Casey Family Programs
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review (case review system)
CIP	Court Improvement Program
CPSS	Child Protective Service System (DHS' computer database system)
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CSEC	Commercial Sexual Exploitation of Children
CSSP	Center for the Study of Social Policy
CWCA	Child Welfare Contributing Agency (as federally defined)
CWSB	Child Welfare Services Branch
DAG	Deputy Attorney General
DH	Hoomalu Detention Home
DHS	Department of Human Services
DOE	Department of Education
DOH	Department of Health
DRS	Differential Response System
DV	Domestic Violence
DVAC	Domestic Violence Action Center
ECAS	Early Childhood Action Strategy
EOEL	Executive Office on Early Learning
EPSDT	Early Periodic Screening Diagnosis and Treatment
ETV	Education and Training Vouchers
FASD	Fetal Alcohol Spectrum Disorder
FCTC	Foster Care Training Committee
FFPSA	Families First Prevention and Services Act
FFY	Federal Fiscal Year

FPH	Family Programs Hawaii (social service agency)
FPPEU	Federal Payment Programs Eligibility Unit
FSM	Federal States of Micronesia
FSP	Family Service Plan
FSS	Family Strengthening Services (a program of Hawaii's Differential Response System)
FSVPS	Family Support and Violence Prevention Section
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act
HANAI	Hawaii Assures Nurturing and Involvement (resource caregiver training)
HAPA	Hawaii Adoption and Permanency Alliance
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCWEC	Hawaii Child Welfare Education Collaboration
HIFASDAG	Hawaii Fetal Alcohol Spectrum Disorder Action Group
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success (current and former foster youth organization)
HPD	Honolulu Police Department
HRS	Hawaii Revised Statutes
HT	Human Trafficking
HTC	Human Trafficking Case
HUD	Housing and Urban Development
HYCF	Hawaii Youth Correctional Facility
HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three Court
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IHBS	Intensive Home-Base Services
ILC	Independent Living Collaborator
IOH	Islands of Hope
IPP	Individualized Program Plan
JJIS	Juvenile Justice Information System
KOLEA	Kauhale On-Line Eligibility Assistance
KS	Kamehameha Schools
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual Minority
LT	Liliuokalani Trust
MDT	Multi-Disciplinary Team
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MQD	MedQUEST Division
MSO	Management Services Office
MSW	Master of Social Work
MTPR	Motion to Terminate Parental Rights
NCANDS	National Child Abuse and Neglect Data System
NYTD	National Youth in Transition Database
OC	Ohana Conferencing

OIT	Office of Information Technology
OMS	Online Monitoring System
PDO	Program Development Office
PFC	Project First Care
PIDF	Partners in Development Foundation (social service agency)
PIP3	Program Improvement Plan (Third)
PUR	Period Under Review
QA	Quality Assurance
RBA	Results Based Accountability
RCG	Resource caregiver
RFSS	Resource Family Support Services
RMI	Republic of the Marshall Islands
RST	Rapid Screening Tool
SA	Section Administrator
SACWIS	Statewide Automated Child Welfare Information System
SBCT	Safe Babies Court Team
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
SSA	Social Services Assistant
SSBG	Social Services Block Grant
SSD	Social Services Division
SW	Social Worker
SWAT	Social Worker Action Team
SwSA	Statewide Self-Assessment
TANF	Temporary Assistance for Needy Families
THIC	Trauma and Healing Informed Care
TPR	Termination of Parental Rights
TVPA	Trafficking Victims Protection Act of 2000
UH	University of Hawaii
UHMC	University of Hawaii, Maui College
VCA	Voluntary Care Agreement (for Imua Kakou)
VCM	Voluntary Case Management (a program of Hawaii's Differential Response System)
WIC	Women Infant and Children
WWK	Wendy's Wonderful Kids
YC	Youth Circle
YHDP	Youth Homelessness Demonstration Project
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; and
- c. Improve staff health and development.

## **B. CHANGES TO AGENCY PRIORITIES**

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

1. Implementing Hawaii's third Program Improvement Plan (**PIP3**), based on the Child and Family Services Review (CFSR) Round 3 results (PIP3 is discussed in *Section VIII. I. Continuous Growth.*);
2. Building a new Comprehensive Child Welfare Information System (**CCWIS**) by 2025; and
3. Planning for the implementation of FFPSA in October 2021.

## **C. UPDATES AND CHANGES TO AGENCY ORGANIZATION**

### **1. CWSB Special Team**

CWSB established a new pilot unit named the Social Worker Action Team (SWAT) which is supervised directly by the Branch Administrator who identified the CWSB section needing immediate SWAT assistance. The purpose of SWAT is to provide immediate hands-on help CWSB sections who are struggling with daily operations. SWAT helps improve practice by supporting and mentoring staff across the State in their daily work. SWAT will continue to assist Sections/Units with responding to reports of abuse and neglect to allow the front-line staff relief. SWAT team provides system training of CPSS for both support and social worker staff. SWAT has been deployed to both the West Hawaii (Kona) and Maui Sections and have addressed approximately 216 cases of abuse and neglect, including Imua Kakou and Permanency Assistance cases. SWAT is located on Oahu Island and air traveling, hotel lodging, per-diem costs are required to enable SWAT assistance to neighbor islands counties. SWAT was staffed at the beginning of January 2020, and has already been successful in assisting two short-staffed sections (West Hawaii and Maui) in closing inactive cases and responding to intakes.

### **2. Program Development Office**

DHS Social Services Division (SSD) developed a reorganization that moved 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.



In April 2020, a second Program Development Administrator was hired, thereby creating two Program Development Office Units, each with their own administrator. With more supervision and smaller units, SSD anticipates quicker turnaround on projects and reports for Program Development staff.

### **3. East Hawaii Caseworkers**

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

Despite the increase in caseworkers, the average caseload for workers in the East Hawaii region of the State remains high – the second highest (of the seven direct-service sections) in the State. Hawaii is optimistic that the caseloads will become more manageable with the implementation of some of the new PIP3 strategies.

### **4. Restraining Order Pilot Project**

Historically in Hawaii, judges statewide have ordered CWSB staff to investigate families when a parent files for a temporary restraining order. This has created a significant burden on CWSB assessment staff. CWSB Administrators and Family Court staff have been discussing ways to limit the burden for years. During SFY 2020, CWSB partnered with Family Court on Oahu in the creation of a restraining order pilot project, which aims at minimizing the impact on CWSB staff, while maintaining children's safety. Data from the pilot is not yet available.

## **D. CHILD WELFARE WORKFORCE**

As of April 2020, CWSB has 382 funded positions, 310 employees (81% of funded positions), and 72 position vacancies. The total number of funded positions in CWSB changes from year to year due to budget allocations, reorganization, positions moved out of Branch to fill other Division needs, hiring freezes, and positions abolished due to a reduction in force.

CWSB currently has 180 authorized social worker position, of these 140 are filled and 40 are vacant. The current social worker vacancy rate of 22% is slightly higher than the 19% Branch-wide vacancy rate. CWSB continues to work with the DHS Personnel Office and the Hawaii State Department of Human Resources in using the collaboratively designed *wiki wiki* streamlined hiring process. The impact of staff shortages and efforts to address and improve the situation are discussed in pertinent areas throughout this APSR.

Please see Figure 63: CWSB Staff Breakdown Filled & Vacant – May 2020 [Table] and Figure 64: CWSB Staff Breakdown Filled & Vacant – May 2020 [Graph].

As noted in prior APSRs, CWSB continues its partnership with the University of Hawaii, School of Social Work, through the Hawaii Child Welfare Education Collaboration (HCWEC), providing stipends to students in the MSW program who work for CWSB upon graduation. Eight MSW graduates came into the CWSB workforce from the 2018-2019 academic school year, and CWSB is anticipating seven more to join in May 2020. CWSB benefits greatly from this regular influx of Masters-level social workers.

Any overview of the CWSB workforce would be incomplete without acknowledging historical trends in Hawaii that have proven challenging to the delivery of child welfare services to children and families. One of the most important trends to acknowledge is the CWSB staffing levels and workload.

CWSB's workforce is our greatest asset. They have repeatedly demonstrated their commitment to the safety and well-being of Hawaii's children, despite significant challenges such as hurricanes, volcanic eruptions, significant decreases in staffing and resources, and historically high workloads. Their commitment and dedication cannot be questioned or challenged.

But CWSB is concerned. It anticipates that the recent pandemic of COVID 19 is expected to have long lasting negative impacts on CWSB and community resources. We have already experienced a profound decline in revenue that is generated by the tourist industry, and an attendant rise in joblessness and stress on families. The full impact of these factors is still unknown.

CWSB has survived similar situations. In the past any decrease in available funding has resulted in adjustments in cost. In CWSB most often what is decreased is staffing levels and funding for services. What that will most likely mean to the CWSB workforce is another increase in their workload with less resources than are presently available.

CWSB knows from the results of Hawaii's first PIP that the positive impact of sufficient staff, sufficient community resources and manageable caseloads has a significant and positive impact on outcomes for children and their families.

Due to the current, and probably future funding climate CWSB is unlikely to be sufficiently resourced in the foreseeable future, due to events beyond our control. However, CWSB is committed, as it has always been, to making ongoing improvement to our practice and staff with all of the resources at our disposal. CWSB's plans were developed with those challenges and ultimate outcome in mind.

Hawaii is including this information in our APSR because it is aware of the situation and anticipate future challenges, but CWSB will adjust and adapt as it has in the past.

## **SECTION II. CWSB STRATEGIC PLANNING**

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

#### **1. Hawaii's CFSP and CFSR**

Hawaii's CFSP 2020-2024 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. The CFSP for 2020-2024 integrates information from the prior APSRs, Statewide Assessment, CFSR, and PIP 3 to assist in planning and implementation for the next five years.

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 this APSR, the percentages listed under each CFSR Item are the statewide averages from Hawaii's onsite quality case reviews. The percentages indicate how many cases had this item rated as a strength out of all the cases reviewed to which the item applied. The onsite case reviews are modeled after the federal CFSR. Hawaii has integrated some of the PIP 3 strategies into the CFSP for 2020-2024 and are described, as applicable in this APSR.

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

The APSR is an annual report on the progress made toward accomplishing the goals and objectives of the CFSP. Due to the length of time it takes for State data to be made available for analysis, this APSR will discuss data on activities and services provided through State Fiscal Year (SFY) 2019. The focus of this APSR is specifically on programs, services, and activities provided in Federal Fiscal Year (FFY) 2020 and planned programs, services, and activities for FFY 2021.

This document provides new information on services and activities provided since the submission of the FFY 2020 APSR and those to be provided after the submission of this FFY 2021 APSR. Fiscal year references in this report mean the following:

- SFY (N) = July 1, (N-1) – June 30, (N)  
e.g., SFY 2018 = July 1, 2017 – June 30, 2018
- FFY (X) = October 1, (X-1) – September 30, (X)  
e.g., FFY 2019 = October 1, 2018 – September 30, 2019

Generally, this APSR primarily provides data from SFYs 2015 - 2019. Where possible, more recent data is included (including from Case Reviews and federal reports).

### 3. Hawaii's CFSP 2020-2024 Vision, Goals, and Objectives

#### **CFSP Vision:**

***Within their communities, children and families are safe, connected, nurtured.***

**Annual Update:** *The CFSP vision has been shared and used as an anchor in meetings and activities with partners including the Child Welfare Service Advisory group and most recently, with contracted providers that serve families involved with child welfare services with children zero to three. The use of the vision has helped all involved align with the desired outcome and identify roles and opportunities to work together to enhance the service array.*

#### **Overarching Goals**

##### **Goal 1. Collaboration:**

***Continuously collaborate with a variety of agencies, organizations, and stakeholders to evaluate, navigate, and enhance services to address the individual needs of children and families seamlessly across the continuum of intervention, beginning with prevention to promote safety, permanency, and well-being.***

##### **Year 1**

- a. Review all strategies, activities, partnerships, workgroups, etc. that CWSB is involved in and identify their relationship to prevention, safety, permanency, and well-being, and goals of workforce and prevention. (Measure: date review completed)

**Annual Update:** *Hawaii is still in the process of identifying all strategies, activities, partnerships, workgroups, and related activities in which CWSB is involved.*

- b. Map above to as they relate to outcomes of prevention, safety, permanency, and well-being, and goals of workforce and prevention. (Measure: date map completed)

**Annual Update:** *Although Hawaii is still in the process of identifying all strategies, activities, partnerships, workgroups, and related activities, CWSB has started considering involvement with external initiatives based on the CFSP vision and alignment with CFSR Outcomes. This helps to identify potential resources necessary to participate in a manner that will help us move towards achieving positive CFSR outcomes, as well as, achieve goals identified in the CFSP. For example, DHS has participated, through a legislative resolution, in a workgroup to increase visitation for child with parents who are incarcerated. While not all parents who are incarcerated are involved in child welfare services, DHS participation helps increase opportunities for families involved with child welfare services and enhances prevention efforts for families not involved with child welfare service.*

***Collaboration – Objective 2: Promote a robust, effective, accessible service array and interventions for families with children 0-3 to strengthen families to prevent entry to child welfare services and prevent re-entry to child welfare services through gaining sustained skills, supports, and resources within their community.***

**Outcomes for children and Families:** An enhanced, prevention-based child welfare system will be better able to identify and adapt services and interventions to meet the needs of children and families with children 0-3.

## **Year 1**

- a. Identify needs of each population 0-3 considering the items below. (Measure: completed needs assessment of families in the Hawaii Zero to Three (ZTT) court as a starting point)
  - i. Data of children in care with factors precipitating incident/involvement;
  - ii. Resources available to meet families' needs;
  - iii. Are the resources accessible (location, eligibility, knowledge of/navigation needs);
  - iv. Review the service delivery model (home based, mobile, within the community, etc.;
  - v. Are services trauma informed and responsive; and
  - vi. Identify barriers and collaboration opportunities.

*Annual Update: The All State Zero-to-Three (ZTT) workgroup has reviewed the needs of families based on summarized information from Hawaii's Zero-to-Three Court. The team also partnered with the Department of Health (DOH) to review the spectrum of services available to families to identify resources and potential areas of need. The team discussed resources including the availability, method of delivery, and accessibility and to families. Resources reviewed include: Child Welfare Services Contracted Services Directory, DOH Matrix of Services, PIDF – Tutu and Me, CBCAP, Keiki Central, Parent Line, Family Strengthening Center, Family Hui – training, parenting workshops, Parent Line and Home Reach, and Your Ohana.*

*The group discussed strategies that work to promote connection to needed resources including: standard and/or automatic referrals, home-based services that meet the family in locations that meet their needs as opposed to office visits, timely service initiations to support families immediately - no waitlists or processes that creates a service delay.*

*Some opportunities identified include:*

- i. *Expanding Ohana Time/visitation opportunities and resources through planning early and ongoing contacts provided by resource caregivers and*

*family members, and contracted service providers, as well as supporting other normalizing parent-child activities, including doctor visits, and school activities;*

- ii. *Transportation to services needed, including when children are in parents' care;*
- iii. *Accessible quality child care, including resources such as Preschool Open Doors, Child Care Connections, Learning to Grow (activities), Family Friend and Neighborhood Care;*
- iv. *Addressing and resolving the waitlists for services such as CCSS;*
- v. *Access to quality legal services; and*
- vi. *Navigation support to identify services to match needs and help family contact and access the services.*

- b. Review the existing groups that focus on the target population. (Measure: review completed)

*Annual Update: The All State ZTT workgroup has reviewed and identified various groups that focus on this target population. The group continues to identify additional groups on an ongoing basis. Some groups identified including: Hawaii Children's Trust Fund; Community-Based Child Abuse Prevention; Child Abuse Prevention Council – Hawaii Children Action Network; Hooikaika (Maui); Consuelo Foundation; Liliuokalani Trust; Early Childhood Action Strategies Executive Office on Early Learning – now a non-profit; developing a "Serve and Return" campaign; Zero to Three Court; University of Hawaii Law School; Court Improvement Project; Family Hui Monthly Workshops; and Family Assessment Center.*

- c. Explore consultation, training, and, support from national resources such as ZERO TO THREE for information on needs of population. (Measure: exploration completed and identification of resources available)

*Annual Update: Various resources have been identified and shared through the Hawaii ZTT Program Manager, who is also on the workgroup. The resources will be reviewed and shared with others to help ground the groups in the work towards service access and importance of visitation particularly for parents with children 0-3.*

- d. Identify other partners to participate in the work of this objective. (Measure: participants identified and contacted)

*Annual Update: In addition to the partners on the work group and community service providers, the working group has identified other groups that may be contacted for future collaboration as CWSB moves beyond immediate child welfare interventions to promoting family well-being and focusing on prevention. Other partners may include: Department of Health - Public Health Nursing; Benefits, Employment, and Support Services Division; Department of Education; and EPSDT.*

## **Year 2**

- a. Based on gaps, barriers, accessibility, prioritize and identify a target need to address and select a service, intervention, strategy to address an identified need. (Measure: need and service, intervention, or strategy identified).

*Annual Update: The following services/interventions have been preliminarily identified as potential projects in the upcoming year:*

- i. *Visitation: Early family visitation planning with Ohana Conferencing and early meetings;*
  - ii. *Connection to resources and check in post ZTT closure;*
  - iii. *Navigation supports to match services based on needs and expedite access to available services; and/or*
  - iv. *Increased Ohana Time/visitation through partnerships with resource caregivers for children in foster care and enhancements/adjustments in current available services.*
- b. Based on pilot identify others (agencies/ community providers) to participate in the pilot. (Measure: other partners identified)
- c. Develop a plan to pilot selected service, intervention, or strategy, and identification funding available. (Measure: completed plan)

### **Goal 2. Prevention:**

***Partner in enhancing a prevention-based child welfare continuum of intervention to engage and support children and families early and in their communities.***

**Measure of Progress:** Increase in prevention services that are new, expanded to additional populations/locations, available to families earlier, or through additional entry points.

***Prevention Objective 1: Work with a network of partners to enhance prevention efforts related to Families First Prevention and Services Act (FFPSA).***

**Outcomes for Children and Families:** Children and families will have increased access to prevention services.

**Rationale:** Effective collaboration helps improve response and services and supports for children and families.

## Year 1

- a. Review current efforts and partnerships. (Measure: date review completed)

*Annual Update: As part of the on-going planning for community involvement, CWSB and partners have identified government agencies and community organizations that are or could be partners in planning and providing prevention activities. This work began in 2018 in partnership with Casey Family Programs. Community partners were identified and invited to an informational session on FFPSA presented by Casey Family Programs in December 2018. Efforts to identify and partner with agencies and organizations continued through 2019. CWSB partnered with Mainspring to develop a series of meetings to plan for FFPSA. Community partners attended an information and planning session on February 6, 2020. Additional partnerships will be identified on an ongoing basis through a variety of planning efforts.*

- b. Review and analyze data to identify needs that may be addressed through prevention services. (Measure: date service analyzation and identification completed)

*Annual Update: In 2019, CWSB was fortunate to develop a partnership with Mainspring Consultants, which helped CWSB review data related to reasons for family involvement with CWSB. The number of families involved in each level of intervention, including court jurisdiction, (Family Supervision, Foster Custody, Guardianship, Adoption, and Foster Care to 21 – Imua Kakou) was also reviewed. This data will help guide the identification of the target population, define candidates at risk of entering the foster care system, and identify services to address the needs of families involved or at risk of involvement in Child Welfare Services.*

- c. Identify key partners that will collaborate on prevention interventions and services. (Measure: date partners identified)

*Annual Update: During the information and planning session in February, 2020, agencies and organizations discussed interventions and services to meet the need of families involved in CWSB. Agencies and organizations with expertise in parental skill building, mental health, and substance use provided insight and feedback on current interventions and proposed evidence-based services identified through the FFPSA Clearing House.*

- d. Identify funding and evidence-based services as it relates to the FFPSA. (date funding and services identified)

*Annual Update: As mentioned above, the service identification process includes an analysis of information related to the reasons for families' involvement in Child*



*Welfare Services, a review of current FFPSA approved evidence based interventions that match the identified needs, and the current evidence based services and providers, and the general workforce available/needed to provide the evidence based services. This will be completed by October 2020 as part of the FFPSA Plan.*

- e. Identify other prevention services that may meet the needs of families that are available through resources/providers. (Measure: date other services identified)

*Annual Update: As mentioned in the prior bullet, and as part of the Collaboration Goal Objective 2, providers and interventions that span the continuum of care from prevention to permanency are being identified. CWSB's participation in the development of the Statewide Prevention Plan, in partnership with the Hawaii Children's Trust Fund, will help provide a comprehensive view of the State's prevention service array and include CWSB's FFPSA Plan as a piece of the overall prevention plan.*

- f. Select an initial project for FFPSA funded services including identification of geographic area, population, service, and provider. (Measure: date project selected)

*Annual Update: This identification process is currently underway and will be completed by October 2020 with the submission of the FFPSA Plan. Hawaii plans to implement its FFPSA services by October 2021.*

- g. Identify concrete opportunities to use FFPSA funds. (Measure: date opportunities identified)

*Annual Update: This identification process is currently underway and will be completed by October 2020 with the submission of the FFPSA Plan. Hawaii plans to implement its FFPSA services by October 2021.*

- h. Develop and receive approval of FFPSA plan/description/statement including data management. (Measure: date approval received)

*Annual Update: This process is currently underway and will be completed by October 2020 with the submission of the FFPSA Plan. Hawaii plans to implement its FFPSA services by October 2021.*

### **Goal 3. Workforce:**

***Actively nurture a robust, healthy workforce of CWSB staff and partner agencies and organizations through training, resources, and support.***

**Measure of Progress:** Supervisors will be trained and supported. Caseloads will be monitored for timely and appropriate closure. Caseworkers will receive regular, quality supervision and mentoring.

**Workforce Objective 1: Reduce the workload of supervisors and maintain the reduction.**

**Outcomes for Children and Families:** Children and families will receive increased contact and quality casework services.

**Rationale:** Supervisors play an essential role in achieving quality casework practice. Caseworkers report the need for regular monthly and situational supervision.

Caseload and staffing challenges have contributed to some supervisors carrying cases. Carrying cases reduces time for supervision and supervisory development. This contributes to creating a robust workforce by ensuring superior supervision to staff.

## **Year 1**

- a. Significantly reduce or eliminate the case load of supervisors. (Measure: number of cases supervisors carry and compare to the baseline from pre-CFSP period. This activity is part of CWSB's PIP 3. Additional information may be found in Hawaii's PIP 3 and PIP 3 reports.

*Annual Update: Supervisors' caseload data throughout the State was reviewed and discussed with supervisors and administrators. While: some supervisors assigned themselves cases to alleviate their caseworkers' workload and as a way of showing support for their staff; other routinely did not carry a caseload. Staff turnover and vacancies contributed to supervisors' caseloads especially in smaller sections. After supervisors' cases were re-assigned to caseworkers, some supervisors shared a sense of relief that they could be available to support their staff through supervision and coaching.*

- b. Develop guidelines that clarify rare exceptions where supervisors may be assigned a case. (Measure: date guidelines completed: July 31, 2019) This activity is also part of CWSB's PIP 3 and has been completed.

*Annual Update: Guidelines were developed through consultation with supervisors and administrators, issued via ICF (dated 7/31/2019), and discussed at several management meetings during and prior to Quarter 1. These guidelines indicate that highly contested cases, high profile cases, and employee-related cases may be assigned to supervisors on a short-term basis. Caseloads left vacant due to turnover, transfer, promotion or leave must first be considered for re-assignment to other caseworkers before a supervisor is temporarily assigned. Supervisors may only be*

*assigned up to three (3) cases for up to three (3) months, unless an exception is granted by Branch Administrators. These guidelines have been implemented statewide and monthly data reports verify adherence. As expected, it has been more challenging, to re-assign cases following turnover, especially in smaller Sections with fewer staff, but discussions with supervisors and administrators have been helpful to explore options.*

- c. Close or update all inactive cases that have been inactive over 90 days. (Measure: number of inactive cases open after 90 days and compare to the baseline from pre-CFSP period).

*Annual Update: CPSS generated data reports were effectively used to identify potentially inactive cases. More than 900 cases were addressed, with 350 of these cases being closed. Staff entered logs for cases that were active without documentation for more than 90 days and closed cases that were indeed inactive.*

- d. Develop and disseminate guidelines to maintain timely closure and guidelines to transfer cases when staff exit employment or will be absent for extended leave. (Measure: date guidelines disseminated)

*Annual Update: Guidelines were developed, and procedures were updated in consultation with supervisors and administrators, then issued via ICF in July, 2019, and discussed at several management meetings in and prior to Quarter 1. Guidelines describe steps and strategies for maintaining timely case closures and strategies, and the handling of the transfer of cases, including the use of supervision. On an ongoing basis, data reports of inactive cases are being used to ensure maintenance of timely closure and adherence to the procedure.*

- e. Identify vacant positions to create Social Services Assistant (SSA) V positions. (Measure: vacant positions identified)

*Annual Update: This identification activity is still underway. Hawaii has focused on the development and implementation of the Specialized Workload Assessment Team (SWAT) as a priority in year 1.*

- f. Improve data dissemination and use data to monitor and discuss caseload of supervisors. (Measure: data tools and monitoring process)

*Annual Update: Beginning June 2019, data reports of supervisors' caseloads were pulled and shared monthly, and cases were re-assigned from supervisors to caseworkers. On an ongoing basis, these reports are used to monitor adherence to the new procedure.*

## Year 2

- a. Pilot Specialized Workload Assessment Team (SWAT) (3 SWs, 3 SSAs + Supervisors) able to respond to support workforce efforts including but not limited to the mentoring, training, closing cases, responding to high work volumes including increased intakes, etc.) (Measure: SWAT piloted)

*Annual Update: The SWAT pilot began a 3-week residency in the West Hawaii CWS Section in January 2020. The team supported the Section to complete activities related to assessment, case update, reunification, petitions, and appropriate case closures. While on site, the team met with community providers and provided training. This work was beneficial to the staff, community, and families served in this geographic location. The team continues to provide support remotely for this Section.*

*In February, the SWAT moved to Maui to provide similar support for the Maui CWS Section. In addition to supporting staff on the Island of Maui, the SWAT workers were shadowed by the workers from Molokai and Lanai. This work is projected to continue through the end of March.*

**Workforce Objective 2:** Develop and implement guidelines and structure for supervision.

**Outcomes for Children and Families:** Children and families will receive increased quality casework services.

**Rationale:** Supervisors play an essential role in achieving quality casework practice. Caseworks report the need for regular monthly and situational supervision.

## Year 1

- a. Develop and implement guidelines for supervision. (Measure: date guidelines implemented)

*Annual Update: This activity was completed in October 2019. With support from the Capacity Building Center for States, guidelines for supervision were developed with a workgroup that included three (3) current high-performing supervisors; three (3) high-performing former supervisors, who are now Section Administrators; CQI staff; and Program Development staff. Guidelines describe all required components of and timeframes for supervision.*

- b. Develop a supervisory tool for monthly supervision. (Measure: supervisory tool developed)

*Annual Update: This activity was completed in October 2019. A supervisory tool that guides supervisors to address key practice areas including those listed above was developed with input from three (3) current high-performing supervisors; three (3) high-performing former supervisors, who are now Section Administrators; CQI staff; and, Program Development staff. The tool is part of a broader supervision checklist and agenda for strength-based monthly supervision that was developed with the Capacity-Building Center for States.*

- c. Conduct training on guidelines and tool for supervision. (Measure: training completed)

*Annual Update: This activity was completed. Training was provided for all supervisors and Section Administrators on October 29, 2019, to review the supervisory guidelines and tool described in Key Activities 1 and 2, as well as several other tools developed with the Capacity-Building Center for States to support supervision, and as a follow-up to the earlier coaching training that took place in September 2019. In general, supervisors were receptive to this tool, and most acknowledged that these activities reflect best practice in supervision and case planning. A few supervisors shared that these were topics already discussed in supervision with staff, while still others shared that, although some areas were covered in supervision, it is helpful to have a comprehensive guide.*

- d. Implement monthly supervision of caseworkers by supervisors. (Measure: monitor monthly calendars that document monthly supervision meetings.)

*Annual Update: In the months following the training and the inclusion of the use of the tool in monthly supervision in October 2019, Branch and Section Administrators began monitoring the unit calendars to ensure formal monthly supervision sessions, use of the supervisory tool, and progress toward achieving improved supervision by worker supervision were occurring. Additional information may be found in Hawaii's PIP 3 and PIP 3 reports.*

- e. Evaluate monthly supervision. (Measure: monitoring of monthly calendars to document supervision meetings, quarterly caseworker surveys, and targeted supervision observations and review of information at Branch meetings)

*Annual Update: In the months following the training and inclusion of the use of the tool in monthly supervision in October 2019, monthly Branch meetings include a review of information related to the occurrence of monthly supervision through monthly calendars and other data sources. The first quarterly caseworker survey was completed in January 2020. This information was shared with the Sections, and at the quarterly Management Leadership Team meeting in February 2020. Additional information and subsequent survey data will be reviewed at monthly Branch meetings. Targeted supervision began in February 2020 with the*

*assistance of the CBC and will continue through May 2020. The information gathered through this process will be reviewed at the PIP Core Team meetings and the monthly Branch meetings.*

- f. Conduct training on coaching for supervisors. (Measure: training completed)

*Annual Update: This activity has been completed. Action for Child Protection worked with Hawaii to deliver coaching training to all supervisors and Section and Branch Administrators on September 17-20, 2019. The leadership team was split in half and each group was provided 2 days of training. The smaller training environments provided opportunities for application. To support the continuity of learning, coaching exercises were also integrated into the supervision training on October 29, 2019. Both trainings simulated real-life scenarios and incorporated participants' personal experiences. At the end of each training, supervisors were encouraged to plan their next steps for implementation. Feedback has been mostly positive; most supervisors have reported that they have already integrated aspects of coaching in the supervision of their staff.*

- g. Implement coaching of workers by supervisors. (Measure: caseworkers are coached)

*Annual Update: This activity has been completed. Following the training, supervisors integrated coaching into their supervision of worker. The concept of coaching was reinforced in the Safety Training that occurred between November 2019 and January 2020. Supervisors have reported how they were using coaching in supervision as well as the benefits they observed. Feedback has been mostly positive; most supervisors have reported that they have already integrated aspects of coaching in the supervision of their staff.*

- h. Monitor coaching of workers by supervisors. (Measure: observations, feedback, and monitoring of coaching). This effort has started February 2020 through Hawaii's partnership with the CBC.

*Annual Update: Targeted supervision began in February 2020 with the assistance of the CBC and will continue May 2020. The information gathered through this process will be reviewed at the PIP Core Team meetings and the monthly Branch meetings. Hawaii will also implement strategies to sustain this effort.*

- i. Continue to implement a supervisory support model for new supervisors. (Measure: completed training and support for new supervisors)

*Annual Update: This activity has been completed. Training for a cohort of new supervisors began in September 2018, with monthly training provided by CQI nine (9) modules. Each September, training for a cohort of new supervisors begins; other*

*supervisors are able to join the training if interested or recommended. Training topics and curriculum were developed by UH Maui College in consultation with DHS and incorporates curriculum from the Leadership Academy for Middle Managers. Coaching is woven into the curriculum and 1-2 individual coaching sessions are provided between modules for each supervisor. The feedback from supervisors who have attended the New Supervisors Training has been positive. In addition to learning from the training content, they have formed supportive relationships within each cohort.*

- j. Continue to evaluate and revise supervisory support model for new supervisors. (Measure: revised model, if needed)

*Annual Update: The feedback from supervisors who have attended the New Supervisors Training has been positive. In addition to learning from the training content, they have formed supportive relationships within each cohort. The modules incorporate change within the Child Welfare Services system and are relevant to practice and procedures. The model incorporates the coaching process in the training October 2019, using adaptive skills and a strengths based approach to support each trainee.*

- k. Include monthly supervisory meetings of supervisors by Section Administrators. (Measure: monitor monthly calendars that document monthly supervision meetings)

*Annual Update: Section Administrators have initiated and continued monthly supervision of supervisors.*

## **B. DATA**

### **1. Data Sources**

- a. Case reviews: See *Section VI. Systemic Factors*.
- b. Federal data sources that consolidate and corroborate local data, include:
  - i. Adoption, Foster Care Analysis and Review System (AFCARS)
  - ii. National Child Abuse and Neglect Data System (NCANDS)
  - iii. National Youth in Transition Database (NYTD)
- c. Statewide Information Systems: See *Section VI. Systemic Factors*.

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

- i. Child Protective Services System (CPSS)

CWSB's electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS. It is Hawaii CWSB's official system of record.

ii. State of Hawaii Automated Keiki Assistance (SHAKA)

SHAKA is an internet-based database. Originally envisioned as the replacement for CPSS, it is now a user-friendly interface with CPSS for selected functions as well as the primary database for NYTD, Education and Training Vouchers (ETV), higher education benefits, and Imua Kakou. SHAKA operates three trackers that are key in Hawaii's CFSR PIP: the Initial Contact Tracker, the Monthly Worker Visit with Child Tracker, and the Monthly Worker Visit with Parent Tracker.

d. DHS Management Services Office (MSO)

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

## 2. Data Booklet

The Data Booklet for the Hawaii FFY 2021 APSR (Data Booklet), included as Attachment A, compiles tables and charts in one document. Reference will be made throughout this report to figures in the Data Booklet, which will provide additional supporting information on specific topics. *The Data Booklet is not intended to be viewed independently of this narrative APSR, as the data is further defined, clarified, and given context in this report.*

## C. COLLABORATION ON CFSP/APSR

Hawaii's collaboration process and partners in developing the CFSP/APSR have not changed since the last APSR submission (FFY 2019). Information and updates on activities provided since the last APSR submission to continue engagement in substantial, ongoing, and meaningful collaboration in the implementation of the CFSP/APSR is provided throughout the APSR. CWSB's Advisory Committee (formerly CWSB's CQI Council) has been integral in the development and review of CWSB's plans. Also, refer to *Section VI. Systemic Factors, F. Agency Responsiveness to the Community* below.

## D. CWSB PROGRAM ASSESSMENT

The process and framework for conducting program assessments has not changed since the APSR FFY 2020 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. Evidence-based, 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.

## **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 the families and the availability of services within the community. Services are provided, at no cost to the families, either directly by CWSB staff or by other social service agencies that are contracted by DHS to provide services to CWSB families.

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

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

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

This section of the APSR relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls summarizes the types of calls received by the Statewide Intake Hotline for SFY 2015 through SFY 2019. “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 Differential Response System (Voluntary Case Management or Family Strengthening Services) for action. Although there has been a decrease in the total number of calls received, from 23,999 in SFY 2015 to 20,425 in SFY 2019, the percentage of calls assigned for further action has remained relatively stable at approximately 24% (+/- 2%).

In addition to Data Booklet, Figure 1: Statewide Intake Hotline Calls SFY 2015 - 2019, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFY 2015 - 2019 and Figure 3: Percentage of Intakes Assigned to CWS, DRS/VCM and DRS/FSS, SFY2015-2019 for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation,

VCM, or FSS. The number of calls assigned for intervention has remained stable from SFY 2017 (4,609) to SFY 2019 (4,706).

Refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFY 2015 – 2019 to review the number of cases assigned to CWSB and DRS for action for SFY 2015 through SFY 2019. While the percentage of intakes assigned for intervention has remained relatively stable from SFY 2015 through SFY 2019, the assignment distribution between CWSB and DRS has varied. The percent assigned to CWSB has increased from 41% to 55% with a corresponding decrease in the percentage assigned to FSS from 26% to 13%, while the assignments to VCM have remained relatively stable at 33% to 36%.

### **Annual Review:**

Intakes referred to CWSB, VCM, and FSS have remained fairly consistent over the last few years. Clarification regarding risk levels has been provided for the CWSB section that assesses reports and supervision remains consistent.

From November 2019 to January 2020 CWSB Sections, starting with Intake, received training on the safety threshold as part of the Program Improvement Plan 3. In addition to reviewing the safety threshold, clarification was issued regarding reports on open cases. Reports of new maltreatment will require a new intake. Second complainants are limited to capturing information from callers reporting additional information on an existing report. CWSB will review the number of cases with new intakes on open cases to identify any impact on practices.

Reports on open cases that do not meeting the criteria for investigation will be documented as “calls of concern”. New codes have been implemented to track the calls of concern on open cases and the response by the assigned case worker. The information from the tracking will be used to review practice and help to identify any if/when revisions or clarifications may be needed. Sections will also review second complainants and calls on open cases at monthly Branch meetings and discuss changes, strengths and challenges in practice, workload, and systems changes to make necessary adjustments and advise the field.

### **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 SFY 2019 and Figure 5: Intake Disposition by County SFY 2019 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Data Booklet, Figure 6: Victim Disposition by County SFY 2019 for county specific data.

In SFY 2019, 2,336 reports were assigned to CWSB for investigation (including reports assigned directly from intake and those referred back to CWSB from VCM or FSS). Of the 4,585 children in these reports, 1,321 (or 29%) were confirmed as victims of child maltreatment.

Please note that the numbers in Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS may not match the numbers in Data Booklet, Figures 6: Victim Disposition by County SFY 2018 and Figure 7: Statewide Cases Assigned for CWSB Investigation and Confirmation Rate SFY 2015 - 2019. In Figure 2, only includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB hotline while Figures 6 and 7 include cases that were assigned to CWSB for investigation from any source, including cases referred from VCM or FSS.

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

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

### **Annual Review**

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 26: Absence of Recurrence of Child Abuse and Neglect SFY 2015 - 2019. More recently, the recurrence rate is 1.6% in SFY 2019.

Rankings on the major types of maltreatment have remained consistent for the past several years. The base question for determining physical abuse/neglect is: did physical abuse/neglect actually occur? The corresponding question for threatened harm is: is there reasonably foreseeable substantial risk of harm to a child? Refer to the Data Booklet, Figure 8: Statewide Confirmed Maltreatment by Type SFY 2015-2019 [Table]

and Figure 9: Maltreatment Type SFY 2015-2019 (Percentage) for details on the major types of maltreatment that are reported and confirmed by CWSB in SFY 2019.

There was a 5.3% decrease in cases of threatened harm from SFY 2018 to SFY 2019. During the same timeframe, the confirmation percent remained the same for medical neglect, a slight increase of 4.2% in physical neglect, and a slight increase of 0.2% of physical abuse. Sexual abuse has remained near 5% from SFY 2014 and is currently 5.3% in SFY 2019. Psychological Abuse has also remained below 1% from 2014 and is currently at 0.8% in SFY 2019. The percentage of the type of harm confirmed appears to be consistent over the last 5 years.

As part of the Program Improvement Plan, the safety and risk curriculum for new hire training and existing staff training has been revised and incorporated the supervisor's role in the following areas:

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

Between November 2019 and January 2020, a refresher training was provided at all CWSB Section Administrators, supervisors, and case workers and Voluntary Case Management providers to reinforce the safety model and threshold as in relates to information gathering, assessment, and determination of whether harm or threat of harm exists.

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

These concepts will also be reinforced in monthly supervision, also a PIP 3 strategy, to review safety concerns, case direction, and progress towards permanency.

## **2. Number of Children in Foster Care**

Please view the graphs in Data Booklet, Figure 11: Total Number of Children in Foster Care in Hawaii SFYs 2004-2019, and Figure 12: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2019. Hawaii experienced a remarkable and steady decline in the number of children in foster care from SFY 2004 to SFY 2011. Starting from SFY 2011, Hawaii experienced a few years where the numbers remained quite low. In the last several years, the numbers have slowly climbed. Over the past five

years, the total number of children in foster care has steadily risen, and the monthly average number of children in foster care rose and appears to be leveling off.

See Data Booklet, Figure 13: Percentage Change of Children in Foster Care SFY 2014 through SFY 2019. There has been a 3.6% increase in total annual number of children in foster care from SFY 2018 (2,685 foster children) to SFY 2019 (2,782 foster children), and a 4.8% increase in the monthly average number of children in foster care from SFY 2018 (1,650 foster children) to SFY 2019 (1,730 foster children). From early SFY 2020 data, it appears that the monthly average number children in foster care is not continuing to rise, but is instead has decreased slightly. Given the up-down-up pattern you see in the monthly average data in the graph in Figure 12: Monthly Average Number of Children in Foster in Hawaii SFY 2004 - 2019 in the most recent four years (SFYs 2016-2019), along with the preliminary SFY 2020 data, Hawaii is optimistic that the average number of children in foster care each month is now steadying out.

A visual representation of the past five years of the total annual number of children in foster care, along with the numbers of children that entered and exited care for those years can be found in Figure 10: Statewide Children in Foster Care, Entries, and Exits – SFYs 2015-2019.

When considering the rise of children in foster care over the past five years, please consider the last two rows of Figure 13: Percentage Rise of Children in Foster Care SFY 2014 through SFY 2019. These percentage increases are alarming, with a 29% increase in the annual total number of children in foster care, and a 43.7% increase in the monthly average number of children in foster care from SFY 2014 – SFY 2019.

Although this rise of children in foster care is concerning, Hawaii's total number of children in foster care had dropped by almost 60% in the decade from SFY 2004 (5,207 foster children) – SFY 2013 (2,099 foster children). Even with the recent increase, Hawaii is not approaching the levels of the 2000s. See Figure 11: Total Number of Children in Foster Care in Hawaii SFY 2004 – 2019.

Despite the continued statewide increase of children in foster care over the past few years, CWSB is pleased that the average length of stay has dropped since SFY 2011 and continues to stay relatively low. See Data Booklet, Figure 17: Average Length of Stay in Foster Care in Months SFY 2012 - 2019, which graphically demonstrates the decline in length of stay for the SFYs 2011-2019. Also, see Data Booklet, Figure 21: Termination Type by Age Group for SFY 2015 - SFY 2019 for further information.

The data reveals that, on a monthly basis, CWSB staff is working with 44% more children now than they were in SFY 2014, without additional staff or resources. (Two notable exceptions are: The East Hawaii pilot project, funded by the State legislature, which brought four temporary caseworker positions to the Hilo CWSB office; and the Special

Team, which used already existing CWSB positions and organized them into a unit to support staff statewide, as needed with guidance and pinch-hitting.

Despite the challenges presented by the lack of adequate staffing, Hawaii has been working on several plans to safely reduce the number of children in foster care, along with the length of stay of children in foster care.

Children are being placed in foster care at higher rates due to external and internal factors. The Department cannot control external factors such as poverty, homelessness and the finite amount of resources that are available to families and the Department. However, CWSB has identified the following internal factors within CWSB that present opportunities for improvements to our practice and form the basis for our workplan:

Due to the austere funding climate, it has been difficult, and will become even more difficult, to maintain sufficient and effective services to safely maintain children in their homes. CWSB cannot responsibly plan initiatives that will require additional resources beyond what CWSB may have available. That means the only viable option is a focus on our practice. With that in mind, CWSB has identified the following issues that it believes can be addressed with the available resources.

1. Safety and risk assessments must be reviewed and improved to ensure that decisions to remove children are made only after all other options are considered and eliminated.
2. Crisis and in-home services are not sufficient to meet the current need, they must be increased, focused, and enhanced to prevent out of home placements of children.
3. Worker caseloads are excessive. Historically, when caseloads are excessive, other strategies decrease in effectiveness.
4. Supervisors need enhanced ability lead and support staff in working with families and children.
5. The current CWSB structure must evolve to allow the branch to respond to changing situations effectively and in a timely manner.
6. Concurrent planning must be clarified for staff and the community and become an accepted and understood service component.
7. Parents who become involved with CWSB must be able to believe they are being treated fairly and their caseworkers are competent and credible.

With these factors in mind CWSB has determined that the following initiatives present the best opportunities for improvement with the resources at our disposal.



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

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

With support from Mainspring consultants, Hawaii has held several FFPSA planning meetings for both internal and external partners and stakeholders. Hawaii is working toward submitting a FFPSA State Plan around the beginning of FFY 2021 and implementing the Plan at the beginning of FFY 2022.

Based on Hawaii's data regarding the needs of families that touch CWSB (For example, Figure 4: Factors Precipitating Incident for Confirmed Victims SFY 2019,) Hawaii has identified four prevention service areas to potentially focus FFPSA funds: parenting support, mental health, substance abuse, and services for expecting and parenting teens and young adults. CWSB has created workgroups around each of these service areas, as well as FFPSA teams in the areas of finance, data, evaluation and CQI, and management/leadership. Although the formation of these teams is in the early stages, CWSB is pleased to already have voluntary participation commitments from a range of State agencies (Office of Youth Services; Department of Health (DOH), Maternal and Child Health Branch; DOH Child and Adolescent Mental Health Division; DOH, Alcohol and Drug Abuse Division; University of Hawaii (UH), Center on the Family), and a variety of community social service agencies (Child and Family Service, Catholic Charities Hawaii, Parents and Children Together, EPIC Ohana, Family Programs Hawaii, Sounding Joy, Bobby Benson Center, the Salvation Army, Hawaii International Child, Healthy Mothers healthy Babies Hawaii, Liliuokalani Trust, and SAS Services).

CWSB is also newly receiving support and guidance in the creation of its FFPSA State plan from the Center for the Study of Social Policy (CSSP), funded by Casey Family Programs. Weekly meetings between Hawaii CWSB and CSSP began in March 2020.

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

A key strategy of Hawaii's CFSR PIP is to strengthen the quality of risk and safety assessments. Hawaii revised its safety and risk training curriculum and trained all CWSB staff statewide in SFY 2020. The revised curriculum and resulting training reinforced best practice in:

- i. Information gathering;
- ii. Safety threshold – safety versus risk;

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

The supervisors' role in each of these areas was also clarified.

**c. CRT and IHBS**

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

**d. Reduce Caseload**

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

**i. Closing Inactive Cases**

At the end of SFY 2019 and the beginning of SFY 2020, CWSB staff worked to close hundreds of inactive cases statewide. Hawaii is committed to continuing to close any inactive cases and utilizing consistent, comprehensive supervision to ensure timely case closures.

**ii. Monthly Supervision**

Because of the focus on strengthening supervision in Hawaii's current PIP, all cases are reviewed monthly with the caseworker and the supervisor, which will ensure that cases that need to close are closed, and that all cases are actively moving toward permanency.

**iii. Case Staffing**

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

**e. Improved Supervision**

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

**f. Reallocate Resources**

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

**g. Improve Concurrent Planning**

Although CWSB staff understand the concept of concurrent planning, as part of the PIP, concrete concurrent planning efforts have been reinforced through trainings in SFY 2020 and reviewed and monitored during monthly supervision meetings and at family court hearings. National research shows that time in foster care is greatly reduced when there is active effort on two permanent plans concurrently.

**h. Improve Parent Engagement**

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

### 3. General Safety

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C2 for a chart of the SFY 2015-2019 five year strength rating for this item.

#### a. CFSR Safety Outcome 1

SFY 2019: 37 Cases Reviewed  
22 Strengths, 15 Areas Needing Improvement (ANI)

##### **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).

##### **SUMMARY OF DATA**

In 22 of 37 cases (or 59% 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.

Fifteen cases (or 41%) were rated as needing improvement. The investigation was not initiated timely and/or contact with the children was not made in accordance with State timeframes.

- In 15 cases, although reports were initiated timely, face-to-face contact with all the children was not made timely.
- In 11 cases, reports were not initiated timely, and contact was not made timely. Often, there was no explanation for the delay.

##### **DISCUSSION**

##### Annual Update

In some sections, workers are challenged in this area due to staffing issues and heavy caseloads. The Branch has recently undertaken workload management efforts as part of the PIP 3 that may assist in this area. There has been an effort to review and close inactive cases when appropriate, reduce or eliminate the caseloads

for supervisors, create guidelines for monthly supervision, clarify safety vs. risk, and reinstitute the use of the SHAKA Intake Tracker.

The possible reduction in workers' caseloads through review and appropriate closure may support workforce and resource management as well as allow time for workers to complete timely responses and ongoing efforts when response has not been completed.

Relieving supervisors of caseloads allows them time to track contact and support workers to problem solve and shift resources to complete timely contact.

The reinstitution of the SHAKA Intake Tracker provides structure and accessible real-time information to review and assure timely responses and ongoing efforts are made to contact children. Section Administrators will conduct section briefings/meetings using unit-level reports at Section meetings to facilitate discussions about strengths and challenges in practice, workload, and systems.

In the longer term, these strategies, along with the clarification on safety vs. risk and safety management and monthly supervision may lead to more effective case and workload management.

In addition to these PIP 3 strategies, as part of the CFSP goal related to workload, the Branch has initiated the pilot of the Specialized Workload Assessment Team (SWAT) team to able to respond to support workforce efforts including but not limited to the mentoring, training, closing cases, responding to high work volumes including increased intakes, etc. The SWAT recently completed work in West Hawaii and started a new residency in Maui as of February 2020.

The combination of these efforts may improve practice and CWSB may see more positive outcomes in cases that are reviewed following the implementation of these activities.

#### **b. National Safety Outcome 1**

*Of all children who were victims of a substantiated or indicated maltreatment allegation, what percent were not victims of another substantiated or indicated maltreatment allegation within the six months following that maltreatment incident?*

##### Annual Update:

Compared to the national standard of 93.9% or higher, CWSB's rate of Absence of Recurrence of Child Abuse and Neglect in SFY 2019 was 98.4%. Please refer to the

Data Booklet, Figure 26: Absence of Recurrence of Child Abuse and Neglect SFY 2015 – 2019, for information on the rates for SFY 2015 – SFY 2019.

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 Hawaii's Differential Response System. 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.

From November 2019 to January 2020 CWSB Sections, starting with Intake, received training on the safety threshold as part of the Program Improvement Plan 3. In addition to reviewing the safety threshold, clarification was issued regarding reports on open cases. Reports of new maltreatment will require a new intake. Second complainants are limited to capturing information from callers reporting additional information on an existing report. CWSB will review the number of cases with new intakes on open cases to identify and assess the impact on practice.

Reports on open cases that do not meet the criteria for investigation will be document as calls of concern. New CPSS codes have been implemented to track the calls of concern on open cases and the response by the assigned case worker. The codes will allow for tracking and review of practice and indicate whether revisions or clarifications are needed. Sections will also review second complainants and calls on open cases at monthly Branch meetings and discuss changes, strengths and challenges in practice, workload, and systems changes to make necessary adjustments and advise the field.

To further clarify the threshold and improve safety management, and as part of the PIP 3, the safety and risk curriculum has been revised for new hire training and existing staff training, and incorporates the supervisor's role in the following areas:

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

Training was provided at all CWSB and VCM staff from November 2019 to January 2020. This will help refresh and reinforce the safety model and threshold as it relates to gathering information and assessing, determining and providing

appropriate safety related services to support families, and addressing the safety concerns. Through thorough assessments and individualized services, safety concerns will be addressed and minimize repeat maltreatment.

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

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

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C2 for a chart of the SFY 2015-2019 five year strength rating for this item.

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

SFY 2019: 45 Cases Reviewed  
14 Strengths, 31 ANI

##### **PURPOSE**

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

##### **SUMMARY OF DATA**

In 14 of 45 cases (or 31% of the cases reviewed), concerted efforts were made to provide services to the family to prevent children's entry into foster care. In five (5) cases, children were removed from their homes due to safety threats and services could not have prevented removal. In other cases, appropriate in-home services were offered by CWSB or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contributed to guided decision-making and good documentation in cases rated as strengths.

Thirty-one cases (or 69%) were rated as needing improvement. Lack of appropriate, accurate safety assessments contributed to the negative rating.

- 1) In 23 cases, appropriate safety-related services were not provided to prevent entry or re-entry into foster care and children remained in the home. In

most of these cases, assessments to identify appropriate safety-related services were delayed or were not completed, so the appropriateness, access, and effectiveness of safety-related services could not be verified. Irregular face-to-face contact with families was a factor.

- 2) In 8 cases, the child was removed from the home, but this action may not have been necessary to ensure safety.

## **DISCUSSION**

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.

As mentioned in the above sections, safety training was conducted and will support improved information collection and assessment to determine if a safety factors exists and improved planning to address any identified safety factors and maintain children safely in the home whenever possible.

These concepts will also be reinforced in monthly supervision, also a PIP 3 strategy, to review safety concerns, case direction, and progress towards permanency.

As part of the training, clarification and review of safety services available through the family's support system, CWSB's service array, and community resources as well as safety vs. risk and in-home safety plans that include immediate actions to address imminent dangers or threats to child safety (such as a protective caregiver in the home when the children are present, a public health nurse visiting daily to assess the health of the child, removal of the offending parent or caregiver from the home, providing children breakfast and lunch at school and a neighbor brings dinner to the family).

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C3 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 95 Cases Reviewed  
34 Strengths, 61 ANI

## **PURPOSE**

This item is assessed to determine whether concerted efforts were made to assess and address risk and safety for children in their own homes or while in foster care.



## SUMMARY OF DATA

In 34 of 95 cases (or 36% of applicable cases reviewed), informal and formal risk and safety assessments were completed. In these cases, assessments of safety and risk were documented in CPSS logs of contact, Child Safety Assessment tools, Worker Monthly Contact forms, Safety in Placement tools, and Comprehensive Strength and Risk Assessments tools. Formal safety and risk assessments were used consistently during the assessment/investigation phases for initial, closings and new safety threats. In all cases reviewed that were open at the onset of the PUR, initial assessments were completed. Efforts were made to assess for risk and safety on an ongoing basis during the period under review. In these cases, the frequency and quality of face-to-face contact was sufficient in assessing and managing the safety of the children, in their family homes and in foster care.

Sixty-one cases (or 64%) were rated as needing improvement. Irregular monthly caseworker visits greatly contributed to the lack of ongoing assessments. Also, there was limited documentation to describe decision-making for risk and safety decisions.

- 1) In 59 cases, ongoing assessments that accurately assessed all risk and safety concerns were not completed.
- 2) In 14 cases, initial assessments that accurately assessed all risk and safety concerns were not completed.
- 3) In 14 cases, a safety plan was needed but was not developed or monitored and updated.
- 4) In nine (9) cases, there were maltreatment reports that were not formally reported or investigated.
- 5) In five (5) cases, there were safety concerns pertaining to children in the family home that were not adequately or appropriately addressed. Inadequate contact and monitoring and poor safety decision-making were factors in these cases.
- 6) In four (4) cases, there were safety concerns pertaining to children in the foster home that were not adequately or appropriately addressed. Inadequate contact and monitoring and poor safety decision-making were factors in these cases.
- 7) In one case, unsupervised visitation was allowed when it was not appropriate.

## DISCUSSION

Some areas of concern noted in the case reviews include need for accurate assessments, continuous monitoring and ongoing assessments, and supervision around safety decision making.

There are three specific strategies that have been designed and recently implemented or in progress that may address the areas of need. As mentioned previously, training on safety assessments was conducted. Part of the training focused on essential information gathering to develop a thorough understanding of the family and a comprehensive assessment. Examples of thorough assessment were provided as part of the training.

In addition to safety training, two other PIP strategies may help in this area: tracking worker visits with parents and children; and enhanced supervision and coaching that will include a discussion on the family and interventions to meet their needs and maintain child safety.

Quality assurance reviews will be conducted to review safety assessments and decision making in practice to identify success and opportunities for further clarification and/or training.

### 5. Safety in Foster Care

#### a. National Standard for Safety Outcome 1

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

##### i. Annual Update:

At the rate of 99.4% in SFY 2019, CWSB is slightly below the national standard of 99.7%. Refer to the Data Booklet, Figure 27: Absence of Maltreatment in Foster Care for a chart of the SFY 2015– SFY 2019 rates.

##### ii. Discussion

Over the past years, training and support has been provided to caregivers with an emphasis on understanding trauma and its impact on child behavior, and the strategies and resources that are available to assist caregivers with the provision of care for children in foster care. In addition, the focus on prudent parenting and normalcy for children in foster care may also positively impact case workers and caregivers, as well as, the larger system's partners to engage and support children in foster care. Understanding and

caring for children through a trauma informed lens may further reduce maltreatment in foster care.

Safety assessment and management for children in foster care completed in connection with monthly worker visits is also essential to prevent maltreatment in foster care. The recently completed safety training and use of the monthly case worker visit tracker may assist CWSB in enhancing safety management for children in foster care.

## **SECTION IV. PROGRAMS SUPPORTING PERMANENCY**

### **A. PROGRAM AND SERVICE DESCRIPTION**

#### **1. Overview**

CWSB is committed to keeping children safe from abuse and neglect while preserving family connections and cultural heritage in accordance with federal regulations and state statutory requirements in Hawaii Revised Statutes, Chapter 587A. CWSB is in the process of creating strategies for PIP3 and continues to use the overall PIP2 strategies that include the development and revision of tools, tip sheets, procedures, and data reports, trainings, enhancement of existing programs and practice, continued collaborations, ongoing CQI, and other strategies that provide the basis for ongoing system improvement. PIP3 will build on and enhance the efforts of PIP2 by addressing areas where CWSB has identified gaps in service and/or areas in need of improvement in order to meet federal requirements.

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

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

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

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

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

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

**c. Ohana Time**

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

Further, efforts continue to improve Ohana Time through ongoing clarification of procedures; reinforcing resource caregiver trainings regarding working with birth parents, including facilitating visitations; enhancement of Trauma and Healing Informed Care (THIC) trainings for staff and community; including Ohana Time on the development of a Supervisory Tool; and collaborations with Casey Family Programs and Liliuokalani Trust on improving Ohana Time with birth parents and siblings.

**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 Hawaiian children. In this section, Native American children and LGBTQ youth are also addressed, as these populations are particularly vulnerable as well.

**a. Hawaiian Children**

According to census statistics, children of the Pacific Islander population, including Hawaiians and those of Polynesian, Micronesian, and Melanesian ancestry, make up 34% of the general population of children in the State. Please see Figure 30: Hawaiian Children in Foster Care SFYs 2015-2019. Although, there are no stable trends, there has been a decline in the percentage of Hawaiian children and youth in care, compared to the general population of children in care. For SFY 2019, Hawaiian children represented:

- i. 40% of those entering compared to a high of 48% in SFY 2016 a higher percentage of Hawaiian children is entering foster care than exist in the general population in Hawaii. This is disproportionality;
- ii. 44% of those in care compared to a high of 49% in SFY 2016. In comparing the percentages of Hawaiian children entering care to those in foster care each year, it can be surmised that Hawaiian children are staying in foster care longer than non-Hawaiian children, since the percentage of Hawaiian children in care is higher than the percentage entering care for each year; and
- iii. 45% emancipating from care compared to a low of 40% in SFY 2017. Please see Figure 10: Statewide Children in Foster Care, Entries, and Exits – SFY 2015-2019, for general foster care population information. The percentages for Hawaiian children compares favorable with these numbers, showing some success with CWSB initiatives and collaborative efforts to decrease over representation. Efforts continue to decrease the number of children in care from all areas of the overall population, as well as for the Hawaiian population.

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

#### **i. Aha**

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

how best to work with and understand Hawaiian families. CWSB has received positive feedback from community stakeholders and staff participants about the aha and continues planning and hosting these gatherings.

**ii. Wahi Kanaaho**

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

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

**iii. Ke Kama Pono**

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

**iv. Aha Koa**

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

**v. Board and Stone**

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

**vi. Kamalama Parenting Classes**

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

**vii. Liliuokalani Trust**

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

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

**Prevention of Entries:**

Along with the ongoing Differential Response Services (DRS) system, successful waiver initiatives such as Crisis Response Team (CRT), and Intensive Home-Base Services (IHBS) are continuing beyond the Waiver. DRS, CRT, and IHBS have cultural components for engagement, assessment, provision of services, including Hawaiians. Strong and early collaborative efforts to find and engage relatives in providing support for families has been effective in preventing entry into foster care.

Strong collaborations with Casey Family Programs (CFP) Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), and others have strengthened our partnerships with the community and families CWSB serves. Projects such as *aha* community gatherings increase awareness of issues families face, help identify and build supportive resources for families, and enhance relationship building with CWSB, Courts, Police, and Providers. A collaboration with



LT, KS lead by EPIC and the Annie E. Casey Foundation, Na Kama a Haloa, is a focused project with the East Hawaii community working to ensure that Hawaiian youth affected by the foster care system have a lasting network of relationships that they can sustain and that sustain them. Also, public and private partners on the state and local level are working to improve policies and practices, lift up youth and family voice to drive change, maintain strong connections among siblings, and ground their collaborative work in Hawaiian values and culture.

Hawaii also collaborates with Casey Family Programs and Annie E. Foundation's to support Hawaii's efforts to develop a Family First Prevention Services Act (FFPSA) Plan. CWSB continues to engage community partners and stakeholders and work in concert with the greater community collaboration on primary prevention for the state.

**Decreasing Time in Care and Increasing Permanency (decreasing exits without permanency):**

"Waiver-born" initiatives have been successful in supporting reunification and permanency. Intensive Home-Base Services (IHBS) is helpful in supporting and mentoring birth families. Wrap has been successful with intensive and creative support activities. SPAW brought together collaborative efforts on difficult cases to move towards permanency. SPAW has morphed into Case Staffings which continue to move all cases towards permanency.

A collaboration between CWSB field staff and EPIC Ohana created "1<sup>st</sup> Meetings" between birth parents and EPIC Ohana staff at the Initial Court Hearing. This meeting helps to engage birth parents, quickly start family finding efforts and arrange Ohana Conferencing (OC). OC is a nationally-acknowledged approach of giving voice to family and to guide their case-planning. In PIP3, CWSB is working on increasing the timeliness of the initial OC and systemically holding ongoing quarterly OCs to promote progress, communication, and permanency.

It is important to connect the birth parents and resource caregivers as soon as possible to minimize tension and to strengthen a working relationship. Resource caregivers are recruited, trained and encouraged to work with birth parents, to provide support, mentoring, and to assist in visitations also known as Ohana Time. Hawaii is probably the highest or one of the highest percentages of relative placements.

An Annie E. Foundation/Jim Casey Youth Opportunities Initiative selected EPIC Ohana and Hawaii as a site for the development of a Youth Opportunities Board—HI HOPES. This Board is contracted with CWSB as the Youth Advisory Council. HI HOPES has been a guiding light to empower the young people regarding legislation, advocacy, partnering with CWSB on policies and program development and

oversight. They advocate for young people voice, permanency and transition to successful adulthood.

Another development was the contracting with providers to provide seamless service transition with a change from only providing “aging out” services to a focus on the youth’s overall well-being. This approach helps the youth understand their situation in care, promotes permanency, and transition to successful adulthood with permanency, or at least permanent supporters. The contracted EPIC Ohana Independent Living Collaborator has been key to ensuring that that the young people guide these services, and has been a trusted and powerful link between HI HOPES and young people, IL providers, CWSB, Judiciary, community, and other partners.

Cultural relevancy is an important component of service development and delivery. Services with Hawaiian components include aha gatherings and Na Kama a Haloa projects that provide services related to placement prevention, decreasing time in care, and increasing permanency. Ka Pili Ohana on Oahu is a collaborative LT pilot project focused on strengthening parent – child relationships during visitations with birth parents, children, resource caregiver, and CWSB. LT provides the Hawaiian cultural guidance to the project and participants.

CWSB continues to encourage and support community-based agencies to increase the availability of culturally meaningful services to the families, beyond DHS contracted services. Some of these services include Ka Malama Parenting Curriculum, Board and Stone, and Aha Kane and Aha Wahine (groups for birth fathers and birth mothers).

#### **b. Children Aged Zero to Five**

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

One can see in the Data Booklet, Figure 19: Number of Children in Foster Care by Age Group: SFY 2015 – SFY 2019, the numbers of children in foster care by age over the past five years. Data Booklet, Figure 20: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2015 – SFY 2019 displays this age distribution as percentages of the total annual number of children in foster care for each of the past five years. During this period, the percentage of children in foster care who are aged 0-5 has ranged from 46% to 49% of all children in foster care annually.

Targeted efforts and services for children aged 0-5 are in place. All children under age 5, whether they are in-home, in a community-based setting, or in foster care are receiving all of these services.

**i. Reducing Length of Stay**

There are numerous services and activities that are employed in Hawaii to reduce the length of time in foster care for children under age of five. Several of these are summarized below.

**1) Ohana Conferencing**

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

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

PFC 0-3 is a program for children age 0-3 who are in foster care for the first time and, at the time of removal, do not have relatives available for immediate placement. The purpose of the PFC program is to provide temporary care with intensive upfront services such as Family Finding, Ohana Conferencing, mentoring with birth parents, and enhanced Ohana Time. Resource caregivers for PFC homes are trained to provide the supervision and facilitation for Ohana Time. Foster children who are placed in PFC programs are expected, within 60 days of initial placement, to either be reunified with parents with services, or placed with relatives. If reunification or placement with relatives does not occur within 60 days, the foster child is transitioned to a general licensed resource home. Continual tracking shows that approximately 75% of the children age 0-3 are reunified or placed with relatives or kin within 60 days of the initial placement.

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

Title IV-E Waiver Project's Crisis Response Team and Intensive Home-Based Services (both of which have continued in Hawaii post-Waiver) provide the family and children with supports necessary to prevent

placement and reduce the number of children who enter foster care for short periods of time. For more information on these programs, see *Section II. CWSB Strategic Planning, E. Interventions and Strategies, 3. Child Welfare Title IV-E Waiver Demonstration Activities.*

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

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

CWSB Home Visiting Programs are largely supported by TANF funds.

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

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

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

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

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

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

Since the inception of HZTT in 2009, 84 families with 112 infants and toddlers have been served. During SFY 2019, ten new families with 16 infants and toddlers, and eight older siblings were accepted into the program. There were eight case closures with two of these closures from the group of ten new families: four resulted in reunification; two resulted in adoption; and two resulted in legal guardianship. The time to permanency for these eight families varied but the average was 18 months. One factor that increased the length of time was an appeal of the termination of parental rights that extended the life of one case. One case was withdrawn from HZTT as it was felt that the parent's needs were best met at Family Drug Court.

HZTT holds monthly court hearings to ensure judicial oversight and accountability of the HZTT Court Team and the families. Prior to the start of the hearings, the HZTT Court Team reviews each case, addressing visitation, progress or lack of progress in services, concerns, and updates. Staffing allows the judge to be able to focus more attention on the parents during the hearing; answering questions and addressing concerns that the parents may have.

Parent Activity is held on the same day as the monthly court hearings. Parent Activity is an opportunity for the families to develop a support system with other families who participate in ZTT. Family Hui, a non-profit agency, is contracted to provide a brief interactive parenting lesson on topics like family traditions, nutrition, and reading to children, and an activity such as arts and crafts. Participation of children is strongly encouraged and provides another opportunity for parents to engage with their children. A play area is set up in the center of the room for the infants and toddlers. A light lunch is provided to the families by ZTT.

Monthly Family Team Meetings for ZTT families are utilized to keep the cases on track for timely permanency and keep team members accountable to each other and the Court. The meetings are held in between the court hearings, ideally two weeks after the court hearing,

allowing the team members time to initiate or complete tasks before the next hearing to keep the case moving forward.

Monthly ZTT Team meetings are attended by Judge Paul T. Murakami, designated deputy attorneys general, designated guardians ad litem, designated DHS staff, court improvement staff, and community stakeholders. These meetings address any updates, discuss resources, concerns, and brainstorm solutions to any challenges.

Discussion:

HZTT goals continue to be achieving timely permanency for children and strengthening families through intensive judicial oversight at monthly hearings and Family Team Meetings.

Successes have been the implementation of Family Team Meetings and an increase in the Parent Activity participation.

Barriers have included lack of funding for staff positions and services for children and families.

Areas HZTT is looking to improve include: increasing capacity, increasing network of resources for children and families, increasing parent attorney involvement in monthly meetings, following-up after case closure for up to one year, creating a peer/parent mentor program, placement stability, and addressing co-parenting between resource caregivers and parents.

HZTT plans include: continued recruitment families to reach a maximum capacity of 20 families, creation of a case manager position, and statewide expansion of the ZTT model.

## **ii. Addressing Developmental Needs**

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

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

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

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

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

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

## **3) Comprehensive Medical Assessment**

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

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

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

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

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

The five-year plan was facilitated by the State of Hawaii's Executive Office on Early Learning (EOEL), the State entity tasked with developing the State's early childhood system (including the recent State-funded pre-

kindergarten program) in collaboration with the wide range of stakeholders in both the public and private sectors, and guided by the State Advisory Council.

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

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

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

**i. Recent Accomplishments**

- 1) In April 2019, CWSB representatives attended the 3rd Annual Training Conference on *Building Competency in Serving Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual Minority (LGBTQ+) Youth in Juvenile Justice, Social Services, Health, and Education Programs in Hawaii*, sponsored by the Family Court's Committee on LGBTQ Youth.
- 2) DHS's Deputy Directory spoke at the above-referenced 2019 LGBTQ+ conference, regarding the Department's efforts toward more inclusivity and community efforts in all branches of DHS, including Child Welfare.
- 3) CWSB finalized and issued the State of Hawaii Child Welfare Services' Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are Lesbian, Gay, Bisexual, and/or Questioning on National Coming Out Day, October 11, 2019.

**ii. Current Efforts**

CWSB is continuing its effort to serve its LGBTQ children through its current work on the following:

- 1) Assisting CWSB contracted providers in actualizing LGBTQ training for their staff;
- 2) Modifying the HANAI (Hawaii Assures Nurturing and Involvement – Hawaii's resource caregiver training curriculum) to include LGBTQ content;
- 3) Continuing 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;
- 4) Including LGBTQ+ content in CWS meetings, trainings, and presentations; and
  - 5) Ensuring that the anti-discrimination policies and procedures reflect the department's values of openness and inclusion in all of its guidelines and procedures.

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

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

##### **i. Hawaii's ICWA Process**

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

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

For children who are identified as potentially eligible for ICWA, CWSB has a process in place. This process includes 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.

CQI case reviews are used to ensure that CWSB 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, the information is brought to the attention of the Section Administrator and made a part of the section action plan that is developed after each case review.

## **ii. Data**

In SFY2019, case review data revealed that of the 61 cases that were applicable for Item 9: Preserving Connections, there were 23 cases in which sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In 7 of these cases, there was evidence of Native American ancestry for the child, timely notification was not made to the Tribe and, placement preferences were not followed.

During this same period, three (3) tribes were provided timely notification of its right to intervene in state court proceedings. In one case notification of a hearing was sent to the Saint Regis Mohawk tribe but the tribe declined to intervene as none of the family members were registered members, enrolled or eligible for enrollment with the Saint Regis Mohawk tribe.

## **iii. Annual ICWA Improvements**

Hawaii continues to look at ways to enhance Hawaii's ability to comply with ICWA. Hawaii's Program Improvement Plan 3 (PIP3) includes 2 key activities

that focus on incorporating the requirements of ICWA into staff's daily practice.

### Safe Family Home Report and Permanent Plan

As part of Hawaii's Program Improvement Plan (PIP3), one of the cross-cutting themes to improve outcomes for CWSB-involved children and families is permanency. A permanency work group was established and has been meeting regularly to ensure that the goals and activities of this theme are achieved.

One of the tasks of the work group was to revise the state's case plan, which includes the Safe Family Home Report, to support the strategy of improving permanency through concurrent planning. A key revision to the Safe Family Home Report is the inclusion of an ICWA section. The ICWA section ensures that upon initial contact, workers are asking both maternal and paternal family members whether they identify as Native American and if they are affiliated with a tribe. The ICWA section requires that a worker's inquiry and the family's response to ICWA are documented in the case plan.

Guidance on how to complete the Safe Family Home Report has been drafted to support workers in understanding each section of the report, including ICWA. A part of the guidance provides workers an explanation for the ICWA section, its relevance and instructions on how to fill it out appropriately.

These revisions to ICWA are also mirrored in the Permanent Plan.

Staff are scheduled to receive training on the revised Safe Family Home Report and Permanent Plan beginning in April 2020. The training will provide staff with hands-on experience filling out the full report, including the ICWA section.

Hawaii believes these revisions will assist staff in identifying Native American children early on in a case and collaborate with tribes to help improve permanency outcomes for Native American children.

### Supervisor's Tools and Guidelines

Hawaii has developed a guideline for mandatory monthly supervision with staff and a Hawaii Child Welfare Supervision Tool that guides supervisors through supervision and focuses on key areas of practice, including preserving connections.

The use of regular supervision and the supervision tool will be a mechanism to ensure that case workers are inquiring about membership or eligibility for membership in a federally recognized Indian Tribe and prompt notification to Indian tribes.

The state will continue to consider additional options to track the ICWA requirements.

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

On July 1, 2019, CWSB supplemented the existing Resource Family Support Services (RFSS) contract with Family Programs Hawaii, with Kinship Navigator funds. The additional Kinship Navigator funding is being used to enhance, support, develop, and begin implementation of services provided to relative caregivers by the Ohana Navigator program. There are approximately 474 relative resource families statewide caring for approximately 805 related children in foster care.

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

The RFSS contract budget included funds for out-of-state travel for four (4) persons to attend the 2019 Global Intergenerational Conference, held June 12- 14, 2019 in Portland, Oregon. Attendance at this conference supports the RFSS contract by allowing service provider staff an opportunity to learn how to develop, implement and enhance the kinship navigator program for relative resource caregivers. By attending this conference, the staff were able to increase their knowledge by networking and learning about innovative practices and programs of kinship navigator programs with other leaders, educators and intergenerational advocates from around the world.

##### **a. Part One: (Extension of Warm Line Hours), EFFECTIVE: October 1, 2019**

RFSS enhanced and extended the hours of the Warm Line which is a statewide phone support system that is offered to all resource caregivers, service providers, and the public. The Warm Line hours now include phone support Sunday through Saturday, 365 days a year from 8:30 a.m. to 10:00 p.m.

Warm Line Phone Number: Oahu: (808) 545-1130, Neighbor Islands: (866) 545-0882.

**b. Part Two: (1 Part-Time Support Specialist each on Kauai, Maui, Kona and Hilo), EFFECTIVE: October 1, 2019**

Additional staffing for the extended Warm Line hours includes four (4) part-time Support Specialists who have experience as current or former resource caregivers. The part-time Support Specialists are located on Maui, Kauai, Hilo, and Kona. The local Support Specialists are knowledgeable about their island specific community resources. The Support Specialists are available for in-person meetings with resource caregivers, as co-facilitators at support groups, and as a back-up childcare provider at in-person training or mentoring events. Support Specialists make outreach calls during the evenings and weekends when resource families are more available, and are able to provide in-person support for child-specific resource caregivers shortly after families receive their initial placement of a relative child.

**c. Part Three: (Volunteer Peer Navigators), EFFECTIVE: January 1, 2020**

Children in foster care benefit from being placed with relative resource caregivers. The Ohana Navigator Program will focus on helping to stabilize and maintain placements with relative resource caregiver families. There are two components of the Ohana Navigator Program. The first component is designed to establish and support a one-to-one supportive peer mentoring relationship between seasoned resource caregivers (Volunteer Peer Navigators), and the new relative resource caregivers. The Volunteer Peer Navigators will assist new families to navigate the child welfare system, including identification of and connection with community resources for themselves and the children in their home. This individualized support is designed to increase placement stability for the child and to improve retention of the caregiver. Resource Family Support Services began the recruitment phase for Volunteer Peer Navigators in Hilo and Waianae on January 1, 2020. There currently are eight (8) trained Volunteer Peer Navigators, and three (3) matches with resource caregivers have been made.

**d. Part Four: (1 Full-Time Ohana Navigator Program Coordinator), EFFECTIVE: October, 2019**

The second component of the Ohana Navigator Program is designed to coordinate and provide quarterly social events and ongoing training opportunities to promote a greater connection between resource family networks and resources, recruitment, and Volunteer Peer Navigator connections. Quarterly Ohana Navigator events will be held in various geographic areas statewide that are easily accessible family friendly locations. Food and qualified childcare will be provided when necessary, with

on-call childcare providers, contracted providers, and program staff ensuring a safe and comfortable environment for children needing childcare. Quarterly Ohana Navigator events and social support activities will be available to resource caregivers regardless of their participation in the mentoring program.

The newly created full-time Ohana Navigator Program Coordinator position, filled in October 2019, will oversee the activities statewide described in Parts 1, 2, and 3 above. Recruitment for Volunteer Navigators in Hilo and Waianae began on January 1, 2020. A part-time case assistant will be hired to provide support for the Ohana Navigator.

Hawaii is considering one of the two kinship navigation models mentioned in the ACF PI-18-11, *Requirements for Participating in the Title IV-E Kinship Navigator Program*. The program evaluation will be consistent with the evaluations of the model chosen for implementation. Hawaii appreciates Florida Kin Tech model's process and outcome evaluations that look at the effectiveness of access and the collaborative approach, as well as, its analysis of the cost effectiveness of the model. Hawaii needs to continue to gather more information to develop and incorporate the Kin Tech model.

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

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

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. The number of adoptions increased from 163 in SFY 2015 to a high of 205 in SFY 2017, followed by a decrease to 193 in SFY 2019. Legal guardianships have seen a general continual increase from 114 in SFY 2015 to 179 in SFY 2019.

Please see the Data Booklet, Figure 32: Exits by Adoptions and Legal Guardianships SFY 2015-SFY 2019 Numbers [Graph], and Figure 33: Adoption and Legal Guardianship SFY 2015-SFY 2019 Percentages [Graph] for details on the number of exits from foster care by reason of adoption and legal guardianships and what percentages those numbers represent of the total exits from foster care.

Refer to the Data Booklet, Figure 38: Timely Adoption (Within 24 months) SFY 2015 – SFY 2019. Although there have been fluctuations in the percentages throughout SFY 2015 – 2019, only in SFY 2019, at 30.1%, did the timeliness fall below the National Standard (32.0%). This represents a 17% decrease from the SFY 2018 timeliness, as shown in Figure 38: Timely Adoption (Within 24 months) SFY 2015 - 2019.

### Discussion:

This decrease in the timeliness of adoptions is being addressed in the PIP3 strategies for permanency. The strategies include revising the court report and the concurrent permanency planning procedures so that staff can better understand the importance of concurrent planning from day one of the case entering the CWSB system. A user-friendly factsheet on concurrent planning was developed for parents and workers to improve engagement with parents from the beginning of the case on identifying and reaching the desired permanency goal through full disclosure from the beginning of the case. PIP3 is also addressing the concerns of coaching and supervision of staff by supervisors and administrators that will help in the tracking of cases from foster custody to permanency during staff supervision and case staffing. The reinstatement of the tracker system for case visits, will help supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve the permanency goal.

An additional reason for a decrease in the timeliness of adoptions may be due to the high caseloads that continue for social workers. Data Booklet, Figure 62: CWSB Average Caseload May 2012 – February 2020 shows the average caseload in February 2020 of 41 for the assessment worker and 19 for the case manager, which exceeds the recommended caseload of 15 cases for a social worker. Workers seem to be prioritizing reunification activities in cases, and then working towards adoption or guardianship later in the life of the case. CWSB is addressing this by continuing the Wikiwiki hire for more workers and not allowing supervisors to carry cases.

Wendy's Wonderful Kids (WWK) continues to work closely with CWSB staff to find permanency matches for children. Through our new case staffing model, youth can be identified and, if appropriate for the program, referred to WWK for recruiting. After receipt of the youth's name and information, WWK will initiate monthly visits and maintain continual communication with the youth to ensure they are able to direct the recruitment efforts toward a family of their choosing. WWK promotes 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*.

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

In FY 2018, Hawaii received a total of \$278,500 which must be obligated by 9/30/21, and in FY 2019, Hawaii received \$206,000 which must be obligated by 9/30/22. These funds will continue to be used to enhance several contract services

such as recruitment contract, specifically supporting recruitment of relatives, on-going training, of resource caregivers, and including post permanency support to those that have adopted and awarded legal guardianship of children. Some of the funds will also be used to support CWSB's work on development, implementation, and tracking of its Adoption Call to Action work.

See Data Booklet, Figure 34: Adoption and Legal Guardianship Incentive Awards for a recap of the awards for FFY 2013 through FFY 2019.

#### **c. Adoption Savings**

Hawaii plans to leverage its adoption savings funds to support services aligned with its current CFSR PIP3, its 5-year CFSP, and its FFPSA plan in FY2021. However, due to the COVID-19 pandemic, there is much uncertainty about the CWSB budgets for 2021 and years to come. Hawaii's expenditure plan for its adoption savings has been a topic of several discussions among CWSB program and fiscal managers.

#### **d. Inter-country Adoptions**

Since the writing of the CFSP in 2014, there was only one inter-country adoption. Inter-country adoption is a rarity in the State of Hawaii as many of the inter-country adoption are done privately and through child placing agencies. Hawaii is aware of its responsibilities in terms of working with the State Department, and ensuring compliance with the The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (Convention).

Currently, Hawaii is working with the New Zealand government regarding the adoption of a child whose parents are American citizens living in Hawaii county (Big Island- Hilo), however the target child resides in New Zealand with child's half-sibling's non-related father, and non-related kin. This case is neither a CWSB case in New Zealand or in Hawaii. With technology, Hawaii and New Zealand are able to work collaboratively to clarify request for studies from Hawaii. The two countries will continue to virtually meet with the goal reaching an agreement on what's best for the child, with consideration of keeping siblings together in New Zealand, making sure birth mother understand her rights when she agrees to the adoption, addressing rights of the uninvolved biological father, impact of Hawaiian cultural and Maori culture, citizenship rights, visitations, and other issues as they arise.

Although adoptions of children from Marshallese islands are not considered inter-country adoption, CWSB is well aware of the problems related to adoption of babies, born in Hawaii by Marshallese mothers, who traveled to Hawaii to give birth, and place their babies for adoption through arrangement with private attorneys. Expressed concerns include birth mothers not understanding the documents they signed meant that they were giving up their babies for adoption permanently.



CWSB normally becomes involved when there is an ICPC Regulation 12 (private adoption) is initiated. In 2019, there were 3 Marshallese private adoptions that were known to CWSB involving the ICPC process. Two of those 3 cases involved mothers who were already residing in Hawaii for over 2 years, and made decisions to place their children for adoption as they could not provide for the child. The mother for the 3rd case was a resident of Hawaii for 10 years. This was her 7th child and she felt it was in the child's best interest to be adopted.

In past years, CWSB met with the Family Court Judges and the local Marshallese consulate, to ensure Marshallese women were not manipulated, were fully informed of their rights, and that they understand the permanent impact of agreeing to adoption of their babies. CWSB plans to re-engage with the COFA countries leaders including the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI) and Palau focusing on supporting and empowering of this community.

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

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C4 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 61 Cases Reviewed  
43 Strengths, 18 ANI

*DHS will minimize placement changes for children in foster care.*

#### **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).

#### **SUMMARY OF DATA**

In 43 of 61 cases (or 70% 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.

Eighteen cases (or 30%) were rated as needing improvement.

- In 13 cases, placement changes for the children were not planned in an effort to achieve the child's case goals or to meet the needs of the child.

- In 11 cases, the child's current placement was not stable at the time of the review. In more than half of these cases, the child's placement at the time of review was a temporary shelter or other temporary setting. In two cases, there was information that indicated that the current caregiver may not be able to continue to care for the child, but no support was provided. In one case, the child was on runaway status at the time of review.

## **DISCUSSION**

From SFY 2018 to SFY 2019, CWSB had an 8% decrease in placement stability for youth in foster care who had no more than two placements. CWSB continues diligent upfront efforts to make the first placement the only placement through early Family Findings searches and attempts to hold Ohana Conferences for every child entering foster care. In August 2019, DHS revised the Relative Notification Letter, Relative Response Form and created a brochure called "Becoming a Relative Resource Caregiver." The letter and brochure are additional tools to support CWSB efforts to identify and begin engaging relatives who might become resources for children who may need placement. EPIC Ohana uses the relative notification letter, response form and brochure during Family Finding efforts. In the upcoming year, the outreach and engagement processes will be evaluated and revised as needed to maximize engagement with and support for relatives who are interested in establishing or maintaining contact, becoming a placement option or other resource for the child.

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C5 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 60 Cases Reviewed  
30 Strengths, 30 ANI

## **PURPOSE**

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

## **SUMMARY OF DATA**

In 30 of 60 cases (or 50% of applicable cases reviewed), the child's permanency goal was identified 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 toward reunification. The agency either filed or

joined a termination of parental rights petition in a timely manner, or an exception applied in 34 or 38 (or 89%) of cases.

Thirty cases (or 50%) 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 were not progressing toward reunification. The identification of concurrent permanency goals for the children was needed earlier, as these goals were not identified until more than 6 months after the child's removal. In several cases, older children had not been consulted about the permanency goal, and did not agree with the identified goal.

- In 21 cases, the child's concurrent goal was not established timely. In 3 cases, the child's concurrent goal was not specified in the case file and a SFHR was not completed timely or properly.
- In 12 cases, the child's goal was not appropriate to the child's needs for permanency or the circumstances of the case.
- In 4 cases, a TPR motion was not filed timely, and an exception did not apply, or a compelling reason was not documented.

#### **DISCUSSION:**

CWSB recognizes that the identification of appropriate permanency goals, and the timely establishment of those goals, has been a challenge. Statewide, CWSB has experienced high staff turnover, including supervisors. Newly hired supervisors are struggling to establish structure or timelines for mentoring, monitoring and supporting case workers in establishing permanency goals from the onset of a case.

One of the primary goals of the Hawaii's 2019 Program Improvement Plan (PIP3) includes a focus on permanency work, including the following three strategies:

- i. Employing early concurrent permanency planning;
- ii. Implementing case staffing meetings; and
- iii. Partnering with Family Court.

Recently, staff have been trained on a case staffing process that requires supervisors to provide structured guidance and support during monthly case review meetings with their case workers. The supervisors are expected to coach, monitor, and guide their case workers on permanency topics such as beginning concurrent permanency planning activities from day one of the case.

PIP3 has focused on supervisor training, and supporting supervisors in mentoring, monitoring, engaging, and coaching their staff. Training on the revised concurrent planning procedures and guidelines is being provided to all staff statewide. With the enhanced guidance and support, the case workers will be able to focus on engaging families through monthly meetings, determining timely and appropriate concurrent permanency goals, and the provision of appropriate assessments and services, while meeting required deadlines and keeping cases moving toward timely permanency.

With these PIP3 permanency activities, Hawaii is optimistic that the permanency outcomes for children in foster care will show significant improvement in the next year.

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure 6C for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 61 Cases Reviewed  
15 Strengths, 46 ANI

**PURPOSE**

This item is to determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, adoption, or another planned living arrangement (APPLA) in a timely manner.

**SUMMARY OF DATA**

In 15 of 61 cases (or 25% of applicable cases reviewed), reunification, guardianship, adoption or APPLA was achieved or likely to be achieved timely. In these cases, when reunification was the goal, there were quality monthly contacts with parents/caregivers and children, Ohana Conferences, and regular visits 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.

Forty-six cases (or 75%) were rated as needing improvement because the goals of reunification, guardianship, adoption, or APPLA were not or would not be achieved within federal timelines. The following breakout shows the length of time the children had been in care, at the time of the review or recent case closure:

- 0 – 12 months: 19 children
- 13 – 24 months: 23 children
- 25 – 36 months: 14 children
- 37+ months: 9 children

In the majority of these cases, insufficient caseworker contacts with the child and parents was a barrier to engagement and case planning. Meaningful discussions with parents about the child's permanency occurred infrequently.

- In many cases, there was a lack of urgency to achieve permanency. Children had resided in the same home for years, but discussions about, and activities to achieve, permanency had not occurred. While Court-related delays were not evident, it also did not appear that the Court's orders compelled timely permanency.
- In four (4) cases, reunification was achieved within required timeframes, but could have been achieved earlier if not for delays related to lack of concerted efforts.

### **DISCUSSION:**

CWSB recognizes that there has been a progressive decline in this item. The 2019 Program Improvement Plan's (PIP3) multi-pronged approach that includes Staff Development, Program Development, supervisors, and caseworkers was designed to address this area.

Meeting the timelines for permanency has been a challenge to CWSB workers due to many factors that include: staff shortage, high caseloads, difficulty faced by staff in prioritizing permanency when other cases seem to have a higher priority for reunification, court ordered additional time for reunification, lack of an appropriate adoptive home or legal guardian, and decisions by prospective adoptive parents or guardians not to continue with permanency.

The PIP3 focus on ensuring timely permanency for children in foster care is supported by activities designed to provide more clarity and understanding of concurrent planning. Procedures were revised to emphasize that concurrent permanency planning starts when the child enters foster care and has a goal of reunification, as well as another permanency goal, if reunification is not successful. A visual timeline was created to support staff awareness of the legal interventions that should be occurring throughout the life of the case.

A brochure with examples of a possible script, and talking points was created to assist staff with the difficult conversation with parents explaining concurrent permanency planning and the importance of having simultaneous permanency goals to ensure timely permanency. Practice guidelines were developed to help staff implement concurrent planning once a child enters foster care, to keep the case moving towards reunification, and also to change the focus when reunification no longer seems achievable.

Another Planned Permanent Living Arrangement (APPLA) procedures were revised to clarify the legal status of a case in APPLA status required by Hawaii state laws. Consent and resource caregiver agreement forms were created to document the workers' efforts in providing the youth with permanency planning services and providing alternative permanency goals to adoption, legal guardianship or reunification.

The Court Improvement Project and Family Court collaborated with CWSB on revisions to the concurrent planning bench-card to provide guidance for the Court's support of CWSB policies and procedures for timely permanency.

Training on concurrent permanency planning and the revised procedures are integrated with PIP3 training and activities on procedures and guidelines for coaching, supervision, and case staffing that promote shared and supportive decision-making.

## **2. Permanency Outcome 2 (Continuity of Family Relationships)**

### **a. CFSR Item 7: Placement of siblings**

Please see Data Booklet Figure C7 for a five year strengths trend for this item.

SFY 2019: 42 Cases Reviewed  
39 Strengths, 3 ANI

*DHS will keep siblings together in foster care.*

#### **PURPOSE**

This item is to determine if, during the PUR, 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.

#### **SUMMARY OF DATA**

- In 39 of 42 cases (or 93% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.
- Three cases (or 7%) were rated as needing improvement.
- In three (3) cases, siblings were placed apart initially, and further assessment was needed before the sibling groups could be placed together. Upon further assessment in these cases, the initial reasons for separate placements were no longer valid

## **DISCUSSION**

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C8 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 43 Cases Reviewed  
15 Strengths, 28 ANI

## **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.

## **SUMMARY OF DATA**

- In 15 of 43 cases (or 35%) 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, the DHS aide, or contracted provider.
- Twenty-eight cases (or 65%) 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. Visits occurred informally and loosely under the facilitation of a family member even though safety threats that brought the child into foster care had not been mitigated. There was no oversight of the visitation, so the quality of visitation, need for parenting support, and progress towards reunification could not be assessed by the caseworker.

- In 21 cases, concerted efforts were needed to ensure sufficient frequency of visitation for mothers and their children. In 5 cases, the child did not have visits with the mother.
- In 10 cases, mothers and their children did not have quality visitation, or information about their visitation was unknown to the caseworker.
- In 12 cases, concerted efforts were needed to ensure sufficient visitation for fathers and their children. In 5 cases, the child did not have visits with father.
- In 8 cases, fathers and their children did not have quality visitation, or information about their visitation was unknown to the caseworker.
- In 11 cases, concerted efforts were needed to ensure sufficient visitation with siblings. In 4 cases, children did not have visits with their sibling(s).
- In 8 cases, children and their siblings did not have quality visits, or information about their visitation was unknown to the caseworker.

## **DISCUSSION**

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

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

Ohana Time for incarcerated parents continues to be a challenge. In 2020, another bill is reintroduced in the Hawaii State Legislature to create more visitation space and supervision for this population.

CWSB continues to work on enhancements to the resource caregiver trainings to include more training on the importance of Ohana Time and how to effectively support and facilitate Ohana Time. New Program Development staff have been hired to work on this program with the goal of completing the training in 2020.

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



## CFSP

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

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

CWSB plans to explore expansion of the Wraparound model regarding target population and expansion to other islands, with consideration to funding opportunities. Wraparound model brings together many people connected to family, and provides the family with the opportunity to identify and explore the potential resources within the extended family circle to help support and facilitate child-parent visits.

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C9 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 61 Cases Reviewed  
45 Strengths, 16 ANI

## **PURPOSE**

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

## **SUMMARY**

- In 45 of 61 cases (or 74%) 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.
- Sixteen cases (or 26%) reviewed were rated as needing improvement:
- In 11 cases, concerted efforts were needed to keep the child's important connections. Often, connections were not identified or recognized by the caseworker.
  - In 4 of these cases, the child could have had connected with siblings who were not in foster care.
  - In 6 of these cases, the child could have connected with extended relatives.
  - In 3 of these cases, efforts were needed to explore maintaining the child in his/her school.

- In 23 cases, sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In 7 of these cases, there was evidence of Native American ancestry for the child, timely notification was not made to the Tribe and, placement preferences were not followed.

## DISCUSSION

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

### CFSP

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

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

The CFSP five year plan emphasizes case staffing which will also look at the needs of the child and whether they have been allowed to keep connections while experiencing child welfare involvement and lessening the trauma of their foster care experience.

#### **d. CFSR Item 10: Relative placement**

Refer to the 2021 Hawaii APSR Data Booklet, Figure C10 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 60 Cases Reviewed  
50 Strengths, 10 ANI

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

## **PURPOSE**

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

## **SUMMARY OF DATA**

In 50 of 60 cases (or 83% of the applicable cases reviewed), children were in stable placements with relatives, or efforts were made to place children with relatives. Relatives are being identified at the time of removal to explore whether children could be placed immediately. EPIC completed relative searches to identify and locate appropriate relative placement for the child, and sent letters to inform them of the child's situation.

Ten (10) cases (or 17%) were rated as needing improvement. In some cases, although family finding efforts were made before the review, efforts were needed to re-evaluate relatives during the period under review.

- Maternal relatives: In nine (9) cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR; in five (5) of these cases, maternal relatives were not identified, located or informed of the child's placement into foster care and in four (4) of these cases, maternal relatives were not evaluated for placement.
- Paternal relatives: In all ten (10) cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR; in seven (7) of these cases, paternal relatives were not identified or located; in four (4) cases with identified paternal relatives, in one (1) case, paternal relatives were not informed and in three (3) cases, paternal relatives were not evaluated for placement.

## **DISCUSSION**

Hawaii has made some improvements with relative placement. Current statewide data show about 51% of the children in foster care are placed with relatives and 49% placed with non-relatives. Further data is needed through a targeted review to understand the current practice, policies, barriers, and strengths to improve placement with relatives. A targeted review will be requested in the current state fiscal year and the findings will be used to revise policies, procedures, processes and training.

CWSB continues diligent upfront efforts to make the first placement the only placement through early Family Findings searches and attempts to hold Ohana Conferences for every child entering foster care. In August 2019, DHS revised the Relative Notification Letter, Relative Response Form and created a brochure called

“Becoming a Relative Resource Caregiver.” The letter and brochure are additional tools to support CWSB efforts to identify and begin engaging relatives who might become resources for children who may need placement. EPIC Ohana uses the relative notification letter, response form and brochure during Family Finding efforts. In the upcoming year, the outreach and engagement processes will be evaluated and revised as needed to maximize engagement with and support for relatives who are interested in establishing or maintaining contact, becoming a placement option or other resource for the child.

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C11 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 41 Cases Reviewed  
13 Strengths, 28 ANI

**PURPOSE**

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

**SUMMARY**

In 13 of 41 cases (or 32%) 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.

- Twenty-eight cases (or 68%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.
  - In 25 cases, efforts were needed to support the children’s relationships with their mothers.
  - In 14 cases, efforts were needed to support the children’s relationships with their fathers.

## DISCUSSION

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

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

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

### CFSP

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

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

The Program Improvement Plan currently in action focusses back on fundamentals for line staff, supervisors, and section administrators, many of whom are new to their positions. Through the *wikiwiki* hiring process, CWSB has been able to fill many long vacant positions. The next five years will be crucial in training and re-training staff in the best practice for the work CWSB does.

## SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

### A. PROGRAM AND SERVICE DESCRIPTIONS

#### 1. Monthly Caseworker Visits

Frequent, quality contact between the CWSB caseworker and the child are the cornerstone to successful casework. Hawaii prioritizes monthly caseworker face-to-face visits with children. When discussing the matter with caseworkers, they state they know that the expectation is that they see every child on their caseload face-to-face every month. Although staff are aware of this expectation, Hawaii has not been successful in ensuring these visits.

Please see Data Booklet, Figures 39-41 on Worker Visit Survey. The data displayed in these four figures is from the annual Title IV-B Worker Visit Survey. In Hawaii, due to limitations of the data system, only a sample of children are reported in the survey each year – this sample is roughly 20% of the applicable children statewide.

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

Figure 39: Worker Visit Survey FFY 2015 – FFY2019 and Figure 41: Worker Visit Survey Percentage of Monthly Visits to Child's Home FFY 2015-2019, show how, over the past five years, Hawaii has continued to struggle to meet the national Standard of 95% monthly caseworker visits with children in foster care. With some of the strategies outlined below and in the discussion *Section V.B.1.a. CFSR Item 14: Face-to-face contact with children*, CWSB is optimistic about improvement.

Hawaii has been more successful in consistently exceeding the National Standard of 50% of caseworker visits with the child being in the home where the child is living. This data is shown in Figure 39: Worker Visit Survey FFY 2015 – FFY2019 and Figure 41: Worker Visit Survey – Percentage of Monthly Visits to Child's Home: FFY 2015 – 2019. Each year, Hawaii has exceeded the 50% standard, ranging from a low of 53% in FFY 2016 to a high of 65% in FFY 2015.

The most useful of the Worker Visit Survey data figures is Figure 42: Worker Visit Survey – Reasons for Lack of Visit – FFY 2019, because this figure provides insight into Hawaii's challenges in caseworkers seeing the children on their caseloads every month. Each year, when Hawaii gathers data for this survey, when there is a missed visit, the caseworker is asked why the visit did not occur. The data in Figure 42: Worker Visit Survey – Reasons for Lack of Visit – FFY 2019 is from caseworker self-report. A more complete description of each coded reason is provided here.

**a. No Documentation/Unknown**

(The reason for 285 missed visits out of a total of 673 missed visits in FFY 2019)

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

Through its current CFSR Program Improvement Plan (PIP3), Hawaii has implemented two key strategies to help address this problem. One is the Worker Visit Tracker in the SHAKA database, which allows caseworkers, supervisors and administrators to easily view which required monthly face-to-face visits have and haven't happened each month. The Tracker pulls this data directly from the documented logs in the CPSS database, thereby indirectly encouraging documentation of all visits. Working hand-in-hand with the Tracker is Hawaii's new focus on structured monthly supervision between caseworkers and their supervisors. In these supervision meetings, the Tracker content is reviewed, and documentation challenges are addressed.

**b. Workload**

(The reason for 125 missed visits out of a total of 673 missed visits in FFY 2019)

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

In addition to the structured monthly supervision mentioned above in *a. No documentation/Unknown*, which helps caseworkers prioritize their conflicting demands, starting in the first quarter of its PIP, Hawaii CWSB closed hundreds of inactive cases, which allows caseworkers to focus on the cases that need attention. Also, in January 2020, CWSB staffed its new Special Team, which is deployed to units throughout the State, as needed, and has already assisted two short-staffed sections (West Hawaii and Maui) in closing inactive cases and responding to intakes.

**c. Scheduling Problems**

(The reason for 139 missed visits out of a total of 673 missed visits in FFY 2019)

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

Use of the newly implemented Worker Visit Tracker, in conjunction with structured monthly supervision, is helping to address this problem.

**d. ICPC Issues**

(The reason for 4 missed visits out of a total of 673 missed visits in FFY 2019)

When a child is placed in another state via ICPC, CWSB works to set up monitoring visits for that child in the new location with a local social worker. Unfortunately, the child is often placed in the new state without those arrangements being fully in place, and visits are then missed. Often during this gap period, the Hawaii caseworker will Skype, call, and/or text the child to try to ensure his/her safety, but since the contact is not live face-to-face contact, these are counted as missed visits. Hawaii is pleased to see that this number was lower in FFY 2019 than it had been in past years.

One way that Hawaii has been working to address this problem is by workers more clearly expressing to judges their concerns about the judges prematurely ordering a child's placement in another state without visits being arranged in the receiving state to ensure ongoing safety.

**e. Youth on the run**

(The reason for 50 missed visits out of a total of 673 missed visits in FFY 2019)

When a child in foster care runs away from placement, Hawaii follows a Missing Children protocol to try to find the child. Even if the caseworker is successful in having some contact with the child in a given month, if that contact was not face-to-face, this still counts as a missed visit. Hawaii surmises that this problem may be more pronounced in the State because the consistent warm weather allows people to live outside more easily.

With support from administration, caseworkers are learning and using a variety of social media platforms to track down and communicate with youth on the run in efforts to increase contact and ensure their safety. Additionally, staff are trained and mentored in engagement strategies and the use of trauma and healing informed care, which Hawaii anticipates will aid in creating rapport between caseworkers and



youth, thereby increasing communication and face-to-face visits, even when youth are living on the street.

**f. Transfer or Courtesy Case**

(The reason for 30 missed visits out of a total of 673 missed visits in FFY 2019)

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

With increased structured supervision, Hawaii anticipates the amelioration of this problem. Administrators and supervisors are also working to reinforce the practice of completing a face-to-face visit prior to any transfer, and completing a face-to-face visit immediately upon receipt of a transferred case.

**g. Worker Oversight**

(The reason for 40 missed visits out of a total of 673 missed visits in FFY 2019)

Worker oversight is as it implies, that the worker made a mistake and forgot to see the child. Failure to remember important job responsibilities could be a symptom of overwork, and therefore some of the strategies in the discussion *Section V.B.1.a. CFSR Item 14: Face-to-face contact with children* may prove useful.

Although the missed visits due to worker oversight can be viewed as simple human error, and one can imagine that some percentage of missed visits is unavoidable, Hawaii is confident that this category of missing visits will disappear with the Worker Visit Tracker's statewide integration into daily practice.

**2. Inappropriate Diagnoses**

Over the last five years, CWSB has made great strides in protecting youth in care from both inappropriate diagnosis and out of state facility placement. CWSB continues to take a variety of measures to monitor diagnosis and prevent inappropriate diagnosis as well as placement in appropriate settings based on level of need. Measures include consultation from the Multidisciplinary Team, training, and collaboration with other agency partners.

This Multidisciplinary Team includes an APRN who has oversight of all youth in care for whom psychotropic medication is prescribed, and is tasked with reviewing each of those cases for appropriateness of medication and bringing any concerns to the treatment team for further review. Consultation is also available for all children with medical and mental/behavioral health needs.

CWSB staff has received training on psychotropic medication in the foster youth population and understands the importance of proper diagnosis and the potential dangers of psychotropic medication.

Through extensive collaboration and partnership, CWSB has monthly scheduled meetings with the Department of Health, Child and Adolescent Mental Health Division (CAMHD) and the Medquest Division (MQD). Monthly meetings, as well as impromptu communication, help coordinate care and services for CWSB involved children with placed in treatment facilities and children with complex, cross system needs. Goals include effectively transitioning children back into their communities as quickly as safely possible, and preventing facility placement or placement disruptions altogether.

The meetings also serve as a platform to discuss needs related to systemic issues, policies, and services. Through regular meetings, the group recognized the need for a higher level of care when children are released from a facility or when their parents or resource caregivers are not able to meet or manage the child's mental/behavioral health needs. This led to the collaborative development of a multi-agency (CAMHD, CWSB, and the Alcohol and Drug Abuse Division) funded crisis resource to stabilize youth and quickly bring a team together to identify needs and coordinate resources and services. The crisis residential stabilization program is available to any youth, regardless of the youth's existing participation in one of the state care systems. This resource, opened in the summer of 2019, has successfully served youth and families and has been a positive addition to the spectrum of care.

Building on the success of collaboration, the Office of Youth Services has partnered with CWSB to provide funding for Intensive Home-Based Services, using the Homebuilders model, for families involved with or at risk of further involvement with the juvenile justice system. Broadened access to resources in crisis situations may help families obtain the services they need when they need it and prevent further involvement with additional agencies.

## **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/youth, parents, and resource caregivers**

Refer to the 2021 Hawaii APSR Data Booklet, Figure C12 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 95 Cases Reviewed  
25 Strengths, 70 ANI

## **PURPOSE**

This item is to determine whether, during the period under review, the agency: (1) made concerted efforts to assess the needs of children, parents, and resource caregivers (both initially, at the child's entry into foster care if the child entered during the period under review, 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 (2) provided the appropriate services.

## **SUMMARY**

In 25 of 95 cases (or 26% 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 provide the appropriate services.

Seventy cases (or 74%) were rated as needing improvement. Irregular monthly caseworker contacts negatively impacted this performance item. Without contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the services met their needs and that progress was being made with those services toward the case goals.

### **b. CFSR Item 12A: Needs assessment and services to children**

SFY 2019: 95 Cases Reviewed  
52 Strengths, 43 ANI

## **SUMMARY**

In 42 of the 95 cases (42%), initial and/or ongoing comprehensive assessments were not conducted that accurately assessed children's needs.

In 40 of the 95 cases (42%), appropriate services were not provided to children to meet their needs. In 4 cases, services were not provided for Independent Living Skills.

## **DISCUSSION**

Concerted efforts to assess the needs of children, parents, and resource caregivers and to provide the appropriate services to achieve case goals and adequately address the relevant issues have shown a sharp continual decline in the strength rating from SFY 2015-SFY 2019. From SFY 2015's strength rating of 65%, to a strength rating of only 26% in 2019, shows a decline of 39% in 5 years.

Reviews for cases during the period under review indicated a 9% decline since last year, in completed comprehensive assessments for children, and an 11% decline in the provision of needed services for children. Without appropriate assessments, identification and provision of appropriate services does occur.

Many factors contributing to this decline, including, lack of worker visits, lack of quality staff supervision, lack of staff, lack of staff tracking and monitoring of cases, and lack of documentation in the case record.

Lack of worker visits especially will impede the case progress and the provision of services to enable successful reunification of the child and family. Lack of staff and high caseloads are contributing factors. In an effort to alleviate both, CWSB has continued to use the *wiki wiki* hiring process, a collaborative effort between DHS Personnel Office and the Hawaii State Department of Human Resources. To date, 59 new social work staff and 39 support staff have been hired.

The provision of training, including core, on-going and refresher, to CWSB staff is seen as a critical component of the CWSB plan to support workers and engage families. In SFY 2020, will be adding new and enhanced components to the existing curriculum, such as interviewing/conversational skills designed to support the worker's ability to engage families. By July 2020, an on-line refresher module will be made available to staff and supervisors.

Inconsistent supervision is also believed to have contributed to the decline in this area. Consistent monthly supervision between supervisor and social worker would give the supervisor an opportunity to identify families that the social worker has not visited, reasons for not visiting, and a follow-up action plan. For the next two years, supervision, as part of Hawaii's PIP3 activities will receive much attention and work. Through the PIP3 activities, Hawaii continues to provide support for: training supervisors on staff supervision and coaching; eliminating the supervisor's caseload to increase the supervisor's available time for staff supervision and coaching; implementing the worker visitation tracking system; training on monthly case staffing; continued reinforcement of the importance of visitation by staff. This continual reinforcement and support of staff will improve services to meet the needs of children and families and an upward trend towards improvement should be seen by next year.

**c. CFSR Item 12B: Needs assessment and services to parents**

SFY 2019: 83 Cases Reviewed  
18 Strengths (22%), 65 ANI (78%)

For mothers:

- In 55 (66%) of the cases reviewed, initial and/or ongoing comprehensive assessments were not conducted that accurately assessed mothers' needs. In 6 of these cases, concerted efforts were not made to locate mothers.
- In 52 (63%) cases, appropriate services were not provided to mothers to meet their needs.
- Lack of ongoing face-to-face contact was a factor in most of these cases.

For fathers:

- In 57 (69%) cases, initial and/or ongoing comprehensive assessments were not conducted that accurately assessed fathers' needs. In 5 of these cases, concerted efforts were not made to locate fathers.
- In 54 (65%) cases, appropriate services were not provided to fathers to meet their needs.
- Lack of ongoing face-to-face contact was a factor in most of these cases.

## **DISCUSSION**

Thorough assessments, matching needs to services and resources, and monitoring through ongoing contact are elements that assist in achieving this item. Newly implemented PIP 3 strategies on assessment and matching needs to services/resources, worker visit trackers with parents, and monthly supervision of case worker practice were designed to improve the outcomes for this item.

During November 2019 through January 2020, safety and risk assessment training was completed for all CWSB and VCM case workers. One component of this training focused on the importance of comprehensive information gathering to understand the family. Comprehensive information gathering in domains describing overall parenting, discipline, and adult functioning, will enhance the worker's ability to assess and identify needs and resources for parents. The training also included identifying services and resources to effect behavioral change in areas of concern while building on parent and family strengths.

Clarification of the role of the case worker in assessing and supporting parents, part of a permanency strategy, may also assist in strengthening practice.

The monthly worker visit with parents tracker may also be an effective tool for workers and supervisors to track the completion of monthly visits with parents. Monthly contact may improve communication and monitoring of service intervention and progress for parents. The tool provides current, real-time information on visits when information is entered into the database. It can be used daily and in monthly supervision of case workers with supervisors.

Supervision and coaching training have been enhanced to improve practice that affects multiple items, including worker visits and case progress. The supervisor's monthly consultation and tracking of key activities with workers may lead to more regular review and discussion of parents' engagement in service planning, needs and services identified for parents, and progress towards reunification. Increased discussion of case direction and progress may help workers course correct early and adjust services for parents to effectively meet their needs and address the concerns that resulted in involvement with child welfare services.

In addition to the three (3) strategies mentioned above, initial and ongoing Ohana Conferencing may further support this item. Ohana Conferencing provides a collaborative venue to engage parents early on, identify needs and services, and continually facilitate the team to jointly contribute to, adjust, and monitor family and case progress.

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

Refer to 2021 ASPR Data Booklet, Figure C13 for the SFY 2015-2019, five year strengths rating.

SFY 2019: 90 Cases Reviewed  
31 Strengths, 59 ANI

**PURPOSE**

This item is assessed to determine whether efforts were made to involve parents and children (if developmentally appropriate) in case planning.

**SUMMARY**

In 31 of 90 cases (or 34%) 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 in 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 and engage parents and children contributed to strength ratings.

Fifty-nine cases (or 66%) were rated as needing improvement. In many of these cases, the infrequency of contact and quality of contact did not allow for the children and parents to be engaged in case planning. Parents and children in these cases were not seen monthly, and in some cases, for several consecutive months. Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.

- In 36 of 69 applicable cases (or 52%), concerted efforts were not made to actively involve the child in case planning.
- In 48 of 73 applicable cases (or 66%), concerted efforts were not made to actively involve the mother in case planning.
- In 49 of 63 applicable cases (or 78%), concerted efforts were not made to actively involve the father in case planning.

## **DISCUSSION**

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

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

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

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C14 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 95 Cases Reviewed  
42 Strengths, 53 ANI

## **PURPOSE**

This item is assessed to determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

## **SUMMARY OF DATA**

In 42 of 95 cases (or 44% 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, resource caregivers 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-three cases (or 56%) were rated as needing improvement.

- In 49 cases, the frequency of contact with the child(ren) was less than monthly. In some cases, children were not seen for consecutive months at a time. It was often difficult to tell why contact was not made in cases, but case transfers (from investigator to permanency worker; from worker leaving DHS to the receiving worker; from DHS to VCM and VCM to DHS) appeared to account for several cases. Also, patterns of monthly contact were observed for caseworkers across cases where some caseworkers visited children regularly on multiple cases and some caseworkers did not visit children on multiple cases.
- In 37 cases, the quality of visits with the child(ren) was not of sufficient.
  - Interviews with children did not sufficiently address safety, permanency, and well-being (26 cases).
  - Child(ren) were not met with alone, and efforts were not made to meet alone (7 cases).
  - Information from documentation and interviews did not describe sufficient quality and the caseworker was not available for interview due to employment change (some cases).



## DISCUSSION

Hawaii CWSB knows that frequent, quality contact with children translates directly to improved outcomes. A key activity of Hawaii's CFSR PIP is to track and monitor frequency of face-to-face visits between caseworkers and children. The tracker for face-to-face visits between the workers and children was implemented toward the end of SFY 2019. Staff have been slow to use the tracker regularly, but this is improving with the implementation of structured monthly supervision. Statewide supervisors have been encouraged to review caseworker visits via the tracker with their staff at least monthly, and to work with their staff to prioritize work to help ensure all children are seen monthly. Additionally, with the PIP3's focus on improved supervision, supervisors will soon be better able to guide, coach, and support caseworkers in completing quality visits with children.

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C15 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 78 Cases Reviewed  
13 Strengths, 65 ANI

## PURPOSE

This item is assessed to determine whether the frequency and quality of visits between the caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

## SUMMARY OF DATA

In 13 of 78 cases (or 17% 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-five cases (or 83%) are rated as needing improvement. According to supervisors and caseworkers that were interviewed, a combination of staff turnover and workload were factors to not seeing parents. Limited documentation resulted in much information being unknown.

- For mothers: in 55 of 73 applicable cases, the typical pattern of visits with the mother was not monthly. In 15 of these cases, there were no visits with mothers.
- For mothers: in 37 of 58 applicable cases, visits with the mother were not of quality. In 13 of these cases, the usual location of the visits was limited to Family Court, Ohana time, or CWSB offices. In 11 cases, meaningful conversations with mothers did not occur, as issues related to case planning, services, and goal achievement were not discussed.
- For fathers: in 51 of 63 applicable cases, the typical pattern of visits with the father was not monthly. In 13 of these cases, there were no visits with fathers. In 2 cases, fathers were incarcerated.
- For fathers: in 37 of 50 applicable cases, visits with the father were not of quality. In 11 of these cases, the usual location of the visits was limited to Family Court, Ohana time, or CWSB offices. In 9 cases, meaningful conversations with fathers did not occur, as issues related to case planning, services, and goal achievement were not discussed.

## **DISCUSSION**

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

Hawaii is focusing on improving CWSB staff's engagement with parents in its PIP. Hawaii knows that children achieve permanency faster (reunification, adoption, or legal guardianship) and more safely, when parents are actively involved with the case. Building rapport with parents is vital to their involvement.

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

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C16 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 65 Cases Reviewed  
43 Strengths, 22 ANI

## **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.

## **SUMMARY OF DATA**

In 43 of 65 cases (or 66% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In some of these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs.

Twenty-two of the cases (or 34%) were rated as needing improvement.

- In 20 cases, (13 Foster Care, 4 CWSB, 3 VCM) initial and/or ongoing assessments of the children's educational needs were not completed.
- In 22 cases, (15 Foster Care, 4 CWSB, 3 VCM) efforts were needed to address educational needs and provide appropriate services. Examples of services that were needed but not provided included: oversight to ensure appropriate services to meet children's needs; tutoring or academic support; DOH and DOE services to address children's academic and behavioral needs; and services to address school attendance issues, speech-related and developmental delays, and pre-school enrollment.

## **DISCUSSION**

CWSB continues to collaborate with DOE to address the individual educational needs of children. Activities during the last five years have focused on educating the foster care system on the importance of educational stability for a child in foster care and achieving educational stability by maintaining children in their home schools when possible. With the passage of ESSA, DOE joined in CWSB's mission to ensure educational stability. DOE and CWSB continue to work toward an integrated system of information sharing and will be finalizing an MOU to facilitate an electronic interface for data sharing.

A taskforce composed of CWSB, DOE, and interested court entities including the CASA program, a GAL, and CIP, was created to draft a MOA supporting joint DOE and CWSB Best Interest Determination decisions to ensure educational stability when a youth enters foster care or has a placement change. Once the MOA is approved, policies and procedures within both agencies will be revised and joint training will be rolled out statewide for all CWSB and DOE staff. The MOU and MOA are momentous steps toward sharing responsibility and information between the Departments and should allow for more seamless transitions of youth in care of both systems.

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

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C17 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 73 Cases Reviewed  
45 Strengths, 28 ANI

#### **PURPOSE**

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

#### **SUMMARY**

In 45 of 73 cases (or 62% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. Pre-placement examinations were common. In some cases, resource caregivers, unit aides and assistants initiated and followed up on much of the work needed to meet children's medical and dental needs.

Twenty-eight of the cases (or 38%) were rated as needing improvement.

- In 19 cases, (14 Foster Care, 4 CWSB, 1 VCM) assessments were not completed to determine the child's physical health needs.
- In 16 cases, (12 Foster Care, 4 CWSB) assessments were not completed to determine the child's dental health needs.
- In 7 foster care cases, appropriate agency oversight of the child's prescription medication(s) was needed.
- In 18 cases, (13 Foster Care, 4 CWSB) appropriate services were needed to address the child's physical health needs, but were not provided.
- In 14 cases, routine physical health exams were needed.
- In 4 cases, oversight/monitoring of the children's medical issues was needed.

- In 1 case, speech delay was not appropriately addressed.
- In 18 cases, (14 Foster Care, 4 CWSB) appropriate services were needed to address the child's dental health needs, but services were not provided.
- In 8 cases, routine dental exams/cleanings were not provided to children.

## **DISCUSSION**

Although there has been no decline in this item, there hasn't been any improvement either.

The PIP3 trainings provided recently included the topics of physical and dental health. As an outcome of these trainings, staff performances should show an improvement by next year in the assessment of the child's medical and dental health needs. CWSB staff recently received training in case staffing that provided procedures and practice guidelines for case monitoring and review; with more oversight by supervisors for each case, this should decrease the ANI results for this item.

Under PIP3, trainings were provided for supervisors and administrators on coaching and supervision which will provide more support for CWSB staff. PIP3 also addressed the supervisor caseload issue by not allowing supervisors to carry cases, as much as possible, which will provide more time for quality staff supervision and more time for case review and analysis.

Staff shortage is being addressed through the Wiki Wiki hiring process. Hiring additional staff will decrease workload and allow staff to spend more time on their cases, making better assessments and providing follow-up for services for children, including the medical/dental services.

There has been no further development on the tickler system in SHAKA for medical/dental follow-up and will be addressed with the SHAKA team to implement.

Monitoring monthly, quality face-to-face visits with children, another area needing improvement, will help support staff in increasing the number and quality of their assessments, which can help determine the medical/dental needs of the children. Follow-up on medical/dental appointments by the CWSB worker need to be tracked to ensure that the resource caregiver or the CWSB staff can take the child to the appointment timely.

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C18 for a chart of the SFY 2015-2019 five year strength rating for this item.

SFY 2019: 78 Cases Reviewed  
37 Strengths, 41 ANI

## **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).

## **SUMMARY OF DATA**

In 37 of 78 cases (or 47% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed in setting up appointments and transporting children.

Forty-one cases (or 53%) were rated as needing improvement.

- In 37 cases, (23 Foster Care, 10 CWSB, 4 VCM) assessments were not completed initially, or ongoing, to assess child's mental/behavioral health needs to inform case planning decisions.
- In 3 foster care cases, appropriate oversight of prescription medication for mental/behavioral health was not provided.
- In 38 cases, (24 Foster Care, 11 CWSB, 3 VCM) appropriate services were needed to address the child's mental health.
- In 12 cases, caseworker oversight was needed with regard to assessment and treatment of children's significant mental health needs (such as suicide ideation, depression, self-harm).
- In 9 cases, a formal assessment was not completed, so services could not be identified.
- In 6 cases, although children were exposed to domestic violence (some resulted in a confirmed threat of abuse allegation), needs were not assessed and addressed.
- In 4 cases, no services were provided although they were identified as being needed.
- In 3 cases, the child was not regularly attending needed mental health therapy, but this issue was not addressed.
- In one case, individual and/or family therapy was identified as a need and not provided.
- In 3 foster care cases, agency oversight was needed for administering of the child's psychotropic medication.

## **DISCUSSION**

CWSB procedures require that foster children be referred for a mental health assessment or screening within 45 days of placement. Confirmed child victims of

abuse or neglect, and children served in their homes, must be referred within 60 days of intake or sooner, if appropriate. Based on the information in the case review data above, there is a need to strengthen assessments and coordination and monitoring of services and interventions. Increasing the quality and frequency of worker visits will support ongoing assessment and coordination.

Recent PIP 3 strategies may assist in improving this item. The training on safety and risk assessments also focused on information gathering to understand the family. The information collection includes a domain on child functioning. Based on thorough information gathering the workers may be better able to assess and identify needs and resources for children. Clarification of the role of the case worker as part of a permanency strategy may also assist in strengthening practice.

In addition to safety training, supervision and coaching has been enhanced to improve practice that affects multiple items, including behavioral health outcomes. Consultation, review, and tracking of key activities with workers may lead to the completion of mental health assessments within 45 days of entry into foster care and other procedural requirements that support the outcome items, including discussion and follow-up to access resources to meet any identified needs.

Over the past years, training and support has been provided to caregivers with an emphasis on understanding trauma and its impact on child behavior, and the strategies and resources that are available to assist caregivers caring for children in foster care. In addition, the focus on prudent parenting and normalcy for children in foster care may positively impact case workers and caregivers, as well as the larger system's partners to engage and support children in foster care. Other factors that may further improve children's their well-being, include using a more enhanced and holistic approach with connections to resources and activities that strengthen the children's protective factors, such as participation in pro social activities and positive connections with peers and caring adults.

## **SECTION VI. SYSTEMIC FACTORS**

### **A. STATEWIDE INFORMATION SYSTEM**

#### **1. Child Protective Services System (CPSS)**

Since 1989, Hawaii's child welfare's system has been a legacy data base system, known as the child protective services system (CPSS), which continues to be the system of record for Child Welfare Services Branch (CWSB) and Adult Protective Community Services Branch (APCSB). CPSS is managed by DHS Office of Information Technology (OIT) staff as well as a contracted vendor. One of the OIT staff tasks is to support CPSS' capacity for production support and system maintenance tasks. OIT staff ensure that batch jobs are successfully run on schedule and resolve any job abends by working with the consultant and notifying affected users.

CPSS stores all information of confirmed perpetrators of child/adult abuse/neglect in a registry known as the "Central Registry" which allows CWSB and APCS to provide employment background clearances for potential employers. CPSS information is not available to the general public. CWSB unconfirmed cases are also stored in CPSS, but are only available to CWSB for future risks and safety assessment, as authorized by CAPTA. CPSS continues to collect, store, extract and help generate NCANDS, NYTD, and AFCARS reports to ACF.

In 2019, the OIT staff participated in several activities/projects including: the CAPTA improvement plan regarding the central registry; proof of concepts projects; data cleaning efforts to address CPSS data quality; streamlining of data processing; and working with staff development office in training new staff on CPSS and re-fresher training sessions. OIT staff continues to work with CWSB staff on data clean up prior to each AFCARS transmission to ACF.

#### **2. State of Hawaii Automated Keiki Assistance System (SHAKA)**

The UH Maui College Software Development team continues the development and enhancement of the supplemental data information systems for DHS better known as the SHAKA system. The three user facing components of this system are known as CWS SHAKA, APS SHAKA, and ShakaTown, the youth centered portal.

Primary CWS SHAKA activities included the development of a PIP3 Worker Visit Tracker, an innovative method of gathering, aggregating and reporting the completion status of monthly visits with children and parents. This tracking function cannot be done easily in CPSS. As workers began using the system, the data fidelity as entered into the CPSS system and the limited means by which CPSS data was made available to SHAKA were identified as obstacles. This is currently overcome through a development feedback cycle coordinated by Program Development which continues to iteratively improve on



data gaps once identified. Other PIP3 related tools developed included a calendar to help track and coordinated PIP3 related meetings and activities.

Ongoing CWS SHAKA activities include the bi-annual Federal ACF NYTD submissions for ILP services and mandatory NYTD cohort follow-up surveys, extended assistance program application management and case services for ETV/Higher Education Stipends and Imua Kakou, final year Title IV-E Waiver data reporting for CRT and SPAW services, monthly data imports, VCM case provider portal services, storing on-line CWSB procedural manuals, and policy internal communications forms, and ShakaTown youth extended assistance and information portal. These system functions/processes will continue to be maintained for the foreseeable future.

Planning for FFPSA data system activities has begun and implementation will commence in the first quarter of Federal Fiscal Year 2020.

SHAKA has proven the serious needs for CWSB to develop and build a web-based system that should be the one system of record, instead of having two systems (CPSS and SHAKA) which duplicate the staff's efforts and could impact the quality of data.

### **3. Comprehensive Child Welfare Information System (CCWIS)**

Hawaii continues its effort to design, develop and implement its comprehensive child welfare information system (CCWIS). In 2014, CWSB began efforts to develop a Statewide Automated Child Welfare Information System (SACWIS). However, when the CCWIS final rule became effective on August 1, 2016, Hawaii changed its focus to CCWIS, and submitted its intention to build a Hawaii CCWIS.

At this time, DHS is taking a modular approach to competitively bid, procure and implement its CCWIS. The modular approach allows OIT staff participation, with the goal of OIT eventually taking over some of the maintenance and operations.

In 2020, while working on its CCWIS plan, CWSB decided to procure a licensing solution to expedite and enhance licensing functions which will be integrated into CCWIS later. By mid- 2020, CWSB will finalize the work agreement regarding this licensing solution. The Licensing Module is a cloud- based function that provides enhanced tracking of licensing, training and recertification requirements to ensure families are properly certified and licenses are renewed timely. This solution which include three modules: 1) Licensing, 2) Placement and 3) Public Recruiting site. The Placement Module will help make a child's first placement their best placement by matching families and children based on the child's identified needs, such as sibling placements, with resource caregiver's abilities and preferences and geographic areas to maintain the child in the schools and communities. The Public Recruiting Website provides an informative, modern website for potential foster/adoptive parent that allows applicants and workers to track and complete the licensing process online. Applicants learn about

the process of becoming a resource parent, and DHS can provide consistent and up-to-date information on fostering, adopting and volunteering, frequently asked questions on the process, and testimonials from existing resource parents.

Hawaii continues with its Program Improvement Plan for AFCARS and is very close to successfully completing this PIP.

## **B. CASE REVIEW SYSTEM**

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

The case plan is defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4 and consists of a report of the safe family home factors and the service plan or permanent plan. The HAR requires that all children and families under the jurisdiction of the department, and assessed as needing ongoing child welfare casework services, have a written case plan. For in-state cases, this written case plan must be developed with the family, written and approved, no later than sixty days following the date of the receipt of the report of abuse or neglect.

The Safe Family Home Report (SFHR) discusses each of the safe family home factors that is applicable to each family and, unless otherwise ordered by the court, must be filed, along with the service plan, with the petition for jurisdiction, and within 15 days before a scheduled return hearing, periodic review, permanency hearing, and termination of parental rights hearing, pursuant to HRS §587A-18.

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

Hawaii's case review data for SFY 2019 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 31% or 18 of 59 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 19% or 10 of 52 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 2019. 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, were involved in case planning through evidence documented in the case file,

narratives, or interviews, unless parental rights had been terminated. Reviewers documented their findings on a review tool, which was then verified by CQI staff.

The targeted review results for SFY 2019 show the following:

- a. Of the 62 applicable cases, 48 cases files (78%) contained a current Safe Family Home Report. Fifteen cases (23%) did not contain a case plan.
- b. Of the 43 applicable cases, seven (7) case plans (16%) were developed with the mother.
- c. Of the 39 applicable cases, seven (7) case plans (18%) were developed with the father.

The targeted reviews for this topic for SFYs 2015-2019 found a steady decline in the efforts to include parents and children in case planning. Of the cases reviewed for SFY 2015, 59% of the case plans were developed with the mother while 45% were developed with the fathers. These figures plummeted over the last five years, so that by the reviews for SFY 2019, found that only 16% of the case plans had been developed with mothers, and 18% developed with fathers. The continued decline in the case planning with parents reflects the continued challenges with lack of staffing, tracking of visits, and the need to enhance the quality of supervision regarding the quality of worker visits with parents.

Please refer to the 2021 Hawaii APSR Data Booklet, Figure 46a, Percentage of Case Plans Developed with Mothers and Fathers, SFY 2015-2019.

Please see *Section V. Family Engagement and Child Well Being, B. Updates, Goals, Measures, Progress, and Action Steps, 1. CFSR Well Being Outcome 1, Item 13 Engagement of child and parent in case planning* for a further discussion of this trend.

Written case plans are not coded in CPSS, or in the Family Court's database. However, CWSB plans to include this tracking function in CCWIS. To engage the family and be able to develop appropriate case plans, the CWSB staff need to have regular visits with the families and the time to discuss case direction, progress in services and the case plan with the family, especially when there are any changes being planned for the service plan. CWSB has completed the incorporation and implementation on the various approaches into the PIP3 to help support staff, including the following:

- a. Use of the Wikiwiki expedited hiring process to increase staffing and lighten caseload;
- b. Reinstatement of the SHAKA Monthly Contact Tracker to track worker monthly worker face-to-face visits with parents;

- c. Developed guidelines for staff on how to conduct quality monthly visits with parents;
- d. Extensive supervisory training and coaching practice to help improve the quality of worker contact with families;
- e. Limited caseloads for supervisors to allow more supervisory coaching time with their staff regarding client engagement;
- f. Training and development of procedures for monthly case staffing to review a worker's caseload and conduct individual case analysis, case direction;
- g. Strengthen the use of Ohana Conferencing, through clarification of the mandatory procedures for initial Ohana Conferences and subsequent re-conferences, to enhance the engagement of families in case planning.

The Safe Family Home Report and Permanent Plan were recently revised to support improved practice, especially with concurrent planning and in accord with the PIP3 requirements of Cross-cutting theme 4: *DHS and the Court will urgently pursue timely permanency for children in foster care*. Timely permanency focused on the concurrent planning process to achieve the goals of reunification, adoption, legal guardianship or another planned permanency living arrangement or APPLA. Documentation of the concurrent plan was often missing from the SFHR.

In alignment with the PIP3 emphasis on achieving permanency timely, the formatting of the SFHR was streamlined during revision to make it more staff friendly and easier to read. A concurrent section was added to make the concurrent goal clearer and easier to understand. Hard-copy instructions and guidelines were created for staff reference while writing the report.

In addition to the SFHR, the Permanent Plan was also revised and re-formatted, to make the document more user friendly and easier to read.

Training on the revision of the written case plan will be occurring statewide for all social workers.

The procedures for Concurrent Planning were revised to explain the value of concurrent planning in enabling families to reach a permanency goal in a timely manner, and to clarify the timelines for attaining permanency. The revised procedures emphasized the concurrent goal being established from day 1 of the child's removal from his/her home. To help support staff in the difficult discussion with parents regarding concurrent planning and the permanency goals of adoption or legal guardianship, an example of a script that social workers could use with the parents was provided for staff. A concurrent planning brochure for parents was also developed. By reviewing this with the parents, the social workers can help the parents understand the department's process for determining if a child can be reunited with their parents, and explains the mutual responsibilities of the parents and the social workers to move their case quickly

to achieve one of the permanency goals for the well-being of their child. With supervisors and staff tracking the timelines, a marked improvement in successful, timely reunifications should be attained.

Through various meetings and discussions with the Judges, DHS has kept the Court informed about the emphasis on concurrent planning and timely, and the changes to the SFHR and the Permanent Plan. Revision to the judges' benchcards emphasized the importance of concurrent planning goals rather than sequential goals.

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

Please see Data Booklet Figure 44: Periodic Reviews Achieved Timely FFY 2015B – 2019B for a graphic representation of the timeliness of review hearings during the FFY periods 2015B through 2019B. Within the last five years, DHS has consistently rated 95% or higher, with the exception of 90% in FFY2018B.

This is an area of strength for Hawaii but in collaboration with the courts and the Deputy Attorney Generals (DAG), CWSB has determined there are improvements that can be made to enhance the current periodic case review system.

Hawaii Revised Statutes 587A, The Child Protective Act, states that family court hearings must be held at intervals no longer than six months. This requirement is also contained in the Judiciary's Child Protective Act Benchbook, which is provided to each Family Court judge as a resource. Family Court judges, judicial clerks, Deputy Attorney Generals, GALs, CASAs, parent counsel, and CWSB staff have also been trained on statutory timelines for dependency hearings.

CPSS has the ability to capture information on permanency and on-going six-month periodic reviews, as required for AFCARS data. The challenge is supporting and ensuring that CWSB staff input the periodic reviews data into CPSS in a timely manner. Small group refresher training and quarterly meetings with support staff who assist caseworkers with data entry are two of the efforts aimed at supporting staff and ensuring timely and accurate inputting of periodic review data into our system. On-going pre-submission reviews of AFCARS errors with front line staff have also helped minimize errors.

CWIS is being designed to include fields and screens that will make it easier to input information about periodic review hearings and track and monitor information and timelines.

Following the enactment of HRS 587A, training was provided for the DAGs, Family Court Judges, judicial staff, GALs, CASAs, and parents' attorneys. To ensure hearings are held at appropriate intervals, at each periodic review hearing, DAGs prepare the court's orders with findings, specific orders, and the date and time of the next hearing. The

orders are provided to all parties and attorneys to the case. The support of the judicial staff to ensure hearings are scheduled and heard timely has been extremely helpful. Periodic reviews are also coded as events in the Judiciary's database and can be extracted if formal requests are approved.

The ongoing collaboration between DHS and Family Court on periodic reviews has resulted in positive changes but there are still improvements that can be made. One area that has been identified is the statewide standardized identification of hearing type in the post-hearing court orders. CWSB plans to work with the courts and the DAG to decrease and eliminate inconsistencies in court orders between circuits that can make it difficult to identify whether the hearing was a periodic review or a permanency hearing.

DHS and CIP continue to coordinate and facilitate ongoing collaborative quarterly meetings to discuss permanency, PIP initiatives, and other concerns for which CWSB, the Family Court and the DAG have mutually agreed can improve the functioning of the periodic case review system.

### **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 commencing with the first permanency hearing.

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

- a. The appropriate permanency goal for the child, the Department's efforts to finalize that permanency goal, and the projected date to achieve the permanency goal;
- b. The projected timetable for reunification and the transition of the child from foster care to the family home, if that is determined to be an appropriate permanency goal;
- c. The appropriateness of the child's in-state or out-of-state placement, how that placement contributes to the permanency goal for the child, and why that placement is in the best interest of the child;
- d. Whether the child is placed with siblings or, if siblings are not placed in the same household, visitation with siblings;

- e. The services provided to the family, the extent to which each party has complied with the case plan, and outcomes of the services; and
- f. The services provided to assist an age appropriate child with transitioning to independent living, if applicable.

For SFY 2019, statewide there were 26 applicable cases, with a total of 36 permanency and/or permanency review hearings. Twenty-five cases (96%) had a permanency hearing no later than 12 months from the child's entry into foster care or every six months for children in permanent custody. There was one case (4%) that did not have a permanency hearing, or the hearing was not timely.

#### Discussion:

Through its' PIP3 efforts, Hawaii developed a monthly supervisory tool, and revised its concurrent planning procedures to include development and implementation of a checklist, a concurrent planning brochure staff can use with families, and a visual timeline tracker to help staff stay mindful of target dates which will assist with increasing and achieving permanency goals. Another PIP3 initiative is a newly developed permanency training curriculum and training of all staff statewide. The training places an increased emphasis on the importance of permanency planning beginning with receipt of the case and during the ongoing casework process.

These permanency PIP3 activities will ensure casework staff have clear understanding of the importance of timely permanency, and will have the tools to track and monitor critical timelines for moving children through the process of court hearings in order to achieve timely permanency.

At this time, permanency goals must be tracked manually by the workers with and monitored by supervisors to ensure critical timelines are met. Sharing monthly CPSS data reports on foster care placement with section administrators and supervisors enables them to monitor each child's length of placement and to support their staff in developing effective strategies to expedite permanency.

The new CWIS system will have an automated process to track these permanency goals.

Staff Development and CQI will provide training for section administrators and supervisors on supervision and coaching staff, with a focus on safety, engagement, and permanency using CFSR PIP data.

#### **4. Item 23: Termination of Parental Rights**

The timelines for filing a motion for termination of parental rights (MTPR) are set forth in HRS §587A-31 and HAR §17-1610-36. In addition to the data provided by the Hawaii

State Judiciary (Judiciary), CWSB also utilizes case record reviews analyzed by the UH Maui College HCWCQI Project to determine whether MTPRs are being filed timely.

During case record reviews the Onsite Review Instrument is used to determine whether MTPRs were filed timely. In SFY 2019, statewide reviews determined that of the 62 cases reviewed, 12 children had been in foster care for at least 15 of the most recent 22 months. Of those 12 children: nine children (75%) had documented judicial exceptions to the requirement to file a motion for TPR; and for the remaining three children (25%), CWSB did not file or join a motion for termination of parental rights.

#### Discussion:

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

Although CPSS is currently unable to calculate whether MTPRs are timely filed, the Judiciary tracks and shares its data with CWSB 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 MTPR, a reviewer would have to read the SFHRs and review individual court order for applicable individual cases to determine whether a compelling reason was documented if a TPR was not filed within the timelines.

Moving forward, CWSB plans to enhance its capabilities to track this data by creating a unique code within CPSS and CCWIS to document the filing dates for MTPR. As part of the CWIS development the system will be designed to interface with the Deputy Attorney General (DAG)'s Office and the Judiciary. In the meantime, the DAG's office has assisted CWSB in streamlining its adoption paperwork practice to decrease delays in permanency timelines. The DAGs have also worked with the family courts in each jurisdiction to ensure that practice and documents that are being utilized are consistent across the state.

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



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

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

Consistent with applicable Hawaii laws and court rules, CWSB Procedures Manual, Part III, Sections 4.8.3., and 4.10.3.H., require that resource caregivers be given notice of court hearings. Notices of hearings and reviews to resource caregivers are sent by the assigned Child Welfare unit by letter, and a hard copy of the notice is kept in the case file. A log of contact is entered by the caseworker indicating that the notice was given. Resource caregivers who attend Family Court hearings are also provided copies of the court orders, which provides notice of the next court hearing.

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.
- b. The data tool for the State's annual case review looks to see 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. Of the 61 foster care cases, there were a total of 249 court hearings. Of these court hearings, 71 (28%) written notices were provided to resource caregivers and 38 (15%) resource caregivers attended court hearings.

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

HCWCQI continues to do a supplemental review in conjunction with regularly scheduled CFSR case reviews and will continue to check whether written notices of court hearing(s)

were provided to the resource caregiver and whether the resource caregiver attended the court hearing(s).

## **C. QUALITY ASSURANCE SYSTEM**

The CWSB quality assurance (QA) and continuous quality improvement (CQI) system remain the same as described in the 2019 APSR and the Statewide Self-Assessment (SwSA) for the 2017 CFSR. The QA and CQI system meet 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, select case reviews of specific cases with concerns, and regular reviews of child welfare contracts.

#### **b. Quality Assurance Process**

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

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

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

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

- ii. **Reviews** include: periodic court reviews/hearings; case reviews modeled after the CFSR; select case reviews of specific cases with concerns; targeted reviews for specific issues; contract compliance reviews.

Targeted reviews in 2019 were related to licensing delays, CPSS data accuracy, new hire and ongoing staff training, timeliness of periodic and permanency hearings, delayed permanency, and notice of court hearings to resource caregivers.

Contract reviews in 2019 included contracts for the following services: human trafficking, independent living, higher education, Imua Kakou, Neighborhood Places, Promoting Safe and Stable Families, and Voluntary Case Management.

- iii. **Data Sharing** includes sortable lists and graphs of children in foster care, potentially inactive cases, children under family supervision, Native Hawaiian families involved in CWSB, youth eligible for ILP services, families eligible for Home Visiting Services, children under voluntary foster custody agreements, length of stay of children in foster care, children who may emancipate from care, position vacancies, workers' caseloads, and investigations without dispositions; and
- iv. **Continuous Quality Improvement Council/CWSB Advisory Committee** members include CWSB staff, contracted CQI staff, social service providers, court staff, Department of Health representatives, current and former foster youth, resource caregivers, and family representatives.

As Hawaii moved forward with planning and implementing its PIP, the Continuous Quality Improvement Council transitioned to become the Child Welfare Advisory Committee in November 2018. Committee members are encouraged to participate in at least one CFSR case review to gain an understanding of the CFSR, desired practice, and the broader child welfare system. The Committee meets quarterly to share updates in CWSB and in each community that affect clients and to review and discuss CWSB data including case review findings. In SFY 2019, two quarterly meetings were cancelled due to scheduling conflicts and impending weather that precluded travel.

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

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

#### **d. HCWCQI Additional Activities**

To strengthen Hawaii CWSB, the Project has also been involved in Title IV-E reviews, licensing compliance, developing the PIP measurement plan, case staffings, and developing job aides for line CWSB staff regarding permanency and safety.

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

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

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

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

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

- a. Administrative Review Processes** – a team review when unusual and challenging situations arise on active cases. In 2019, administrative reviews were held for approximately four cases, which is lower than previous years;
- b. Implementation Reviews and Measures** for new programs, services, and initiatives. In 2019, the PIP Core team designed and implemented measurement strategies to gauge the success of various PIP activities, including a staff survey regarding monthly supervision, and Branch Meeting reviews of worker visit tracker data;
- c. Targeted Reviews** to gather data to address a specific need, issue, or problem. In 2019 targeted reviews were conducted licensing delays, CPSS data accuracy, new hire training, ongoing staff training, timeliness of periodic and permanency hearings, delayed permanency, and notice of court hearings to resource caregivers;
- d. Contract Reviews** regarding purchased services. In 2019, the following contracts were reviewed: human trafficking, independent living, higher education, Imua Kakou, Neighborhood Places, Promoting Safe and Stable Families, and Voluntary Case Management; and
- e. Case Reviews**

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

- i. Onsite case reviews** are conducted once every fiscal year in each of the seven CWSB sections across the state including a random sample of cases from CWSB and VCM. In 2019, Hawaii completed 8 case reviews in all sections: East Oahu, Kauai, Maui, Oahu Special, West Oahu, West Hawaii,

Oahu VCM, and East Hawaii. The results of these reviews are embedded throughout this report. The strength ratings are shown at the end of the Hawaii APSR 2021 Data Booklet in figures C, and C1-C18.

- 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. This data is also shared quarterly with a range of stakeholders at the CWSB Advisory Committee Meetings.

**f. Select Case Reviews**

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

- i. **Select case reviews** are conducted on an as needed basis across the state.
- ii. **Reviewers** are members of the HCWCQI staff.
- iii. **Cases** are identified by CWSB when they receive concerns from family members or if concerning patterns of practice are discovered by administration.
- iv. **Collecting Quality Data and Sharing/Documenting Findings**  
Data is captured through the OMS. Information gathered is shared with the section that oversees the select case as well as CWSB.

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

There are numerous meetings and forums where data trends are discussed, such as quarterly meetings with court partners, MLT, Branch, SPC, CWS Advisory Committee, 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 more examples, see 2017 SwSA.

#### **4. Provides Relevant Reports**

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

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

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

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

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

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

This tool helps supervisors work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort. This report is made available to internal staff via SHAKA and updated weekly. This data is reported in NCANDS.

##### **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. This data is shared with leadership when requested.

**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. Individual caseload data is retrievable in real time via CPSS. Aggregate caseload data is gathered and analyzed semi-monthly.

**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. This data is disseminated to all CWSB administrators and unit supervisors every month. Also each month, a version of this list is transferred confidentially to the Department of Education who uses the list to match children in foster care with the free lunch programs at their schools.

**5. Evaluates Implemented Program Improvement Measures**

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

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, select case reviews, review of administrative data, and contract and targeted review processes. Regular workgroups, which include CWSB staff and community stakeholders, utilize data reports to assess performance and progress, and make modifications to initiatives according to the data, with consultation with DHS decision-makers.

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, HCWCQI review team, and branch administrators. The action plans and progress are overseen by the section administrators and CWSB branch administrators. Challenges and successes in the action plans are shared with the CWS Advisory Committee.

As discussed above, the HCWCQI staff also designs and implements targeted reviews to gather data on new CWSB programs and initiatives. This data is then shared with CWSB staff and stakeholders to assist in adjusting practice direction and related policies.

Select case reviews give CWSB insight into specific cases which have been identified as having case practice concerns. The data from these specific case reviews are shared

with CWSB staff and the sections to assist them in responding to concern with increased objectivity.

**i. 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.

**ii. Program Improvement Plan**

Hawaii's third Program Improvement Plan (PIP3) developed from CFSR Round 3 is underway. The PIP was approved on April 16, 2019 and officially began on May 1, 2019. A core team of CWSB and CQI staff oversee the implementation of the PIP, meeting weekly; communicate about progress with sub-committees and stakeholders; and, review completion of activities and trends in data. Monthly meetings are held with SA's and quarterly meetings are held with supervisors to discuss the application of new and revised procedures and practices to cases and to review CFSR data.

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

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

In SFY 2019, 53 of the 67 (or 79.10%) new CWSB hires completed New Hire Training within six months of his/her hire date and 8 of the 13 (or 61.54%) VCM hires completed New Hire Training within six months of his/her hire date. Please see the 2021 APSR Data Booklet, Figure 46: CWSB New Hire Training SFY 2015 – 2018 for further information.

By the third quarter of SFY 2020, 11 of the 17 (or 64%) new CWSB hires completed New Hire Training within six months of his/her date and 2 of the 3 (or 66.67%) VCM hires completed New Hire Training within six months of his/her hire date.

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



## 2. Item 27: Ongoing Training

By the third quarter of SFY 2020, 144 of the 344 (or 41.48%) CWSB staff with case management responsibility met the training requirement and 15 of the 20 (or 75%) VCM staff with case management responsibility met the training requirement. Please see the 2021 APSR Data Booklet, Figure 46: CWSB New Hire Training SFY 2015 – 2018 for further information.

By the third quarter of SFY 2020, 120 of the 388 (or 30.93%) CWSB staff case management responsibility met the training requirement and 1 of the 32 (or 3.13%) VCM staff with case management responsibility met the training requirement.

During SFY 2019, CWSB staff attended or were program participants in the following trainings:

- a. 2018 Child Welfare Law Update (October 12, 2018)
- b. 30<sup>th</sup> Annual Crimes Against Children Conference (August 13, 2018)
- c. 5<sup>th</sup> Annual Ho’oikaika Partnership Conference (October 26, 2018)
- d. Another Planned Permanent Living Arrangement (APPLA) training (December 6, 2018, December 10, 2018, December 14, 2018, December 21, 2018, January 7, 2019, and January 9, 2019)
- e. Best Practices in Child Abuse Investigation and Prosecution (January 9, 2019)
- f. Beyond the Pain: Because Parents Need to Heal Too (June 26, 2019)
- g. Bruise, Bones, and Brains: The medical Evaluation of Physical Abuse Children (September 17, 2018, September 19, 2018, September 24, 2018, September 25, 2018, My 8, 2019, and May 10, 2019)
- h. Child Abuse Forensic Interviewer Training (September 17, 2018)
- i. Child Sex Trafficking Multi-Disciplinary Team Follow Up (March 15, 2019)
- j. Child Welfare Contributing Agencies Comprehensive Child Welfare Information (CCWIS) Data Exchange Collaboration (August 8, 2018 and August 22, 2018)
- k. Community Prevention Coalitions #101 and Community Opioid Prevention Planning (April 1, 2019 and April 4, 2019)
- l. Domestic Violence (June 4, 2019)
- m. DV 101: Fundamentals of Domestic Violence Training for State and County Workers (April 18, 2019)
- n. eSign/Outlook Training (August 28, 2018)
- o. Fatherhood Conference 2018 (October 12, 2018)
- p. Fire Extinguisher Training for State Employees (December 28, 2018)
- q. General Dynamics of Child Sexual Abuse (July 27, 2018, August 1, 2018, August 22, 2018, and September 16, 2018)
- r. General License Database (Vantage) (June 5, 2019)
- s. Hawaii Commercial Sexual Exploitation of Children Training (May 21, 2019)
- t. Hawaii Zero To Three Conference: Early Experiences Really Matter (July 27, 2018)
- u. How the Child and Family Services Reviews Relates to licensing (June 3, 2019)

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- v. Human Trafficking: Putting the pieces together (September 11, 2018)
- w. Interstate Compact on Adoption and Medical Assistance Webinar (July 18, 2018)
- x. Intimate Partner Violence (August 8, 2018)
- y. Investigative Interviews in Child Abuse Cases (August 28, 2018 and May 22, 2019)
- z. It's No Joke: The Cultural Acceptability of Stalking and Challenging Sexual Harassment and Gender-Based Discrimination (July 30, 2018)
- aa. Law Enforcement Investigative Response to Child Sex Trafficking Specialized Training (March 14, 2019)
- bb. Management and Leadership Team Meeting (September 18, 2018, December 4, 2018, March 12, 2019, June 18, 2019)
- cc. Management and Leadership Team Supervisors Meeting (December 3, 2018 and June 17, 2019)
- dd. Mindfulness and Skillful Living Training Workshop (November 13, 2018)
- ee. Missing and Exploited Children Seminar (October 15, 2018)
- ff. National Staff Development Training Association Conference (September 30, 2018)
- gg. Ohana Is Forever Conference (July 20, 2018)
- hh. Parenting Project (November 9, 2018)
- ii. Preventing Assessing and Treating Trauma Across the Lifespan (April 23, 2019)
- jj. Program Improvement Plan 3 (May 20, 2019)
- kk. Sex Offender: Responding to Crimes Against Children (November 28, 2018 and November 30, 2018)
- ll. Shift: Support Heroes in Mental Health Foundation Training (October 25, 2018)
- mm. Stop Checking the Box: Responding with Excellence to Cases of Juvenile Who Commit Sexual Assaults (January 8, 2019)
- nn. Strangulation: The Last Warning Shot (January 25, 2019)
- oo. Strengthening Families: Family First Prevention Services Act (FFPSA) Overview (December 5, 2018)
- pp. Strengths Based Supervision in Child Welfare Services, Module 5: Coaching through the Best Practice Approaches (February 15, 2019)
- qq. Trauma and Healing Informed Care Learning Collaborative (July 2, 2018, July 26, 2018, July 31, 2018, August 2, 2018, September 11, 2018, September 13, 2018, October 17, 2018, October 19, 2018, October 22, 2018, November 14, 2018, and November 15, 2018)
- rr. Vicarious Trauma and Self-Care (May 24, 2019)
- ss. Working with Youth and Young Adults who have experienced Trauma – (August 30, 2018)

By the third quarter of SFY 2020, CWSB staff attended or were program participants in the following trainings:

- a. 2019 Child Welfare Law Update (August 23, 2019)

- b. Coaching in Child Welfare: Two Day Skill Building for Child Welfare Supervisors (September 17, 2019 and September 19, 2019)
- c. COVID-19 Information with Dr. Curtis Toma (March 12, 2020)
- d. CWS Case Review (August 19, 2019 and September 23, 2019)
- e. CWS Case Review Training (August 9, 2019 and September 13, 2019)
- f. Empowering Leaders to Support the Workforce (October 29, 2019)
- g. General Dynamics of Child Sexual Abuse (July 12, 2019 and August 18, 2019)
- h. Hawaii Permanency Training (March 9, 2020, March 11, 2020, March 13, 2020, March 17, 2020, April 7, 2020, April 10, 2020, April 16, 2020, and April 30, 2020)
- i. Hawaii Safety Training (November 12-15, 2019, November 11-12, 2019, December 2-5, 2019, December 10-13, 2019, December 16-19, 2019, January 6-8, 2019, January 13-16, 2019, and January 21-24, 2019)
- j. Increasing Victim Safety in High Risk Domestic Violence Cases: A Collaborative Community Approach Intervention (August 12, 2019)
- k. In-Person Statewide Licensing (July 22, 2019 and July 29, 2019)
- l. Instilling the Protective Factors to Reduce the Impact of Childhood Trauma (October 10, 2019)
- m. Management and Leadership Team Supervisors Meeting (November 18, 2019 and February 24, 2020)
- n. Ohana Unity Seminar Hawaii (January 29, 2020)
- o. Problematic Sexual Behaviors In Youth: Where Do They Come From and What Should We Do About Them? (August 21, 2019)
- p. Quarterly In-Person Statewide Licensing Team Meeting (October 18, 2019 and January 24, 2020)
- q. Safe Family Home Report and Permanent Plan Training (April 8, 2020, April 17, 2020, April 20, 2020, April 22, 2020, April 23, 2020, April 24, 2020, April 29, 2020, and April 30, 2020)
- r. Vicarious Trauma and Self-Care (July 19, 2019)

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

In support of the PIP3 activities to enhance staff supervision, nine training modules of the Strengths Based Supervision and Coaching in CWSB curriculum were presented between September 2018 – June 2019 (No training occurred in November 2018). Five (5) new supervisors started the training and four (4) completed all modules. One supervisor completed 4 of the 9 modules before becoming a Section Administrator and she did not complete the training. The following components were included in the curriculum:

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

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

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

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

## Module 3 - Best Practices in Child Welfare

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

## Module 4 - Courageous Conversations

- Acknowledging roadblocks to communication
- Types of Communication and Conflict Management Styles
- Identify and practice using MI to help staff resolve ambivalence and build motivation to change
- Practice CLEAR coaching model

## Module 5 - Individual Supervision and Coaching

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

## Module 6 - Diversity and Supervision

- Diversity and Unconscious Bias
- Cultural Humility
- Self-Care
- Practice CLEAR coaching model

## Module 7 - Ethics in CWSB

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

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

- Explore motivations to use the CQI data to foster improvement

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

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

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

The Coaching component for supervisors was developed to help reinforce learning with practice in real life situations by having new supervisors work alongside an experienced and skilled supervisor coach. Supervisors also participated in other supervisory training covering administrative, educational and supportive modules.

After each training module, the new CWSB supervisors, participates in an individual in-person coaching session and at least one follow up session to support the supervisor in applying the skills and knowledge learned in each session. The coaching is specific to the individual supervisor's goals or issues the supervisors face in their work. This may include but not limited to personnel support, policy, improving outcomes and coaching staff.

Strengths Based Supervision and Coaching is continuing in SFY 2020, with nine training modules that began in October 2019 and are expected to end in June 2020 (No training occurred in January 2020). Eight (8) new supervisors began the training and seven (7) that are still participating with one supervisor having left CWSB. The following components were included in the curriculum:

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

- Explore Strengths-Based Supervision & Coaching
- Consider the Functions of Supervision
- Explore and Practice Coaching in Supervision using the Coaching Process

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

- Explore the parallel process in CWSB
- Consider the transition from worker to supervisor
- Practice Coaching in Supervision using the Coaching Process

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

- Explore the process of readiness to change
- Family Partnership and Engagement Practice Model

- Motivational Interviewing and Solution Focused Approach
- Consider the impact of stress & Self-Care
- Practice Coaching in Supervision using the Coaching Process

#### Module 4 - Courageous Conversations

- Acknowledging roadblocks to communication
- Types of Communication and Conflict Management Styles
- Identify and practice using MI to help staff resolve ambivalence and build motivation to change
- Practice Coaching in Supervision using the Coaching Process

#### Module 5 - Individual Supervision and Coaching

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

#### Module 6 - Diversity and Supervision

- Diversity and Unconscious Bias
- Cultural Humility
- Self-Care
- Practice Coaching in Supervision using the Coaching Process

#### Module 7 - Ethics in CWSB

- Identify ethical concerns
- Recognize the essence of ethics
- Apply NASW ethical-standards to CWSB concerns
- Explore stress and its impact on ethical actions
- Practice Coaching in Supervision using the Coaching Process

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

- Explore motivations to use the CQI data to foster improvement
- Utilize group coaching for improvement
- Integrate coaching with the PAS process
- Identify personal and leadership responsibilities related to stress
- Practice Coaching in Supervision using the Coaching Process

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

- Recognize components of effective transfer of learning

- The use of SMART Objectives for goal setting
- Assess training gains
- Practice Coaching in Supervision using the Coaching Process

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

*Item #28: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current and prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?*

Pre-Service and ongoing training for all child-specific and general licensed Resource Caregiver homes is provided through a contracted provider, Partners In Development Foundation (PIDF). PIDF subcontracts to Catholic Charities Hawaii (CCH) for child-specific services and Family Programs Hawaii (FPH) for support services.

##### **a. Pre-Service Training for Prospective Resource Caregiver Homes**

The H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) curriculum provides 18 hours of training and is required of all prospective Resource Caregiver homes. In FY 2019, 507 resource caregiver families began training: 392 child-specific homes and 115 general-licensed homes. Out of the 507 homes, 397 families completed training with 292 child-specific homes, and 105 general-licensed homes. The participants' overall impressions of the training were overwhelmingly positive. Please refer to the data booklet, Figure 53: Satisfaction Rating for Quarterly Trainings SFY 2015-2019, for a breakdown of impressions.

Resource Caregiver homes are also surveyed annually regarding the Pre-Service Training and are asked this question: "The pre-Service Training I received adequately helped to prepare me to provide foster care" and participants are given the options of: Agree, Somewhat Agree, Neutral, Somewhat Disagree, Disagree. In the Annual Resource Family Survey administered in fiscal year 2019, 60% responded with "Agree", 25% responded with "Somewhat Agree".

##### **b. Ongoing Training for Resource Caregiver Homes**

Since January 1, 2013, DHS had required all licensed resource caregiver homes to participate in a minimum of six (6) training hours per family or twelve (12) hours over a two-year licensing period. On-going 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 attend. Family Programs Hawaii (FPH) partners with local and statewide

agencies, such as the Foster Care Training Committees on Oahu, to provide the majority of the on-going trainings for resource families.

In FY 2018-2019, 453 families received training. Please see Data Booklet, Figure 48: Attendees at Ongoing Training for SFY 2015 – 2019, Figure 50: Foster Parent College Online Trainings SFY 2015 – 2019, and Figure 51: Resource Caregiver Lending Library SFY 2015 – 2019.

As families' needs change, so do the training options offered through Family Programs Hawaii to all resource caregivers. FPH continues to offer a variety of training options, including online trainings that are more convenient for families to access in light of busy schedules. Additionally, in an effort to prepare and equip resource caregivers/families to adequately care for children in foster care, evidence-based trauma and healing informed care continues to be the foundation on which trainings are based.

The following descriptions reflect on-going training opportunities that were offered to all relative and non-relative Resource Caregiver homes:

i. Quarterly In-person Training

In FY 2018-2019, there were a total of twenty-six (26) in-person trainings provided at nine (9) locations statewide, including three (3) locations on Oahu, two (2) locations on Hawaii Island, and one (1) location each on Kauai, Maui, Molokai, and Lanai. Themes discussed at these trainings included: Why Are Our Youth Angry and How Can We Support Them?, Connecting in the Face of Trauma: Understanding and Minimizing Trauma's Impact on Relationships, A Closer Look at Learning Disabilities: What It Looks Like and How to Help Your Child Succeed. 158 Resource Families attended statewide.

In addition, Hui Hoomalu, in conjunction with the FCTC and HAPA committees, implemented two (2) in-person trainings for Resource Family homes on Oahu – FCTC Training: Understanding Challenging Behaviors at Home and School and HAPA Training: Instilling Hope: Positive Parenting Strategies for Challenging Behaviors.

Support Groups included a training component to meet needs on Maui (Validation in Parenting) and (online) Overview of the Family Court Process.

ii. Annual Conference

The Annual Conference, "Fostering Resiliency: Taking the Next Steps in Trauma-Informed Care" was held in five locations statewide, including Oahu,



West Hawaii, East Hawaii, Maui, and Kauai. Molokai and Lanai families were offered travel stipends to attend on one of the above mentioned islands. 243 families statewide attended the conference.

FPH surveys the resource caregiver families after each in-person 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 53: Satisfaction Rating for The Quarterly Trainings SFY 2015 – 2019 and Figure 54: Satisfaction Rating for the Annual Conference SFY 2015 – 2019.

The annual Resource Family Survey also addresses various questions pertaining to training and support. In the Annual Resource Family Survey administered in fiscal year 2019, 83% of respondents rated training that they attended as “Very Helpful”. Please refer to Figure 53: Satisfaction Rating for Quarterly Trainings SFY 2015 – 2019.

PIDF, CCH, and FPH will continue gathering feedback from Resource Caregiver homes on trainings and other areas as requested by DHS.

### iii. Online Trainings and Lending Libraries

Families not able to attend in-person trainings may access various online training options offered by FPH, including the Foster Parent College online resource, Foster Care & Adoptive Community online training site ([www.fosterparents.com](http://www.fosterparents.com)) featuring a range of published articles, and an in-house Lending Library of online videos, DVDs, and books.

In FY 2018-2019, there were 31 individuals who accessed the Foster Parent College online trainings, completing a total of 186 training hours. The number of training hours increased by 37% from FY 2017-2018, as did the number of participants, which increased by 14%. Please see Data Booklet, Figure 50: Foster Parent College Online Trainings SFY 2015 – 2019.

In FY 2018-2019, 20 families borrowed three (3) books, 44 DVDs, and watched 53 online videos from the lending library, totaling 237 training hours. This resulted in a 30% decrease in training hours being accessed through the lending library from the previous year. The top three most requested videos are the 2016 Annual Conference: Learning By Doing: Encouraging Emotional & Developmental Growth Through Life Experiences, 2018 Annual Conference: Trauma Changes the Brain, and Kids Are What They Eat. Please see Data Booklet, Figure 51: Resource Caregiver Lending Library SFY 2015 – 2019.

### c. Adoption Training and Preparation

H.A.P.A. (Hawaii Adoption and Permanency Alliance), a collaborative committee to support adoptive families, held a conference in September 2018 titled: “Instilling Hope: Positive Parenting Strategies for Challenging Behaviors”. There were speakers on three different topics: Fetal Alcohol Spectrum Disorder (FASD), How to Work with Schools around Behavioral Problems, and Effectively Combating Trauma. A total of 30 individuals attended.

Adoptive parents have access to the trainings offered to resource caregivers. 32 adoptive parents and 11 Legal Guardianship families attended trainings. Please see Data Booklet, Figure 48: Attendees at Ongoing Training SFY 2015 – 2019. 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.

## E. SERVICE ARRAY AND RESOURCES

The State of Hawaii provides a broad array of services to children and families statewide in all the topic areas listed below. Providers of the services include DHS, DOH, and community social service agencies. CWSB continues to contract with community service providers to provide specialized services to fit the needs of families and children involved in with child welfare services. CWSB also continues to partner with other state agencies (DOH and DOE) to maximize and support children and families more comprehensively.

The CFSR performance item that most closely relates to the service array is *Item 12: Services to children/youth, parents and resource caregivers*. Please see the Item 12 data in the Data Booklet Figure C12, and the discussion in *Section V.B.1. CFSR Wellbeing Outcome 1* of this report. Although Hawaii’s performance on this item is low (SFY 2019 Strength Rating of 26%) and does not appear to be trending in a positive direction (SFY 2019 performance is the lowest of the past five years), the challenges described in the discussion of this item are related to workers identifying needs and connecting people to the needed services. The challenges do not indicate that there is a problem with the availability of resources, nor the ability or the available services to be properly individualized.

On a quarterly basis, SSD reviews CWSB data, along with community partners, to help ensure that Hawaii’s service array aligns well with its data. Hawaii examines service contract use, geographic trends, and the factors that are bringing families to CWSB. (For Hawaii, currently, a lack of parenting skills, mental health challenges, substance use, and domestic violence are the primary reasons that families are involved to CWSB.) The data review aids Hawaii in ensuring that geographic areas with high needs in an area, like substance abuse, have the necessary services to address those needs. The data review also facilitates identification of underutilized services, which leads to solutions like improving the referral process and/or combining similar service contracts.

CWSB staff submit referrals for services directly to the providers on behalf of the families they are working with, usually via email or phone. CWSB staff is made aware of services through training, service directories, SSD-dispersed resource announcements, and community clearinghouses, like Aloha United Way. For some services, the CWSB-involved family or individual is automatically referred to the service through electronic data sharing such as in Free School Lunches, Ohana Conferencing, Family Finding, ILP, MDT, and Home Visiting. In Hawaii's future FFPSA work, more referrals will occur through an on-line portal. As Hawaii develops its CCWIS, the service referral process will be greatly simplified and improved. For example, Hawaii anticipates that CCWIS will be able to pull all the relevant information for a referral directly from the system, thereby greatly minimizing effort. CCWIS will also contain (or be linked to) a geographic resource directory to assist CWSB in finding the most appropriate referrals.

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

Services in this area include: CWSB Assessment Tools (Child Safety Assessments, Safety of Placement Assessments, Comprehensive Strength and Risk Assessment), CWSB Face-to-Face Visits with children, parents, and resource caregivers, psychological evaluations, mental health assessments, medical evaluations (pre-placement exams, comprehensive exams, forensic exams, EPSDT), vocational assessments, domestic violence family services initial assessments, and shelter entry assessments (assessments completed by the CWSB-contracted on-call shelter staff upon a youth's entry into the facility).

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

In SFY 2019, DHS SSD partnered with national experts from Action 4 Child Protection to strengthen Hawaii's CWSB safety assessment training curriculum and train CWSB, VCM, FSS, and MDT staff statewide using the strengthened curriculum. One focus of the training was to reinforce the use of in-home safety plans whenever possible to reduce children entering foster care. This reinforcement was provided in the form of teaching and practicing with CWSB staff how to identify the key safety factors and develop a strong in-home safety plan in collaboration with the family to address each factor.

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

Services in this area include: Comprehensive Counseling and Support Services, Home Visiting Services for families with children aged 0-3, One Board One Stone in Every Home, Family Advocacy Program, Healthy Mothers Healthy Babies, Comprehensive Case Management and Disability-Related Services, Women Infants and Children, Federal Lifeline Assistance, Early Intervention Services, Language Interpreter Services, Transportation Assistance, Substance Abuse Treatment, Domestic Violence Shelter Services, Salvation Army Relief, and Healthy Youth Programs.

For a description and discussion of CWSB and community services specifically for families with the children aged 0-5, please see *Section IV.A.3. Most Vulnerable Populations* of this report.

The One Board One Stone in Every Home program is a family-based cultural experience that teaches the Hawaiian tradition of hand-carving a papa kuiai (poi board) and a pohaku kuiai (stone poi pounder) with natural materials gathered from the land. The collaborative creation of the board and stone is a way of bringing families together in a safe environment for learning and empowerment. It's an opportunity for parents and children to connect through sharing a culturally profound and meaningful experience.

In SFY 2019, as part of Hawaii's CFSR PIP3, Program Development revised procedures to clearly define the requirements and exceptions for Ohana Conferencing through addressing:

- Timeframes for when Ohana Conferences must occur: initial (within 30 days) and subsequent (every 4 months thereafter); and
- Case types for which Ohana Conferences are required, to include all foster care, court-involved Family Supervision, and Voluntary Family Supervision cases.

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

Services in this area include: CWSB In-Home Safety Plans, Crisis Response Team, Intensive Home-Based Services, Women's Way on Oahu, Aloha House on Maui, Homeless Shelters, and Multi-Systemic Therapy.

In SFYs 2019 and 2020, as part of the CFSR PIP3, Staff Development revised the safety and risk curriculum for new hire training and existing staff training and incorporated the supervisor's role in the following areas: information gathering; safety threshold – safety vs. risk; safety decision making at critical junctures – removal, reunification and case closure; in-home safety planning and safety services; assessment – use of risk and safety tools, in-home safety analysis; conditions for return; and safety services matching.

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

Services in this area include: Ohana Conferencing, case staffings (formerly Safety, Permanency, and Wellbeing meetings), resource caregiver training, CAMHD mental health services, ILP, Opportunity Passport, Ohana Time, Project Visitation, Family Finding, Youth Circles, MedQuest to 26, Adoption/Matching Hui, Wendy's Wonderful Kids, and Permanency Support Services.

In SFYs 2019 and 2020, along with a diverse workgroup, as part of CFSR PIP3, Program Development reviewed and revised permanency planning and concurrent planning procedures, the Safe Family Home Report (SFHR) and Permanent Plan with input from Family Court, specific to:

- process and timeline for identifying and achieving permanency goals;
- timelines for filing TPR, including compelling reasons;
- timeframe for concurrent planning discussions, documenting the concurrent plan, and efforts to achieve the concurrent plan;
- requirements of reasonable efforts, parent engagement, and readiness assessment, when moving from reunification; and
- appropriate use of APPLA and legal guardianship as permanency goals.

One of the key activities in the CFSR PIP3 was the development of guidelines for mandatory monthly supervision specific to formal monthly supervision; informal (as needed to answer staff questions, provide support, respond to crisis situations, shared decision making) supervision; and coaching/shadowing/mentoring.

With support from the CBC, Hawaii developed a formal monthly supervisor tool that guides supervisors through supervision and includes the following:

- quality initial and ongoing risk and safety assessments;
- engagement of both parents using methods including timely Ohana Conferencing;
- timely and quality monthly visits with children and parents, specifically addressing the inclusion and authentic engagement of non-custodial and incarcerated parents;
- appropriate needs assessments and services planning linked to safety and risk and case plan goals;
- timely permanency and concurrent planning; and
- efforts towards safe reunification and conditions for return.

A Program Development-led workgroup developed, and CWSB caseworkers shared with families a family-friendly brochure explaining concurrent planning and the timelines.

#### **5. Individualizing Services**

CWSB continually monitors its service array to assess how well services meet the needs of children and families statewide and within each region. As needs change within each

population, CWSB makes the necessary adjustments to ensure that the system continues to function well. In addition, Hawaii CWSB's services are organized to ensure that each child and family receives a service program that is tailored to their needs.

Section Administrators in each geographic region of the State hold regular meetings (either monthly or quarterly, depending on the region and need) with local service providers to discuss trends, resolve communication issues, and modify services, as appropriate. Meetings on the island of Hawaii resulted in changing the physical location and service focus of Title IV-B services in that region.

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

- The first level of individualized service planning is the Family Service Plan (FSP), which is developed jointly with the family and the CWSB caseworker. The service plan and agreement is used with families receiving voluntary services and those under the jurisdiction of the Family Court. The service plan and agreement is the legal contract between the family and the Department. The caseworker and client create the service plan and agreement based on information that is available when the plan is drafted, such as psychological evaluations, input from the Multi-Disciplinary Team (MDT), personal contact with family members, and recommendations from community providers. The service plan and agreement consolidates and explains to clients the services the Department believes will resolve the safety issues in the home.
- The second level of individualization is the Individualized Program Plan (IPP). This is a separate document from the FSP. An IPP is created for each major service the individual or family participates in, e.g., Comprehensive Counseling and Support Services, Sex Abuse Treatment and Support Services, Domestic Violence Shelter Services, Human Trafficking Support Services, Independent Living Program Services, Home Visiting Services, Intensive Home-Based Services, Permanency Support Services, Multi-Systemic Therapy, and Substance Abuse Treatment. These service-specific IPPs become companion plans to the original FSP and agreement. After reviewing the FSP and agreement, consulting with the assigned CWSB caseworker, and reviewing any assessments, evaluations, or other information available when the case is referred to the program, service program staff in collaboration with the individual or family create the IPP. The IPP identifies the client's specific program goals, objectives, and desired outcomes. IPPs are used to facilitate and focus service delivery, and to assess progress.

In SFY 2019, as part of the revised safety assessment training curriculum, Action 4 Child Protection and SSD trained CWSB staff to examine families and their identified safety

factors to determine what specific parental capacity needs enhancement and/or what parental behavioral changes are necessary for the home to be safe for the children. This work leads directly to individualizing service goals by targeting the needed behavioral change.

Also, in SFY 2019, CWSB, Program Development, and HCWCQI staff finalized the design of the case staffing process by which key permanency-related decisions are reviewed and discussed, using the supervisory tool with caseworkers and supervisors, and a neutral Practice Coach with CWSB and CFSR expertise. This service is helping the caseworker develop individualized services for the family.

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

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

Community partnerships continue to be a focus and strength of CWSB. CWSB engages in ongoing consultation with foster youth, parents, families, staff, service providers, resource caregivers, juvenile court, public and private child welfare agencies, and other community stakeholders. Ideas and concerns from these collaborative efforts are integrated into CWSB programs and policies, the CFSP, and APSR. Additionally, Hawaii has ongoing consultation with the appropriate tribes and complies with ICWA when children are identified as having Native American ancestry or are listed with the registry. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all its initiatives and ongoing processes. CWSB engages its stakeholders and community partners at all levels of decision-making. Full collaboration is not only CWSB's policy; it is the priority of CWSB's practice.

For a list of CWSB's collaborators and examples of CWSB's agency and community collaborations, see the 2017 APSR and 2017 CFSR Statewide Assessment. While specific examples of collaborations are cited throughout this APSR, examples of groups with which CSWB collaborates include:

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

- Health, Children with Special Health Need, Alcohol and Drug Abuse], Castle Medical Center, Straub, HMSA, Kaiser Permanente); and
- h. Service Providers.

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

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

CWSB continues to collaborate successfully with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. Specific collaborations are cited throughout this APSR.

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

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

### **a. Overview**

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 codify Hawaii's licensing requirements. CWSB does not permit safety waivers of these licensing requirements.

While CWSB does not give waivers or exemptions for a potential caregiver's criminal history, waivers for non-safety licensing standards for relative foster family homes are authorized pursuant to Social Security Act section 471(a)(10)(D). Waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, may be granted provided the waiver does not compromise the health and safety of the child. Although waivers may be requested for all homes, space and bed waivers have recently been authorized only for relative placements. A waiver for the bed requirement is often resolved during the home study process as the contracting agency and CWSB assist resource caregivers in obtaining additional beds, if cost is an issue.

After a home study is completed, if a waiver is needed, a request describing the circumstances and what is being done to resolve the situation is sent by the contracted provider that recruits, licenses and provides support to DHS resource families to the CWSB licensing unit. The request is reviewed by the licensing unit supervisor and then the waiver request and the unit recommendation is forwarded to the section administrator for approval or denial.



**b. Data**

From July 1, 2018 to June 30, 2019, there were 26 space waivers approved, three (3) in East Hawaii, one (1) in West Hawaii, and twenty-two (22) on Oahu. All waivers were for relative placements.

**c. Annual Update**

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

Since the beginning of SFY 2020, a local workgroup of key community stakeholders has been meeting monthly to work on recommendations for bringing Hawaii into compliance with the federal standards. The group is incorporating the federal licensing standards into the revamp of Hawaii’s pre-service training for all prospective resource caregivers. The new training incorporates T.H.I.C. based standards and consists of approximately 28 hours of pre-service training. Hawaii plans to roll out the revised curriculum by December 2020. In addition to revising the training curriculum, Hawaii’s home study has been revised to incorporate the federal standards.

**2. Item 34: Requirements for Criminal Background Checks**

**a. Overview**

CWSB has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care and adoptive placements. Hawaii State Criminal Justice clearance is completed for the resource caregiver and all household members annually or biennially depending on whether the home is licensed for one year or two years.

**b. Annual Update**

Hawaii has procedures in place that ensure a standardized process and documentation of expectations for criminal background clearances related to licensing and approving foster care and adoptive placements that are consistent with federal security requirements.

In 2017, DHS through the UH Maui College HCWCQI Project, conducted a statewide targeted review to assess the implementation of procedures and functioning for this systemic factor. Findings revealed that staff would benefit from more detailed procedures that provided step by step instructions on when and how to complete

these checks. Staff were also provided with written clarification of the requirement to complete four (4) background clearances checks (CA/N, CJIS, Hawaii State Sex Offender, and National Sex Offender) on all adult household members prior to placement of a child. Further instruction was issued to print the computer screens to document that all four clearances were completed for each adult household member prior to placement of a child into a child-specific home. Checklists are used by staff to ensure compliance with the criminal history rules and procedures.

In May 2019, Hawaii was found to be compliant with requirements following a U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, and 2018 Non-Criminal Justice Agency Audit. The audit included a questionnaire and a review of both Fingerprint Submission Reports and Transaction Reports. Hawaii was required to indicate: 1) the specific use, reason and statutory authority related to the submission of the fingerprint; and 2) the specific reason why the query was performed as required by FBI CJIS Security Policy, Section 4.2.5.1 *Justification: In addition to the use of purpose codes and logging information, all users shall provide a reason for all III inquiries whenever requested by NCIC System Managers, CSAs, local agency administrators, or their representatives.* Hawaii was found to be compliant.

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

***Item #35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?***

To ensure the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children, a multi-pronged approach was used throughout the process:

#### **a. Recruitment**

With the percentage of Hawaiian children in care ranging from 50% in SFY2015 to 45% in SFY2019, a focus on recruiting Hawaiian resource caregivers is a critical component of statewide recruitment efforts. During SFY 2019, 136 Hawaiian families inquired about becoming resource caregivers representing 16% of the total inquiries for the year. 27 of the 77 (35%) families that PIDF submitted to DHS for certification were Hawaiian.

Several strategies employed in this area have focused on reaching the Hawaiian population:

**i. Word of Mouth Recruitment**

Word of mouth referrals, at 53% statewide, continued to be the highest referral source for families submitted to DHS. The community focused recruitment strategy developed in SFY 2019 focused on activities to create and enhance community engagement, advocate relationships, and collaborative partnerships. PIDF advocate and community grassroots engagement activities included the following:

- 1) Hawaiian RCG's as advocates for the recruitment of Hawaiian families in their communities. One experienced Hawaiian RCG connected PIDF with an individual in her halau hula<sup>1</sup> and the Hawaiian immersion community. As a result of this connection, PIDF was able to obtain staff and parent presentations at Punana Leo, a Hawaiian immersion preschool. Both families continue to advocate for new resource families. The new family is in process, awaiting home study, and planning to move to a new home. They continue to advocate for new families, and have scheduled an information session at their church. The experienced Hawaiian RCG has referred a total of five potential resource homes, three of which became licensed, and one of which is in process. She continues to refer families to Hui.
- 2) Maintain a presence in the Hawaiian community through participation in activities and events such as, hosting booths at the Annual Association of Hawaiian Civic Clubs Convention, the Kamehameha Day Parade, Prince Kuhio Day Celebration Kauai, and the Hula Tahitian Dance competition in West Hawaii.
- 3) On a more personal level, PIDF staff also collaborated with influential RCGs to host smaller events at more personalized venues within the RCG's network, such as fosterware parties and coffee meetings.
- 4) Support word of mouth recruitment with the Ohana Rewards referral program that provides an incentive to individuals/organizations referring families who complete the General License process. During SFY2019, 18 (23%) of the 77 families submitted to DHS for certification, were referred by the program.

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<sup>1</sup> *Halau hula* is commonly known as a school or formal institution for hula where the primary responsibility of the people within the *halau* is to perpetuate the cultural practice of hula.

## **ii. Community Engagement and Collaboration**

PIDF focused on strengthening relationships in high need communities, especially those with large Hawaiian populations:

- 1) PIDF Tutu and Me programs, located statewide in areas with a large percentage of Hawaiian families, reached out to the community with ten (10) presentations on foster care and the need for RCGs. At these presentations, the Hui staff give a short presentation in the beginning of the class to parents and grandparents that come with their children. Additionally, during activity time, Hui staff set up an activity table so parents can stop by and talk to the staff while their children participate in an activity.
- 2) Collaborated with Liliuokalani Trust, who hosted two (2) information sessions, and Hawaiian Agencies and Organizations, a Kauai collaborative that held five (5) meetings.
- 3) Collaborated statewide in 15 committees and approximately 150 collaborative activities. These agencies and organizations included the Department of Education, other service providers, and faith-based communities.

## **iii. Campaigns**

During National Reunification Month, the honored Hawaiian family's story was portrayed in a PIDF produced video, and featured on numerous web pages and social media outlets, even drawing television media attention.

During National Foster Care Month, a Hawaiian resource family was featured in a PIDF video which resulted in follow up television media interviews. Capitalizing on the opening of "Instant Family Movie", advocates for Hawaiian families were given free movie passes. Presentations at the Department of Education's Waianae complex, Waianae pastor's gathering, prompted a new key advocate relationship with the Cauliflower Collective – a non-profit organization dedicated to transforming the way foster, adopted, and special needs children navigate through life by introducing them to Jiu Jitsu and wrestling.

In addition to Hawaiian campaigns, initiatives for National Foster Care Month including the Governor's Proclamation during the Resource Family appreciation event, Mayor's proclamation in Kauai, television and media advertisements, and press releases. Additionally, during the opening of

Instant Family, Regal Theatres ran advertisements at all their theatres in East Hawaii, West Hawaii, Oahu, and Maui.

#### **iv. Consultation**

PIDF continued to meet with cultural consultants who assisted with making connections with key contacts in Hawaiian communities, and facilitated understanding of cultural appropriateness. In addition, Denise Goodman, consultant and trainer, continued consultations on Hawaiian focused recruitment strategies.

General recruitment strategies continued to spread the awareness of Foster Care issues to the larger population:

##### **1) Utilization of Resource Caregivers and Alumni Foster youth in recruitment efforts**

One of the most effective ways to recruit families for higher-needs populations, such as teens, large sibling groups, and those with special needs, is to offer opportunities to engage with current resource caregivers and alumni foster youth. The HI HOPES foster youth boards participated in recruitment presentations, sharing their stories and perspectives. Current resource caregivers also accompanied recruiters at most recruitment activities. As a result of these efforts, 14% of families submitted to DHS for certification were open to teens, and 10% of submitted families were open to large sibling groups.

Resource families and former foster youth are featured statewide during Ask A Resource Caregiver information sessions, in which they share their perspective and provide a realistic picture for potential families. Feedback from participants confirmed that this is the most impactful part of the session and helped them make informed decisions.

##### **2) Media**

Web-based recruitment continued to be critical, with 27% of the families listing web search as the referral source. PIDF employed Google ads and social media handles facebook page “Hui Hoomalu”, Instagram account @pidfoundation, and television advertisements. These efforts drive users to the PIDF web page where people can begin information/application process.

PIDF worked closely with DHS web managers to keep the DHS page updated with current recruitment information since that page is the most frequently returned site in web searches.

## **b. Retention**

Retention services for resource caregiver families include in-service training, support groups, and a Warm Line, provided through a DHS contract with PIDF. Statewide, local communities are engaged to provide more natural, community-based services to support resource caregivers. PIDF initiated a strategy to find the “power of one” in each high need community on all islands. This strategy engaged community leaders, influencers in their communities, to highlight the needs of foster care and provide community-based support for resource caregivers, children in care, and birth families. Statewide, twelve leaders/influencers were identified, became involved and, with the help of faith groups, facilitated access to recruitment opportunities and community-based wrap-around support services and respite for families. In Waianae, the home area for approximately 25% of the children in foster care on Oahu, a grassroots effort was formed to provide community support for at-risk-families.

Na Kama A Haloa, a network convening and joint effort of Child Welfare Services, EPIC Ohana, Kamehameha Schools, and the Liliuokalani Trust was established in September 2018. The goal of the workgroup is to ensure that by the year 2023, each Hawaiian child and youth (0-26) affected by the foster care system had and can sustain a lasting network of healthy, supportive, and enriching relationships.

Na Kama A Haloa goals are supported by two subcommittees, Sibling Connections and Fostering Strong Communities:

- i. The Sibling Connections subcommittee vision is that sibling relationships are honored and prioritized as critical life-long relationships. The committee addresses this through several avenues: incorporating a Sibling Connections curriculum with Department staff, Judges, and Resource Caregiver Pre-Service curriculum; and addressing transportation issues by partnering with Lyft, Project Visitation and the CASA program to coordinate more sibling visits.
- ii. Fostering Strong Communities is addressing resource caregiver recruitment and support with the vision of having a sufficient number of resource caregivers, who are continually trained, supported, and mentored to support and nurture the children/youth, and connect them to biological parents, siblings, and extended ohana. The committee supports DHS’ work to address licensing barriers through events like licensing fairs and supporting the Ohana Navigator program that specifically supports kinship placements.

The Statewide Resource Advisory Committee, comprised of stakeholders in the foster care community, helps support the resource caregiver community by identifying ongoing needs, facilitating communication, sharing resources, and reporting on local projects and other topics of interest. A quarterly newsletter, distributed to about 1,500 recipients statewide including resource caregiver homes, DHS staff, service providers, and other community members, helps to facilitate communication by sharing information about ongoing needs, resources, and local projects.

The GLUE Committee was established in 2008 to support National Foster Care Month activities. Since then, it has expanded to provide support for National Reunification Month and National Adoption Month activities. The Committee organizes and implements annual fundraisers to provide financial resources for activities that are not covered by contracts and grants.

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

##### **a. Overview**

Hawaii has a statewide process for the use of cross-jurisdictional resources to facilitate permanent placements. Hawaii has been a party to the Interstate Compact on the Placement of Children (ICPC) since 1985. The ICPC is a statutory agreement between all 50 States, the District of Columbia and the US Virgin Islands that governs the placement of children from one State into another. The agreement sets forth the requirements that must be met before a child can be placed out of State, to ensure that prospective placements are safe and suitable before approval, and that the individual or entity placing the child remains legally and financially responsible for the child following placement.

##### **b. Annual Update**

Hawaii's ICPC services continue to be provided by a contracted provider, Catholic Charities Hawaii.

The State regularly collaborates with the provider to ensure the timeliness and efficiency of ICPC services, including quarterly meetings to review ICPC services and accomplishments, as well as, challenges to providing services.

Discussions with the provider have highlighted the need for staff to receive ongoing ICPC-NEICE training. In response, the State and provider developed a hands-on ICPC-NEICE refresher training that walks staff through the process of inputting an ICPC referral in NEICE, uploading documents, and transmitting referrals. Staff are encouraged to bring their own ICPC cases to the training for hands-on assistance with processing existing cases.

This training was piloted with the East Oahu Child Welfare Services Section staff in June 2019. The training, provided in the State's training offices on Oahu, was presented in two parts. During the first half of the training, the trainer input an ICPC case into NEICE while the computer screens were projected onto a screen for the staff to see the step by step process of entering a case into NEICE. The second half of the training provided hands-on assistance to staff on their specific ICPC requests. The provider and the State staff reviewed the ICPC packets, identified missing documents and/or information, and assisted workers in trouble shooting technical support issues that they experienced entering data into NEICE. Staff stated that they appreciated the training and felt it was helpful.

In December 2019, Hawaii CWSB and its ICPC provider conducted another ICPC-NEICE refresher training with the Oahu Child Welfare Services Section 1 staff. This training will be offered to all sections statewide: additional training dates are being scheduled. This will be an on-going training, provided as new staff are hired, or sections find that their staff need refreshers. Future trainings will be enhanced by including components on how staff can use NEICE to track their ICPC requests and communicate with the provider.

CWSB will also collaborate with SDO to incorporate ICPC/NEICE into the CWSB CORE training cycle, in an effort to ensure that new staff develop an understanding of ICPC and how it supports CWSB goals for safety, well-being, and permanency. To promote applicability, the introduction and overview of ICPC/NEICE will likely be added to modules that cover permanency and family finding. Detailed information on using NEICE will be available through on-demand training and support for the supervisors/administrators.

In addition to staff training, CWSB and its contracted provider for ICPC services have provided training to the community. In September of 2019, CWSB and Catholic Charities Hawaii attended the Judges Symposium and presented on ICPC and NEICE. Hawaii is only one of two states that has given judges access to NEICE. The training highlighted significant features of the ICPC statute and regulations, introduced judges to NEICE, and reviewed how to access information in the database. Further discussion with judges will include appropriateness and access to information available through NEICE.

In March 2019, CWSB and Catholic Charities Hawaii staff attended the annual AAICPC Conference in Indiana. The conference brought together federal, state and local health and human service professionals to review laws and develop administrative procedures that improve efficiencies and practices in interstate placements. CWSB is scheduled to attend the upcoming annual AAICPC Conference that is being convened in April 2020 in Denver, Colorado.



### **c. Data**

#### **i. Outgoing Requests**

In SFY19, Hawaii processed 109 requests for home studies in other states, with about half of the requests for foster placement, a third for placements with parents, and a handful for adoptive home studies. A total of 20 children were placed with resources in other states. Of the 109 outgoing ICPC requests, 60% were processed within three business days. The number of outgoing requests increased from SFY18. This increase can be attributed to more relatives requesting to be considered a placement resource and staff's understanding of the need to pursue permanency early on in cases.

In the first six months of SFY2020, Hawaii processed 54 requests for placement in other states. This is on track with the number of requests Hawaii received during this same period of time in SFY19. Currently, 15 Hawaii children have been placed with resources in other states. Of the 15 Hawaii children, 12 are placement in a foster, relative, or kinship placement and 3 are placed with a parent.

#### **ii. Incoming Requests**

During SFY 2019, Hawaii completed 45 home studies for incoming ICPC requests. Of the 45 home studies completed, 14 were completed within the required 60 business days.

In the first six months of SFY2020, Hawaii has completed 15 home studies for incoming ICPC requests. All of the home studies were completed within the required 60 days.

Hawaii believes outcomes will be reflective of the described improvements and increased staff knowledge of the new systems put in place.

### **d. Interisland Placement**

Given Hawaii's unique geography and demographics involving multiple islands, Hawaii has implemented procedures and processes to facilitate interisland placements and placements between the sections on Hawaii Island. This process covers all jurisdictions in Hawaii. A formal request for a "courtesy assessment" (equivalent to a home study) or "courtesy supervision" is created by the unit with jurisdiction and sent to the section where the child, parent, or relative resides or intends to reside. The procedures require that the receiving section establish contact within 30 days of the date of request by the sending section. This courtesy

protocol is reserved for children, parents, or relatives residing on different islands, or in different sections of Hawaii Island.

For each jurisdiction in a courtesy assessment or supervision case, section administrators work together to address any challenges that arise that cannot be resolved at the worker or supervisor level. The CWSB Program Development Office has an assigned an 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**

Enhancing supervision is the cornerstone of Hawaii's PIP3. Since February 2019, the CBC and Hawaii CWSB have been working together on a few key supervision projects. The CBC has assisted Hawaii in developing a supervisory practice model and a related tool, which is being used in monthly supervision meetings between supervisors and caseworkers.

The Center provided consultation to Hawaii to identify the core components (essential elements) of Hawaii's supervisory practice model. Through trainings provided to CWSB supervisors and administrators statewide, the Center supported the State to ensure that staff are knowledgeable of and have the new skills necessary to implement the supervisory practice model. The training focused on coaching techniques. Additionally, the Center provided individual coaching to supervisors statewide to assist in their development and integration of the coaching and supervisory techniques.

As Hawaii moves toward SFY 2021, in support of Hawaii's PIP, CWSB has planned with the CBC for the Center to create coaching procedures and practice guides to support the three PIP cross cutting themes of:

1. Timely Permanency,
2. Quality Safety and Risk Assessments, and
3. Authentic Engagement of Children and Families.

### **B. TRAINING AND TECHNICAL ASSISTANCE TO THE COMMUNITY**

One of Hawaii's strengths is the power of its community partnerships. CWSB regularly collaborates with agencies and organizations throughout the State to increase safety and wellbeing for Hawaii's families.

SSD's Staff Development Office provides numerous trainings throughout the year to the community, including mandated reporter training to school staff, and child abuse awareness training to community organizations.

Additionally, over the past year, on the issue of Hawaiian disproportionality, CWSB has provided data and guidance to Liliuokalani Trust, Consuelo Foundation, and Partners in Development Foundation. This data analysis and guidance has helped these agencies to develop initiatives and refine programs to decrease Hawaiian children's entry into foster care, decrease their length of time in foster care, and increase their connections with family members.

CWSB collaborated with the judiciary, former foster youth, Annie E. Casey/Jim Casey Youth Opportunities Initiative, and other partners in the creation and implementation of Ohana Is Forever Annual Youth Conference and Teen Days at Court. These programs were driven by

young people (current and former foster youth) and CWSB and provided trainings on the needs of the young people involved in CWSB, as well as information on relevant services and resources. Also, CWSB's Independent Living Collaborator Contract provides collaborative trainings and technical assistance to all of the IHI providers and other groups working with young people.

## **C. STRATEGIC PLANNING COMMITTEE**

### **1. Overview**

Since 2007, CWSB has collaborated with Casey Family Programs (CFP), through the Strategic Planning Committee (SPC), to safely reduce the number of children in foster care. The objectives of the additional support include improved education, employment, and mental health outcomes for children currently or formerly in foster care. The SPC meets quarterly and has designed and supported the initiatives described below.

From 2015 through 2019, the SPC Initiatives have promoted family and community engagement and collaboration, prevention of removals, promoting reunification/permanency, and the development of good leadership. These initiatives included Community Gatherings (Aha), Islands of Hope, Wrap Around Model Services, Family Engagement/Support, Education Promotion/Stability, Title IV-E Waiver Demonstration Project, Trauma and Healing Informed Care, and Leadership Development. Wrap Around was one of the service components in the Waiver Demonstration Project. Education Stability became an ongoing collaboration between the Department of Education and CWSB. Family Engagement/Support is integrated into all services and into the PIP3. The 2019 initiatives are discussed in the following section.

### **2. Trauma Informed Best Practices**

PIP3: Practice Guidelines incorporating Trauma-Healing Informed Care (THIC) values specific to parent engagement have been developed and shared with staff. The practice guidelines reinforce statewide training that was conducted in 2018 for all CWSB staff, in partnership with Casey Family Programs and HI CQI Project. A collaborative workgroup is developing a curriculum for a Permanency Training, incorporating THIC values.

### **3. Reduction of Repeat Maltreatment and Reentries: Community Gatherings (Aha)**

Since July 2010, the SPC has worked with local cultural communities on all islands to facilitate community gatherings, known as aha, to increase collaboration, partnership and shared knowledge. It is planned that these gatherings will continue in SFY 2020 with Casey support. The aha initiative is effectively promoting reunification and permanency for the children/youth and increasing supports to families to prevent re-

entries by engaging communities and promoting connections between birth families, resource families, children & youth, and siblings.

**a. Maui (including Molokai)**

Maui CWSB continues to work with CFP on a systems analysis framework, called “Islands of Hope” (IOH), to support and enhance collaboration among community partners, stakeholders and service providers with the goal of decreasing duplication and increasing availability of effective and targeted interventions.

In 2018, a coordinator was hired. In November 2018, engagement trainings were completed after monthly 3-hour webinars with coaches. In 2019, coaches met with trainers to follow-up on engagement and training of community partners. In December 2018, the kiosk at the Queen Kaahumanu Mall, staffed by volunteers, opened to provide information. The development of the one-stop-shop continues. IOH steering committee continues to meet on the IOH collaborative projects.

MOLOKAI: A Keiki Fest was held on April 13, 2019—promoting community engagement and collaboration, awareness of resources, etc.

**b. East Hawaii**

CWSB joined in many positive and creative collaborative approaches with the Judiciary, Hawaii HOPES Youth Advisory Council, birth families, children/young people, and resource families, and other partners. The outcomes from these efforts included enhanced relationships with CWSB, connections between birth and resource families, sibling connections, and increased understanding of the CFSR/PIP3 plan/best practices. East Hawaii held multiple events and activities (Halloween Event, Engagement/Convening Event, CWSB Surveys for Staff) designed to engage the families, increase communication with providers, and enhance practice regarding engagement and the use of data and tools to support practice.

**c. West Hawaii**

In 2019, CWSB West Hawaii Section collaborated with police, birth and resource families and children/youth, service providers, and other community partners to sponsor three major events. These events included a Back to School/School sharing of school supplies; cultural Training was provided for CWSB staff by Kaala Souza; and capping off the year, a Holiday Party for birth families and their ohana (for families with children both in care and in family supervision/in-home), resource caregiver families and community partners. These events included collaborative efforts and collaborative funding/donations.

**d. Kauai**

In 2019, Kauai Section collaborated with service and community partners, including HI HOPES Youth Advisory Council, Judiciary, Neighborhood Place, Hale Hoomalu, Children's Justice Center, and Kauai Police and Fire Departments to support many community events. These events included Olympic Day for youth in care and formerly in care; meeting to enhance community awareness of services and resources; Family Night and a Second Family Night (talk story with resource caregivers, Bingo, Resource Booths, Food); and a Christmas gathering with birth families, children, and resource families (100 children; 75 adults) to create positive relationships, and reduce fears of the police and CWSB.

**4. Supporting PIP3 Goals**

**a. Program Improvement Plan (PIP3) 3: Integrating and Supporting PIP Goals to Improve Outcomes and Strengthen the Child Welfare System**

**i. Overview**

Hawaii's PIP3 was approved by ACF in April 2019. The PIP3 began on May 1, 2019 and will end on April 30, 2021.

Hawaii's PIP3 addresses four cross cutting themes that include Supervision, Safety, Engagement, and Permanency. Over the past year, Hawaii and its partners have worked together to implement the strategies and activities in the PIP3.

**ii. Integration**

The PIP 3 cross cutting themes and strategies provide key infrastructural components to strengthen the child welfare system and are aligned with the overall CFSP goals related to Workforce, Prevention, and Collaboration. The PIP3 cross cutting themes and strategies also serve as a guide to align innovations and partnerships occurring within communities as a broader function of supporting and implementing change and practice improvement.

Implementation of PIP3 strategies is designed to manage change through a streamlined approach, align change efforts to achieve desired outcomes, and connect practice change for workers.

This integration of innovations is illustrated in the recent implementation of Specialize Workload Assessment Team (SWAT). This team is designed to be adaptive and provide workforce support, including mentoring, training, and

case work services to sections/units as needed due to conditions such as high work volume and/or reduced staffing. In alignment with PIP 3 activity, closing cases appropriate for closure, the SWAT has been able to assist both Kona and Maui Sections with current intakes and closing of inactive cases. Both the implementation of SWAT and these PIP 3 supervision strategies are aligned under the CFSP Workforce goal.

The SWAT will also gather and provide critical information regarding overarching workload issues to the Department that can be used to develop additional strategies and initiatives to enhance and support the CWSB workforce.

Where applicable, strategies within the PIP3 cross cutting themes have been integrated across themes. For example, concepts in the safety training, topics clarified in the procedures related to permanency and concurrent planning, and trackers related to worker visits are woven into the case discussion tool used in monthly supervision.

The integration of CQI and management is also evident in the PIP 3 strategies related to quality assurance and oversight of completed activities. Many strategies are reviewed in existing management meetings such as the monthly Branch meetings with all Sections Administrators and quarterly management leadership trainings with all Supervisors to review and discuss progress and opportunities for further clarification and support.

iii. Update on Activities

Many of the activities completed over the last year are briefly include below. Additional detail and information is available in the PIP3 bi-annual progress reports.

iv. Supervision

Reduction/elimination of the supervisors' caseload; closing cases appropriate for closure; development of guidelines and a structure for supervision; development and implementation of a monthly supervision tool; training on coaching and monthly supervision/tool; implementation of a survey of workers regarding their monthly supervision experiences; and monitoring the implementation of each strategy.

v. Safety

With input from supervisors, completion of revisions to the safety and risk assessment curriculum including the role of supervisors; provision of training

on the revised curriculum; provision of coaching, mentoring, and shadowing of caseworkers; clarification of procedures related to the distinction between reports of maltreatment that meet the criteria for investigation/response and calls of information/concern and clarification of the agency's response through procedure revision and training; reinstitution of initial response tracker; implementation of a new tracker for casework visits with children; and completion of targeted reviews on safety assessments, in-home safety plans, and safety-related decision-making in practice.

vi. Engagement

Development and dissemination of practice guidelines explaining the trauma and healing informed care (THIC) values; development of coaching and shadowing procedures, including specifically addressing fathers and incarcerated parents, that reinforces THIC values of authentic engagement (also integrated into the supervision guidelines); implementation of a new tracker for casework visits with parents; development and dissemination of guidelines for quality monthly contact with parents; and revision and implementation of procedures to clearly define the requirements and exceptions for Ohana Conferencing.

vii. Permanency

Review and revision of permanency planning and concurrent planning procedures, the Safe Family Home Report (SFHR) and Permanent Plan with input from the Family Court; development and dissemination of practice guidelines, bench cards to guide Family Court judges developed with the Family Court and CIP, and a family-friendly fact sheet explaining concurrent planning and the timelines to be shared with families by CWSB caseworkers; initiation of the provision of training on permanency planning and concurrent planning procedures, and relevant reports, practice guidelines, family fact sheets, and Bench Cards to CWSB caseworkers, supervisors, Section Administrators, and court partners, including judges and parents' attorneys; design and implementation of the a case staffing process with CWSB workers; provision of coaching and specific guidance (both verbal and written) on CFSR permanency items 5 and 6 and the topics listed in the permanency goal; in collaboration with the CIP, initiated, coordinated, and facilitated collaborative quarterly meetings to discuss permanency and other PIP initiatives for which CWSB and the Family Court have decision-making authority, responsibility, and influence; collaborate with the Deputy Attorney General (DAG) office to streamline legal paperwork for adoption, and centralize the review of adoption paperwork statewide to the lead DAG's Office on Oahu to promote statewide consistency and quality.



## **5. Leadership Development and Support**

This initiative supports section and branch administrators in working on interpersonal leadership, team building, organizational health, supervision and coaching. The goal is to sustain and improve leadership team functioning as measured by initial and subsequent self-reports from team members about the Five Healthy Functions (e.g., trust, conflict, commitment, accountability and results-focused). As the leadership positions were filled and stabilized, the team seemed to grow and strengthen.

## **6. Waiver Sustainability and Spread**

In March, 2020, DHS CWSB completed a five-year demonstration of innovative services to safely prevent foster placement, through a federal Title IV-E Waiver Demonstration program. This federal program gave Hawaii the opportunity to waive federal requirements for funding of foster care in order to test and evaluate innovative approaches to reduce the number of foster care “short-stayers” who enter and exit care within thirty days and “long-stayers” who have been in care for at least nine continuous months. DHS viewed the Waiver Demonstration as an opportunity to test and learn from a sustained initiative of trying new methods of practice and incremental systems change.

Two programs to reduce the number of short-stayers were implemented: (1) a Crisis Response Team providing a face-to-face child welfare response to child maltreatment intakes when children were deemed to be at risk of an imminent removal, to provide an assessment of risk and locate a relative placement or other means to prevent placement when possible; and (2) Intensive Home-Based Services, a short-term home-based skills-building program provided to families at imminent risk of child removal.

Two programs were also implemented to find permanency for those in care at least nine months: (1) Family Wrap Hawaii, a wraparound process to build on family strengths and goals to achieve reunification, and (2) Safety, Permanency, and Well-Being meetings, a facilitated meeting of key decision makers for those children for whom reunification is unlikely and need high level barrier busting to find other forms of permanency. Services were provided and evaluated on Oahu and Hawaii Island, from 2015 through 2019.

A rigorous evaluation by researchers at the University of Hawaii included an analysis of process, outcomes, and costs of the demonstration. The evaluation found the four new interventions were provided with high fidelity by the providers of each service. The Crisis Response Team served more than their projected number of children and families, while the other three interventions experienced low uptake, not uncommon for a large demonstration of new interventions.

Outcomes of the Demonstration were mixed. While the Crisis Response Team did not prevent more children from entering care during the Demonstration years, further

analysis found that the risk profiles of families reported for child maltreatment increased over the course of the Demonstration, particularly on Hawaii Island. Many children seen by the Crisis Response Team had short stays in placement, especially on Hawaii Island.

The other three interventions had moderate levels of success in preventing placement or achieving permanency. Intensive Home-Based Services had a 93% success rate in preventing placement among families at imminent risk of placement. The Hawaii Family Wrap program was successful in helping children reunite with their families for over two-thirds of the children they served, and within five months, on average. Children and youth who had a Safety, Permanency, and Well-Being meeting were somewhat successful in achieving reunification, adoption, and guardianship following this service, but these outcomes did not occur quickly. Those most likely to achieve permanency were younger and in their first experience of out-of-home care. Despite these successes, the size of the foster care population on Oahu and Hawaii Island grew during the Demonstration, partly due to the low uptake/referral rates for Demonstration services.

Given the growth in the foster care population, the Waiver Demonstration did not realize the expected savings in the cost of providing foster care, a goal of the Demonstration. However, there were many lessons learned about implementing large-scale systemic change: lessons that continue to inform the innovation and provision of child welfare services in Hawaii.

## **7. Family First Prevention Services**

Family First Prevention Services Act (FFPSA) in Hawaii

Hawaii is on track to submit a Title IV-E Prevention Plan to DHS ACF by October - November 2020. The Center for the Study of Social Policy (CSSP) is providing technical assistance and Hawaii is participating in the Casey Family Programs FFPSA Learning Community.

The goal of Hawaii's Title IV-E prevention plan is not to disrupt or replace current services that are already in place and have proven to be effective in preventing of children entering foster. The goal of the plan is to work with our community partners and utilize technical assistance to enhance the positive impact of those services by augmenting them with evidence-based practices and focused on services that have demonstrated positive outcomes for children and families.

Hawaii plans to create a comprehensive continuum of prevention services for Hawaii's families that will incorporate existing services and additional trauma informed, evidence-based practices and services. An essential component of this continuum is a separate yet complementary statewide primary prevention plan being developed

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alongside the FFPSA prevention plan. Coordination among the two plans is accomplished by overlap of membership on work groups for the two planning processes. The CWSB FFPSA plan writer is the same person who is assigned to write the Hawaii's Statewide Primary Prevention Plan, and also serves on the statewide primary prevention plan steering committee. A CWSB program development staff also participates in collaboration meetings with community partners who are tasked to establish the Hawaii statewide primary prevention plan. Before the COVID-19 crisis, the primary prevention plan timetable was similar to the FFPSA Prevention Plan timetable. Because of the crisis, the statewide primary prevention plan will not be completed until 2021.

A second goal for the FFPSA Prevention Plan is to build on the IV-E Waiver Demonstration Project and align with ongoing case practice shifts through the CFSR PIP. The Waiver interventions were implemented in two of Hawaii's four counties. Through the FFPSA Prevention Plan, some of the waiver interventions will expand statewide.

In 2019-2020, Mainspring Consulting provided technical assistance to Hawaii to lay the foundation for the planning process, including conducting a fiscal analysis of current services and evidence-based services available in Hawaii, taking into considerations cost of services, current population, anticipated population, geographic locations of providers and families, and precipitating factors that brought families to CWSB to inform the prevention plan. In February 2020, Mainspring presented preliminary results from the fiscal analysis. The final fiscal analysis will be completed by summer 2020. In early 2020, as Mainspring's work in Hawaii came to a close, Mainspring recommended that Hawaii explore working with CSSP to implement the FFPSA Prevention Plan planning process.

Hawaii's planning structure includes an executive committee, an operational committee and 10 exploration or work groups. Within this structure, the following groups are represented:

- Advocacy groups;
- Birth parents who were involved with the child welfare system;
- Child Welfare Services line staff, supervisors, administrators;
- Community organizations;
- Court Improvement Program;
- Current and former foster youth;
- Foundations;
- Hawaii's Community-Based Child Abuse Prevention (CBCAP) coordinator and CBCAP-funded prevention partners;
- Non-profit service providers; and
- Other state agencies serving families.

With the support of Casey Family Programs, CWSB has hired a FFPSA evaluation team and a FFPSA plan writer. The FFPSA evaluation team conducted the evaluation of Hawaii's Title IV-E Waiver Demonstration. This is important because the FFPSA IV-E Prevention Plan will build on the Waiver Demonstration. The evaluators serve on the work groups developing the Prevention Plan and will share valuable information learned from the Waiver.

Key planning tasks completed:

- Data collection and analysis with Mainspring;
- Preliminary fiscal analysis completed by Mainspring;
- Dec. 10, Feb. 5, Feb. 6 meetings to engage community partners listed above. The next meeting was scheduled for April 8 but was cancelled due to COVID-19;
- CSSP engaged as technical assistance consultants;
- Created the organizational structure and work plan to develop the FFPSA prevention plan;
- Weekly planning meetings and biweekly exploration and work group meetings are ongoing; and
- Representatives of the operational team participate in biweekly Casey Family Programs learning community meetings.

Planning Timeline:

- July 2019 – February 2020: CWSB worked with Mainspring Consulting to collect and analyze data and complete a fiscal analysis
- December 2019 – July 2020: Community partner engagement
- March – July 2020: Exploration groups and work groups finalize the definition of “candidates for foster care,” gather and analyze data, engage community partners outside the group membership, develop recommendations for evidence-based programs to include in the prevention plan, develop the case process pathway for FFPSA prevention cases, complete fiscal analysis, develop change management and communications strategies, develop plan for workforce training and support, create plans to update data and fiscal systems and processes prior to FFPSA prevention plan implementation
- July – October 2020: finalize recommendations and write and submit plan
- September 2020-September 2021: Create FFPSA prevention plan implementation infrastructure
- October 2021: FFPSA Prevention Plan implementation

## **8. Child Welfare Staff Recruitment, Retention, and Support**

CWSB worked with ACTION for Child Protection on an assessment of CWSB areas needing attention regarding organizational structure, workforce development, training, and retention. With the support of Center for States CBC, ACTION developed and

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provided statewide trainings to Supervisors/Leadership and Staff regarding Supervision and Coaching. ACTION also provided training on integrating Safety Tools/Assessments with Supervision and Coaching Skills for Supervisors. CBC continues with follow-up Coaching sessions with the Supervisors. ACTION will continue to work on Staff Development/Training, Organizational Structure, recruitment, retention.

## **D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION**

### **1. Overview**

CWSB has contracted Maui Continuous Quality Improvement (CQI) Project to conduct internal reviews of the Federal Payment Programs Eligibility Unit (FPPEU). The Title IV-E review team examines child and parent's case records, licensing and FPPEU records. The review report identifies errors, potential errors, non-errors, and ineligible payments found during the review. Potential errors, non-errors, and ineligible payments are then categorized as an area of concern so that reviewers can highlight areas needing improvement.

The quarterly reviews provide timely and specific feedback to the State that can directly affect the proper and efficient administration and implementation of the Title IV-E foster care maintenance payments programs.

In September 2019, case records for Oahu CWSB Sections, 1, 2, and 4 were reviewed with a sample size of 20 children. In February 2020, the Neighbor Island cases were reviewed for CWSB Sections 5, 6, and 7 were reviewed for the sample size of 15 children.

### **2. Findings**

The combined reviews found that of the total 35 cases reviewed, 24 cases (68%) met all eligibility requirements. The review found 11 cases with errors; seven (7) of these error cases involved licensing requirements and four (4) cases with errors that involved safety requirements for the resource caregivers. The licensing and safety requirements lacked documentation in the files for criminal history checks, and CA/N checks. A non-error area of concern found that a resource home was missing the local criminal history check, the FBI fingerprinting, and National Sex offender and Hawaii Sex Offender clearance but funds were not claimed during the period in which the checks were not completed. In one case, IV-E funds were claimed for a resource home that should not have been claimed for the 3 months while it was provisionally licensed.

### **3. Plans for Improvement**

A corrective action plan is being developed to correct the current errors.

Maui CQI will continue to conduct internal quarterly reviews of FPPEU's eligibility files, licensing files and parent's case files. Cases will be randomly selected to ensure proper eligibility determinations, documentation and title IV-E coding.

In addition to the FPPEU unit reviews, the annual State Single Audit by a private accounting firm was conducted during September—December 2019. Results of the audit on 60 randomly selected foster care cases indicated no errors. Missing documentation was a recurring problem noted by the auditors during the review, and comments are expected to be included in the audit recommendations. The audit report has not been received yet by CWSB due to the COVID-19 crisis. Once the report is received, CWSB will develop a plan for improvement based on the recommendations.

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

### **A. OVERVIEW**

CAPTA funding has been and will continue to be used in the upcoming fiscal year to implement Hawaii's CAPTA State Plan by supporting Family Strengthening Services which is part of Hawaii's Differential Response System (described above in *Section III. Programs Supporting Safety, C. Child Maltreatment Reports and Disposition Statewide*) and consistent with the goals and objectives of the CFSP. In addition, CAPTA funds will be used for further family strengthening services including the Neighborhood Place Services, Kauai Drop-In Center, and if funds remain, for Voluntary Case Management.

CAPTA was recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA, which previously only provided immunity from prosecution, to include immunity from both civil and criminal liability for people who: make good-faith reports of child abuse or neglect or other information; or pursuant to a good-faith report of child abuse or neglect, assist with a report, including medical evaluations or consultations, investigation, or legal intervention. Hawaii's child abuse and neglect mandated reporting law (HRS §350) is not currently consistent with this new CAPTA requirement. In order to maintain the State's eligibility for the CAPTA State Grant, Hawaii submitted proposed revisions to HRS 350-3(b) in the current 2019-2020 legislative session. The legislation is still pending.

The State CAPTA Liaison Officer remains the same. Her contact information is below:

Hawaii State CAPTA Liaison Officer  
Daisy Hartsfield, TA-SSDA  
Social Services Division  
Department of Human Services  
1010 Richards Street, Suite 216  
Honolulu, HI 96813  
[dhartsfield@dhs.hawaii.gov](mailto:dhartsfield@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, and representatives from DOH and DOE.

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 New Mexico in 2019, and hold a CRP retreat where members worked on team building and setting goals for the upcoming year. CRP members will also use funds to participate in the NCRP conference in Ohio in 2020. The CRP members are in the process of recruiting members for CRP.

During this reporting period, the projects that the CRP focused on was the Joy Ambassador program and showing appreciation for social workers.

The first project the CRP group worked on was the Joy Ambassador program/Pet visitation program for the CWSB sections. Members of CRP saw The Humane Society's Project as a means to comfort children and families involved in child welfare and to provide caseworkers with another tool to work effectively with families. The Oahu CWSB Sections participated with the Joy Ambassador Program and the plan is to expand to the other neighbor island sections. The CRP was given feedback and stories about how this service benefitted children, families, and social workers.

The second project the CRP group worked on was appreciation for caseworkers. In March of 2019, the Panel's goal was to provide Hawaii State caseworkers with an appreciation gift to celebrate Social Worker Appreciation Month. However, this project was challenged in efforts to obtain necessary vendors and quotes for the purchase. In March of 2020, the Governor signed a Proclamation for Social Worker Appreciation Month, acknowledging the difficult work caseworkers do to help Hawaii's families.

The CRP appreciate the renewed focus on prevention and the continuum of CWSB activities and services contained in the CFSR PIP3 and the CFSP CSWB will continue to engage the CRP in activities and items supporting the PIP3 and CFSP. CRP will continue to evaluate and analyze strategies to support CWSB programs through its focus on identifying and implementing projects that will assist CWSB's implementation of PIP3.

## **C. CHILD FATALITIES**

### **1. Fatalities in CWSB Cases**

#### **a. Annual Update**

Hawaii CWSB reports data on child deaths in cases that were active during the reporting period to NCANDS.



## **b. Data**

In SFY 2019, there were five (5) child fatalities determined to be due to maltreatment. Of the five child fatalities, four (4) became known to CWSB when a report of suspected maltreatment was made due to their injuries. One (1) fatality involved a child that was known to CWSB. At the time of death, the child was under the custody of the state and placed in a licensed foster home. The fatality happened in SFY 2018 but the determination that the death was due to maltreatment was made in SFY 2019. A multi-disciplinary team was held to review the child's death and determined it was due to maltreatment by the Resource Caregiver. See the Data Booklet, Figure 60: Child Fatalities in Active CWSB Cases – SFY 2015 – 2019.

\*Data in SFY 2019 reflects the number of children that died due to maltreatment. Clarification to Figure 60: Child Fatalities is being made in order to more accurately reflect the data.

Hawaii tracks all child deaths that are reported to CWSB, including those deemed accidental, and those confirmed and not confirmed for abuse, neglect, or threat of abuse or neglect. Intake forwards a copy of the report to the Program Development Office for review, documentation, and compilation. This information is maintained for review to determine whether new policies and procedures are needed, as well as for responding to media inquiries. CWSB is collaborating with the Continuous Quality Improvement (CQI) Project Data Analyst to improve data collection and develop a new database to track all reported child deaths. A new Child Fatality Database, not connected to CPSS, was developed, that allows CWSB to create on-demand reports based on various queries, including manner/cause of death, age of child, island, and sex, among other criteria. Historic and current data are being input into the new database. Once the database is ready for release, *i.e.*, populated and revised as needed, all CWSB sections will have access that will them to track child deaths in their specific geographic areas.

## **c. Multi-Disciplinary Team**

CWSB utilizes the Multi-Disciplinary Team (MDT), a case conferencing tool with diagnostic services for families and children and consultative services for the DHS regarding medical, mental health, psychological, and legal issues relating to intervention, planning and service provisions for families to assist staff on serious cases of child abuse and neglect, inclusive of child death cases. An MDT is convened for every child death, or serious injury to a child, in an active CWSB case. The team is comprised of a clinical psychologist, medical doctor/pediatrician, registered nurse, and clinical social worker. For child death cases, a staff member with the Program Development Office attends the MDT to determine if any rules or CWSB policies or procedures require modification as a result of the deaths. During SFY2021, Program Development will be collaborating with the state's contracted provider to review the MDT process on child fatality cases to ensure time is being used efficiently to assist

staff in: 1) assessing the treatment needs and goals of the surviving siblings; and 2) making recommendations dealing with complex situations, serious cases of child abuse and neglect.

Hawaii continues to explore ways to review child death reports and dispositions to improve casework practice. One strategy is to partner with its providers to strengthen relationships to gather and discuss pertinent information to help support case work decision making and case planning. Another strategy is to add child deaths to the Branch meeting agenda. When there is a child fatality, time will be set aside for Section Administrators to review and discuss the intake, disposition, practice and community partnerships to determine if there is a need for clarification in policy and procedures and/or system changes.

## **2. Child Fatalities Statewide**

In Hawaii, the legislature has tasked the Department of Health (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. A staff member of the CWSB Program Development Office participates in the review.

The DOH Child Death Review (CDR) team compiles statewide data on child deaths obtained from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the State's Medical Examiners' Office. DOH Child Death Review reports include child deaths as defined by the National Center for the Review and Prevention of Child Deaths categorized as follows: 1) Child Abuse and Neglect, 2) Homicide, 3) Natural, 4) Suicide, 5) Undetermined, and 6) Unintentional Injury.

In Hawaii, child deaths are reviewed one year after the death occurs. The review process, in partnership with public and private members of the community, includes the examination of the circumstances surrounding a child's death to collect and review critical data to make recommendations that can prevent future injury or deaths. Interagency collaboration assists members of the review teams to understand the causes that may lead to child deaths as well as identify and implement prevention strategies.

On a quarterly basis, the Child Death Review teams present information, including the identification of systemic problems, and recommendations for necessary policy, procedural, and legislative changes that may prevent future deaths, to the Child Death Review Council, a multiagency group comprised of local government and private organizations.

Hawaii recognizes that follow up on recommendations is crucial to ensuring preventable deaths from occurring. The Child Death Review teams and State Child Death Review

Council are developing a plan of action identifying private and public partners who can assist in the implementation of recommendations from the statewide CDR teams. Recommendations will be prioritized by county-specific CDR teams.

Internally, CWSB has acknowledged the vital role that front-line workers have in implementing change. In the past year, CWSB line staff have begun attending child death reviews so that they can provide additional pertinent case information and offer their own recommendations on how to reduce preventable child deaths. Feedback from staff has been positive and they have indicated they want to attend meetings where their cases are being reviewed.

### **3. CAPTA Fatality and Near Fatality Disclosure Policy**

Currently, when CWSB receives a request for public release of information about a child fatality or near fatality, that has been confirmed as a result of abuse or neglect, Hawaii at a minimum will disclose:

- a. Age of the child;
- b. Gender of the child;
- c. The cause and circumstances regarding the child fatality or near fatality surrounding the incident;
- d. Relevant information about previous reports of child abuse or neglect pertinent to the child fatality or near fatality;
- e. Relevant information about previous investigations pertinent 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 May 2020. This section presents the results of this survey, along with caseload data from CPSS. The CWSB workforce data tables and charts can be found in the Data Booklet, Figures 61 – 68a.

### **2. Staff**

As of May 2020, CWSB had 402 funded positions, 325 employees, and 77 vacant positions. Based on these figures, CWSB is currently functioning with only 81% of the authorized staff. Refer to the Data Booklet, Figure 61: CWSB Staff Positions and Vacancies – 2014-2020, for point-in-time details on data for the past seven years.

### 3. Caseload

Based on the February 2020 active case assignments in CPSS, the average caseload per assessment worker was approximately 41 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 was approximately 19 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 62: Hawaii CWSB Average Caseload for details and a comparison of May 2012 through February 2020.

### 4. Positions

The breakdown of staff positions for May 2020 is provided in the Data Booklet, Figure 63: Hawaii CWSB Staff Breakdown – May 2020; and Figure 64: Current Staff Positions – Filled and Vacant – May 2020.

### 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 2020 CWSB-internal survey showed that CWSB employees were 80% female and 17% male, with 3% preferring not to state gender. The gender discrepancy for CWSB is not surprising, as caring for children has been women's responsibility, both culturally and historically, and within most current societies.

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

### 6. Age

Please refer to the Data Booklet, Figure 65: Age Distribution of CWSB Staff - May 2020. This information reflects the employees' cumulative response to the question: *"What age range do you fall into?"*

As of May 2020, all CWSB employees fell into the 20-79 age range. The largest percentage of CWSB staff (32%) fell into the 50-59 age range, followed by the 40-49 age range (23%).

In May 2020, approximately 50% of CWSB staff is between 50 and 79 years old. Although in the past, Hawaii was concerned about its aging staff and numerous imminent retirements, potentially causing mass exodus of a vast amount of institutional knowledge, given the data regarding plans to retire or leave CWSB, which can be seen in Figure 68a, CWSB is optimistic about its future ability to retain both staff and institutional knowledge.

## **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 Bachelor's Degree and some experience in human services. Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. In addition to the other caseworker requirements, entry-level intake workers are required to have worked in CWSB for a minimum of three years. A Master's Degree in social work or a related field is not required, but is preferred for higher level caseworker positions and supervisors. CWSB supervisors must have a minimum of four years of professional experience in child abuse and neglect in addition to the formal education requirements for caseworkers.

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

Please refer to the Data Booklet, Figure 66: CWSB Staff Highest Level of Education - May 2020, for details.

## **8. Ethnicity**

Refer to the Data Booklet, Figure 67: CWSB Staff Ethnicities - Self-Reported, May 2020 for the diverse ethnic breakdown of Hawaii's CWSB 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 68: Length of Employment with CWS, Self-Reported – May 2020, for a snapshot of the current staff longevity with CWSB. Although staff retention is a perpetual focus of CWSB, the Branch also celebrates that 61% of the employees have been remained a part of the team for five years or more, and a third of the staff have been working here for 16 years or more.

## **10. Retention**

Please refer to Figure 68a: Plans to Retire or Leave CWS, Self-Reported – May 2020 in the Data Booklet. CWSB staff were asked *“Do you have plans to retire or leave your job at CWS within the next five years?”* An impressive 71% of current staff do not have any such plans. (In May 2019, the percentage was 68%. In May 2018, it was 67%.) This indicates that staff are largely satisfied working at CWS and that the workforce is relatively stable.

## **E. JUVENILE JUSTICE TRANSFERS**

In SFY 2020, CWSB developed a policy regarding Juvenile Justice Transfer cases in collaboration with the Office of Youth Services, Hawaii Youth Correctional Facility (HYCF), Hawaii State Judiciary, Hoomalu Detention Home (DH), and HI H.O.P.E.S Initiative focused on youth voice. The policy was informed by the Crossover Youth Practice Model.

The purpose of the policy is to facilitate collaboration and communication between various State departments and agencies providing care and services to detained or incarcerated youth in foster care. The policy provides guidance on:

- frequency of contact and visitations;
- agencies' roles and responsibilities in the youth's case;
- agency placement responsibility; and
- documents and information required in order to move the case forward.

The policy also supports and upholds:

- continuity of care with client-centered transition planning for re-entry into the community;
- normalcy;
- family connections; and

- the youth's rights as outlined in HRS §587A-3.1.

Please see Hawaii Data Booklet, Figures 69-71. In SFY 2019, twenty-three youth in foster care were held in DH, and four youth in foster care were incarcerated at HYCF. Two youth spent time in both locations during SFY 2019, resulting in a total of twenty-five unduplicated total youth in foster care held in a detention or correctional facility during the year. Although the goal is to have no foster youth involved in juvenile justice, SFY 2019 numbers are generally positive. As you can see in Figures 69 and 70, the SFY 2019 numbers are on par with Hawaii's lowest year (SFY 2017) over the past five years. Although in SFY 2017 there were fewer youth in DH (21 youth) than in SFY 2019 (23 youth), there were more youth in HYCF in SFY 2017 (8 youth) than in SFY 2019 (4 youth). The unduplicated total for these two years is the same (25 youth), and the percentages of foster youth in DH or HYCF for the two years differ less than one tenth of one percent.

The low number of cross-over youth is believed to be a direct result of better collaboration and services among CWSB, OYS and DOH CAMHD. In addition to CWSB Wrap program, both OYS and DOH CAMHD had implemented their own Wrap programs to target youth at risk of facility placement and preparation for youth exiting the facility. CWSB, OYS, and CAMHD continue to meet to discuss system functions and improvement to better serve families and maximize resources. The meetings are also opportunities to learn from each system's experience and collaborate on training opportunities and resource development.

## **F. DOMESTIC VIOLENCE**

### **1. Domestic Violence Shelter and Support**

DHS contracts with eight (8) domestic violence shelters across the state to operate and provide 24-hour domestic violence (DV) hotline services to respond to crisis calls, information and referral assistance, emergency shelter services, outreach, assistance in developing safety plans, individual and group counseling, transportation, advocacy, community education, and other supportive services for survivors and their children in the shelters. Shelter services also provide transition planning, limited transitional housing, and follow-up services for DV survivors exiting the shelter. Transitional housing services continue to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawaii, the financial limitations of single parent households, and poor rental history that may result from their frequent moves.

Six shelters, located on Oahu, Maui, and the Island of Hawaii, are in urban areas. The Kauai and Molokai shelters are in rural areas. In SFY 2019, 1,324 clients were served in shelters for a total of 28,522 shelter nights and 13,843 crisis/hotline calls were made.

Aside from providing shelters, the services to victims in the shelters include crisis intervention services, victim advocacy services, individual or group counseling/support

group, criminal/civil legal advocacy, medical accompaniment, and transportation services. The DV providers and Domestic Violence Action Center (DVAC) also host community education awareness presentations statewide for the public.

During SFY 2019, domestic violence shelters provided crisis intervention, advocacy, counseling and support groups, and other supportive services to 865 children and 3,037 adult victims of domestic violence. Please see Data Booklet Figure 72: Domestic Violence Services SFY 2019 for the specific breakout of services.

The shelters also provide non-shelter services to clients, which are supportive services only. In SFY 2019, 737 clients were served with non-shelter services. The shelters provided 356 community education presentations statewide, with 6,289 participants in attendance.

The shelter programs also have access to resources for immigrant populations, including legal services contracted by the DHS, a Bilingual Access Line on Oahu funded by the Office of the Prosecutor's Victim-Witness Program, and bilingual services made available at a low cost through the National Coalition Against Domestic Violence.

## **G. SUBSTANCE EXPOSED INFANTS AND CHILDREN**

CWSB continues to provide a plan of care for substance-exposed infants and children in foster care. There have been no changes to the plans of safe care through its Family Service Plan and CWSB continues to employ assessment tools for identification, case planning and monitoring of these children while they are in foster care.

Children who may have substance exposed can only be identified in CPSS if a precipitating factor of drug abuse or alcohol abuse by parents is indicated when an intake report is entered into CPSS. In SFY2019, of the 1,321 children confirmed as victims of harm, a precipitating factor of drug abuse for SFY2019 was indicated for 533 (39.4%), while only 81 (6%) had a precipitating factor of alcohol abuse by their parents. CPSS has limited ability to track those children who may be substance-exposed. The new database, CCWIS, will have enhanced ability to capture data and assist with identification and tracking to help ensure the provision of appropriate services for substance-exposed children.

The Hawaii Fetal Alcohol Spectrum Disorders Action Group (HIFASDAG) was formed in 2016 by a group of volunteer educators, clinicians, researchers, and FASD family members concerned about the lack services and treatment for individuals with FASD and support for their caregivers. HIFASDAG seeks to create a more stable and sustainable infrastructure. With the belief that every individual deserves a full and productive life, the goals of the Hawaii FASD Action Group include: enhancing community awareness of FASD and commitment to addressing FASD; and training families and other individuals and professionals to recognize, assess and effectively intervene with FASD-informed strategies.



HFASDAG is currently the only organization that provides advocacy for FASD-informed services and education and training on FASD in Hawaii.

HFASDAG is advocating for the development of screening programs at treatment centers for high-risk individuals with FASD and training on FASD-informed treatment approaches for individuals with a FASD. They also offer a monthly parent support group.

HIFASDAG held their 2nd Annual Conference in September 2019.

## **H. HUMAN TRAFFICKING**

Please see Data booklet, Figure 73 through Figure 77 for some details of the human trafficking reports and victims for the period June 2017 to February 17, 2019. Highlights of these figures include:

1. The majority of the human trafficking cases are located on Oahu.
2. 37 cases had CWSB involvement.
3. The average age for these human trafficking victims is 16.
4. 95% of the victims are female.
5. The common risk indicators for these trafficked youths include substance abuse and runaways.

Based on information from reports received, the statistically average victim is a 16-year-old Hawaiian female with a confirmed report of commercial sex trafficking with risk factors of drug involvement and run-away referred by a service provider on Oahu. On September 29, 2014, Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, was enacted. This law requires Title IV-E agencies to consult with other agencies that have experience working with at-risk youth to develop and implement policies and procedures to identify, document, and determine appropriate services for any child in the placement, care, or supervision of the Title IV-E agency who is at-risk of becoming, or is, a sex trafficking victim.

In September 29, 2015, CWSB implemented procedures, as required in the Public Law 113-183, the Preventing Sex trafficking and Strengthening Families Act to: (1) locate children missing from foster care, (2) determine factors that lead to the child's being absent from foster care and, to the extent possible, address those factors in subsequent placements, (3) determine the child's experiences while absent from care, including whether the child is a sex trafficking victim; and (4) report related information as required.

Public Law 114-22, the Justice for Victims of Trafficking Act of 2015, requires that effective May 29, 2017, states consider any child who is identified by a state as a victim of sex trafficking or severe forms of trafficking (as defined in sections 103(9)(A) and (10) of the TVPA) as a victim of "child abuse and neglect" and "sexual abuse." Act 016, Relating to Reports of Child Abuse, was passed by the 2017 Hawaii State Legislature in compliance with the public law and was effective May 29, 2017. The purpose of Act 016 (17) is, in part to amend the definition of "child abuse or

neglect” in Chapter 350, Hawaii Revised Statutes, to ensure that mandated reporters of child abuse and neglect report to the department of human services known or suspected child victims of sex trafficking or severe forms of trafficking in persons. The statute further clarifies that DHS CWSB is required to identify, assess and provide appropriate services to all minor victims of commercial sexual exploitation of the trafficking of minors, regardless of parental abuse or neglect.

Prior to enactment of the provisions of HRS Chapter 350, CWSB had already recognized the need to develop an effective response to human trafficking, and created a position within its program office that focuses on program areas that include trafficking and domestic violence and outreach to the community to offer support and education. CWSB continues to collaborate with our communities to develop and implement effective Human Trafficking strategies. CWSB staff is working with community partners to provide information and training to enhance awareness of the signs of human trafficking, and how to report, and appropriately access available community resources.

## **1. CWSB Human Trafficking Protocol and Procedures**

Effective May 29, 2017, CWSB implemented procedures, as required in the Public Law 114-22, the Justice for Victims of Trafficking Act of 2015 to ensure that trafficked children and youth are correctly identified and receive appropriate services and protections. CWSB Human Trafficking protocol includes provisions and procedures to identify, assess, and provide comprehensive services to children who are sex trafficking victims, including efforts to coordinate activities and services with state law enforcement, juvenile justice, and social service agencies, such as runaway and homeless youth shelters. Reports to CWSB are assessed for appropriateness of services, either through a diversion program or with CWSB and sent to the HT service provider for assessment and services.

The CWSB Human Trafficking Protocol was implemented by CWSB and Voluntary Case management (VCM) staff. The Family Strengthening Services (FSS) program staff also use the protocol as a guideline and contact CWSB if assistance is needed in identifying or determining appropriate responses for children not under CWSB placement, care, or supervision.

CWSB works with a designated statewide human trafficking service provider to provide 24/7 victim centered, trauma-informed comprehensive case management to minor victims/survivors of all forms of human trafficking statewide.

Screening: If human trafficking is reported, known or suspected, staff complete the Rapid Screening Tool for Child Trafficking (RST) based on available information. If adequate information is not available, staff may also ask the child/youth to complete the CSEC Identification Survey.

Response: If human trafficking is known, suspected or indicated by the RST and in consultation with the supervisor, within 24 hours staff:

- a. Make a report to CWSB intake who will create a HTC case;
- b. Intake to cross-report to police as a possible human trafficking case (or call 911 if there is a need for immediate response);
- c. Intake to make a referral to the 24/7 human trafficking service provider for consultation about services;
- d. Review the Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information form with the parents/legal guardian, and request signed consent, unless CWSB has permanent custody; and
- e. Send a copy of the RST and signed HCAHT Consent, if signed, to CWSB PD for tracking.

Tracking: CWSB PD submits the HCAHT Suspected Victim Data Report for with coded identifier information to HCAHT, if appropriate. CWSB PD also maintains an internal log for CWSB tracking purposes that will be used until the data system has the capacity to track the cases.

CWSB Human Trafficking stats are tracked internally by the Human Trafficking Liaison and CWSB PD. Current data is compiled and inputted manually and is CWSB data only, based on the intakes received and information from the service provider. This information is shared with the CSEC Steering Committee and service providers.

## **2. CWSB Staff Human Trafficking Training**

Training on Human Trafficking is ongoing. CWSB staff development provides training on mandated reporting of human trafficking of minors and CWSB's HT protocol during its new hire CORE training. Training for the new hire staff includes the use of the HT Rapid Screening Tool, and the Commercial Sexual Exploitation of Children (CSEC) identification survey to use when a minor is identified or suspected of being a victim of human trafficking and how to report HT to the CWSB hotline.

The current contracted service provider for HT offers trainings for resource caregivers at the quarterly and annual resource caregiver training, and for the community in various venues. CWSB staff also participated in ongoing HT trainings provided by other agencies throughout the year.

CWSB continues to provide trainings on HT for mandated reporters, statewide, on reporting, the HT hotline and HT checklist. The HT guide and checklist are available on the DHS website.

### **3. Collaboration**

HCAHT, Family Court of the First Circuit and other State agencies' ongoing efforts provide CWSB with opportunities to collaborate with many agencies to ensure that the CWSB protocol fits within the overall framework and that agency efforts are coordinated and complementary. The Memorandum of Agreement, with the Family Court of the First Circuit, continues to be in effect to ensure that the protocol is implemented as designed. The DHS is working in collaboration with the other counties to assist in a collaborative response and providing services for these HT victims.

CWSB and community partners completed various statewide trainings on mandated reporting of human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB continues to collaborate with the National Center for Missing and Exploited Children (NCMEC), the Department of the Attorney General's (DAG) Missing Child Center of Hawaii, and the Juvenile Justice Information System (JJIS) on establishing an electronic feed of data from the state's JJIS database to NCMEC. A Memorandum of Understanding was signed between NCMEC, DAG's JJIS, and CWSB. The CWSB is also collaborating with the county police departments throughout the state to ensure that needed data are being properly reported and tracked electronically. This ensures that information on CWSB missing children is reported to NCMEC as required by Public Law 113-183.

### **4. Current Actions**

Relating to Child Abuse, during legislative session FY2020 a legislative bill was proposed to add members of the clergy, commercial computer technicians, commercial film and photographic print or image processors, and persons employed by organizations that have direct contact with or supervision of children to the categories of persons who are required to report child abuse and neglect to the Department of Human Services or to police.

Relating to Child Sexual Exploitation, during legislation session FY2020 a legislative bill was proposed to establish a statewide coordinator and program within DHS to address the needs of sexually exploited children. Establishes the commercial sexual exploitation of children steering committee. Requires the steering committees to submit reports to the legislature by July 1, 2021, and July 1, 2022 and appropriates funds for this program.

The Hawaii Coalition against Human Trafficking (HCAHT) and the Family Court of the First Circuit continue efforts to coordinate and collaborate with various agencies to address human trafficking. HCAHT addresses sex and labor trafficking of adults and children statewide, and Family Court addresses the commercial sexual exploitation of

children on Oahu. Both efforts provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework.

**5. Collect and report, to the maximum extent practicable, the number of children who are victims of sex trafficking as part of the National Child Abuse and Neglect Data System (NCANDS)**

DHS tracks foster youth who are victims of sex trafficking, and reports out in the yearly NCANDS report. CWSB is currently collaborating with the Family Court, Prosecutors Office, Attorney General's Office, HPD, FBI, Home Land Security and the Children's Justice Center's staff to plan, coordinate, and communicate effectively and regularly for the benefit of youth. The DHS is also working with the VERA group to help with the different state organizations regarding youth who enter and exit the juvenile justice system. DHS will review its CPSS SHAKA capability to capture this data in order to further analyze needs for services.

To comply with the provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102); (section 106(b) (2) (xxiv) of CAPTA), CWSB amended and implemented its policy and procedures to identify, assess, and provide services to victims of sex trafficking. Reports of human trafficking made to CWSB are assessed for risk and referrals are made to appropriate services, either through a diversion program or with CWSB with a referral to the HT provider for assessment and services.

To comply with the provisions and procedures for training CWSB workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters (section 106(b)(2)(xxv), CWSB is doing the following:

- a. The CWSB is integrating HT services into case practice, prudent parenting, and normalcy policies and procedures.
- b. CWSB continues to provide trainings to the community regarding HT Mandated Reporter training, which includes how to utilize the HT Mandated reported checklist and to provide a written report format to support mandated reporting of suspected human trafficking under HRS Section 350-1.1, which requires an oral report followed as soon as possible by a report in writing. The guide and forms are available on the DHS website.

## **6. Trends**

Based on the information from the community and service providers, two common trends have been identified that help us to understand and develop effective responses to the root causes of human trafficking of minor victims.

- a. Substance abuse is the highest risk indicator among minor victims.
- b. Increase in the number of females as trafficking recruiters, and an increase in the number of females as actual traffickers.

## **7. Five Year Plan**

DHS will continue to develop new and enhance existing partnerships and collaborations with international, federal, state, and local counterparts, the private sector, and nongovernmental organizations and advocates to increase our efforts to understand and develop a coordinated, effective response to human trafficking.

DHS will continue to:

- a. Work with its current task force to align efforts among all agencies involved to promote a coordinated response;
- b. Develop and enhance culturally appropriate and trauma and healing-informed services for victims of human trafficking;
- c. Provide and promote outreach, training, and technical assistance on identifying and reporting minor victims of human trafficking;
- d. Enhance and expand the availability of services; and
- e. Focus on recruiting and developing appropriate homes for minor victims of human trafficking.

## **I. CONTINUOUS GROWTH**

### **1. CAPTA PIP**

#### **a. Background Checks**

CAPTA Section 106(b)(2)(B)(xii) requires States to have provisions and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated (not confirmed) or false, except that nothing shall prevent State child protective services agencies from keeping

information on unsubstantiated (not confirmed) reports in their casework files to assist in future risk and safety assessment.

In late 2018, Hawaii was found to be out of compliance with CAPTA Section 106(b)(2)(B)(xii) and was required to submit a program improvement plan aimed at bringing the State into compliance with the requirement. The program improvement plan addressed the following 2 issues:

- i. Hawaii is out of compliance with Section 106(b)(2)(B)(xii), which requires the state to promptly expunge records that are used for purposes of employment or other background checks in cases determined to be unsubstantiated (not confirmed).
- ii. The “Notice of Disposition” letter that is provided to persons who are the subject of a child abuse/neglect allegation states that the person’s not confirmed (unsubstantiated) case information is maintained in the Hawaii’s central registry. This process has been identified as inconsistent with section 106(b)(2)(B)(xii) of CAPTA as the central registry shall only contain reports of confirmed child abuse/neglect to use for employment or other background checks.

Hawaii’s PIP was approved by ACF on March 1, 2019 and Hawaii successfully completed this PIP on July 25, 2019.

Annual Update:

On July 25, 2019, the Children’s Bureau confirmed Hawaii’s successful completion of a program improvement plan (PIP3) to address compliance with this section of CAPTA.

**b. Immunity**

CAPTA was most recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA to provide immunity from both civil and criminal liability (it previously provided immunity from only prosecution) for people who make good-faith child abuse or neglect reports or provide other information or assistance with a report including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect.

This amendment to CAPTA became effective upon enactment. States that do not have this language in their current law, must enact legislation that will bring the state into compliance.

Because Hawaii's child abuse and neglect mandated reporting law (HRS 350) was not consistent with this requirement, a Program Improvement Plan (PIP3) created and submitted identifying the specific steps the state will take to come into compliance by June 30, 2020. Hawaii's PIP was approved by ACF in November 2019.

Hawaii developed specific language, submitted revisions to HRS §350-3(b), and provided testimony in explanation and support of the modifications to the State Legislature for review and adoption during the 2019-2020 legislative session. Hawaii is hopeful that this immunity law will pass by June 2020.

## **2. CWSB Primary Prevention Efforts**

Primary prevention, also called universal prevention, is a strategy to prevent child maltreatment through activities directed at the general population. In Hawaii, nonprofit providers and collaborative community initiatives implement most primary child abuse and neglect (CA/N) prevention activities. Government contracts and private grants fund these activities.

Most prevention activities occur at the local level. The network of nonprofit organizations providing primary prevention activities is too extensive to list. Statewide coordination is loosely provided by the statewide organizations listed below.

Coordinators of collaborative community activities include the following:

- a. Hawaii Children's Action Network (statewide);
- b. Hawaii Children's Trust Fund (statewide);
- c. Hawaii Early Childhood Action Strategy (statewide);
- d. Hawaii Maternal Infant Health Collaborative (statewide);
- e. Hooikaika Partnership (Maui County);
- f. Islands of Hope-Maui (Maui County);
- g. Keiki to Career (Kauai); and
- h. Neighborhood Place of Puna (Hawaii Island).

By the end of 2020, Hawaii will have a statewide CAN Prevention Plan connecting and coordinating existing prevention efforts. The Hawaii Children's Trust Fund and Hawaii Children's Action Network are facilitating the development of the plan, which will provide an overarching vision and approach to CAN Prevention. The statewide planning process will build on existing assessments, plans, and maps; identify gaps and needs; and propose new solutions.

One existing statewide plan that will inform the CAN Prevention Plan is Hawaii's Early Childhood State Plan, 2020-2024, which coordinates efforts to improve the lives of families with children aged prenatal care through eight. The plan includes primary



prevention strategies such as universal home visitation as well as secondary prevention strategies.

Universal prevention activities in Hawaii include the following:

- a. Anti-bullying education;
- b. Child injury prevention education;
- c. Education provided in schools and through youth activities about healthy relationships, preventing violence in relationships, and preventing sexual violence;
- d. Family strengthening services;
- e. Hawaii's fatality reviews (Child, Maternal, Domestic Violence);
- f. Initiatives to support prevention providers through professional development opportunities, strengthening networks, and increasing communication and collaboration among providers and state agencies;
- g. Linking parents with concrete supports such as housing, food, household items, medical and mental health care, transportation, childcare (sometimes these activities are considered secondary prevention because the families have the risk factor of poverty);
- h. One-stop-shops and resource centers where families can get information and access needed services;
- i. Parent education and parent support groups;
- j. Parent Leadership Training Institute;
- k. Public awareness events, activities, and information campaigns; and
- l. Parent Line, a free, confidential telephone line for questions regarding child development and behavior, family concerns, and links to community resources.

Home visiting services are considered primary prevention activities when they are available to all families whose children fall into the program's age requirements. In Hawaii, Home Visiting is a secondary prevention service because only families with identified risk factors are eligible to participate in the Maternal Infant Childhood Home Visiting Network. Other home visiting services, such as those provided through Early Head Start and Parents as Teachers, also require a family to have identified risk factors.

The CWSB mainly provides or funds secondary and tertiary prevention services. One goal of the 2020-2024 Child and Family Service Plan is to enhance the prevention-based child welfare continuum of intervention. As Hawaii develops its FFPSA Prevention Plan, CWSB's evolving CAN prevention role will become clearer. Some primary prevention activities CWSB provides are professional development opportunities for community providers, contracted providers, resource families, youth in foster care, the legal community, and agency employees.

Funding sources for primary prevention activities in Hawaii include:

- a. Title V Maternal and Child Health Services Block Grant;

- b. Community-Based Child Abuse Prevention (CBCAP) program of Child Abuse Prevention and Treatment Act (CAPTA);
- c. Title IV-B;
- d. Temporary Assistance for Needy Families (TANF);
- e. Social Services Block Grant (SSBG);
- f. Family Violence Prevention and Services Act (FVPSA) Grant;
- g. State and County funds; and
- h. Private Foundations.

**a. State Level Prevention Efforts**

i. Community, Nonprofit and Philanthropic efforts

a) Maui County:

- 1) **Hooikaika Partnership** is a coalition of more than 60 Maui County agencies and individuals committed to preventing child abuse and neglect. The focus is on primary prevention by increasing knowledge and use of the Protective Factors, raising awareness in the community about risk and Protective Factors, connecting agencies and individuals working to prevent child abuse and neglect, educating parents and providers about resources available for families and children.
- 2) **Islands of Hope-Maui** is a collaborative effort of Maui Child Welfare Services, Casey Family Programs, and Hooikaika Partnership to strengthen Maui's social services network. The focus is on secondary and tertiary prevention (keeping families with identified risk factors from entering or re-entering the child welfare system). The work has included strengthening and building capacity within the system through collaboration and partnerships, supporting providers of parenting education services through training and creating a network of family engagement coaches; creating a resource center kiosk at Queen Kaahumanu Center; hiring a system navigator to support organizations and help individuals access needed services. Private foundation and federal funding support Islands of Hope.

b) Hawaii Island: **Neighborhood Place of Puna**

- c) Kauai: **Keiki to Career** is a public-private collective impact initiative to unite Kauai to insure young people are healthy and thriving, academically successful, connected and contributing, and ready for college and career.
- d) Oahu: **Hawaii Early Childhood Action Strategy** (ECAS) is a statewide public-private collaborative designed to improve the system of care for

Hawaii's youngest children and their families. ECAS brings organizations together to align priorities for children prenatal to age eight, streamline services, maximize resource and improve programs. The focus areas include "healthy and welcome births" (focused on maternal/infant health and well-being); "safe and nurturing families" (focused on primary prevention of CAN); "on-track health and development" and "equitable access to programs and services."

The **Hawaii Maternal Infant Health Collaborative** is a public-private partnership committed to improving birth outcomes and reducing infant mortality. The group has several initiatives to improve women's reproductive health, healthy pregnancies and births, breastfeeding, safe sleep, and infants prenatally exposed to drugs and alcohol.

ii. Collaborative Plans

- a) Hawaii's **Early Childhood State Plan**, 2019-2024, focuses on children from their prenatal care through their eighth year. "The Plan is an overarching framework that will help coordinate efforts of the State, counties, and community by setting shared priorities and driving the need to collaborate and leverage resources to improve the lives of our keiki and their families. It is the *community's* plan."

The goal is to strengthen Hawaii's early childhood system, improve alignment between programs and services, and address transition points where children are at risk of "falling through the cracks." The first building block of the plan is "Child and Family Healthy, Safety, and Wellbeing," which includes a focus on primary prevention strategies such as universal home visitation. The second building block, "Family Partnerships and Support," includes a focus on secondary prevention with a goal of reducing the rate of child abuse and neglect.

- b) **Statewide CAN Prevention Plan (2020)**: The Hawaii Children's Trust Fund and Hawaii Children's Action Network are working together to develop a statewide plan that will weave together, connect, and amplify existing plans, maps and assessments, as well as fill any gaps that are identified. The goal is a shared CAN prevention vision and approach, with stronger collaboration and coordination to achieve that vision. The plan will be informed by all the Hawaii organizations engaged in CAN prevention activities.

## **b. State Department of Human Services**

DHS provides a continuum of services for children and families to prevent CAN and to prevent a recurrence of CAN after an incident occurs. CWSB services are secondary and tertiary prevention—they are designed for families at high risk of CAN and family violence and families where incidents have already occurred.

Voluntary Case Management (VCM) for families assessed with moderate risk issues and Family Strengthening Services (FSS) for families assessed with low risk issues. Families are offered services and supports to meet their needs through a variety of community and government agencies. Effective support and intervention with these target populations help mitigate risk issues and prevent maltreatment. CWSB can help connect and advocate for services and resources with local agencies and organizations to assist families to obtain services earlier and within their communities.

### **CWSB Child and Family Service Plan 2020-2024 Goal 2. Prevention:**

Partner in enhancing a prevention-based child welfare continuum of intervention to engage and support children and families early and in their communities.

*Prevention Objective 1: Work with a network of partners to enhance prevention efforts related to Families First Prevention and Services Act (FFPSA)*

- i. Training for community providers, contracted providers, resource families, youth in foster care, the legal community, agency employees.
- ii. Supporting the workforce.
- iii. Waiver interventions. Crisis Response Team and Intensive Home-Based Services
- iv. Home visiting services for families involved w/ CWS.
- v. Zero to Three Court – tertiary prevention
- vi. Citizen Review Panel

In addition to any services already mentioned, through purchase of service contracts with private providers, DHS funds a system of prevention efforts that includes services and shelters for victims of DV, family support and strengthening services, substance use disorder treatment, teen dating violence prevention.

Office of Youth Services provides prevention programs and supportive services statewide for youth who are at risk for truancy, teen pregnancy, delinquency, substance use, dating violence, and gang membership.

**c. State Department of Health**

“The Maternal and Child Health Branch administers a statewide system of services to reduce health disparities for women, children and families of Hawaii. MCHB programs provide core public health services that establish and maintain public and private partnerships to share information, support program planning, and collaborate on/promote policies to improve outcomes for women, children and families. Services include training and public awareness to high-risk women, adolescents and other disparate populations on family planning, perinatal, and inter-conception care; child and youth wellness; prevention of child abuse and neglect; sexual assault prevention; domestic violence prevention; home visiting services and family supports. Some of the programs include: The Parent Line, Child Death Review, Maternal Mortality Review, the Domestic Violence Fatality Review and over 35 community provider contracts for women’s health and family planning services.”

**DOH Maternal Child Health priority #4:**

Reduce the rate of child abuse and neglect with special attention on ages 0-5 years

“Hawaii’s DOH Family Support and Violence Prevention Section (FSVPS) is composed of the three violence prevention programs -- sexual violence, domestic violence, and child abuse and neglect (which partners closely with the Home Visiting program).”

Violence prevention coalitions across the state actively focus on reducing DV, CAN, and sexual violence. One strategy across all these groups is trainings for providers, parents, caregivers.

DOH funds for child abuse prevention primarily come from the Title V Maternal and Child Health Services Block Grant and the Community-Based Child Abuse Prevention (CBCAP) program of Child Abuse Prevention and Treatment Act (CAPTA). Hawaii DOH programs funded through these sources include:

- i. Maternal Infant Childhood Home Visiting Network;
- ii. Parent Leadership Training Institute;
- iii. The Parent Line;
- iv. Child Abuse prevention and public awareness activities;
- v. The Neighborhood Places;
- vi. Parent Support Programs;
- vii. Domestic Violence and Sexual Violence Prevention;
- viii. Domestic Violence Fatality Review, Child Death Review, Maternal Mortality Review; and
- ix. Pregnancy Risk Assessment Monitoring System.

Parenting Support Programs: “A statewide system of community-based parenting education and family support services through purchase of services contracts and through leadership in statewide early childhood initiatives and consortia. Funded programs recognize and build on parents’ strengths and address their need for information about child development, communication and guidance skills, other life-cycle issues, awareness of community resources, and community and cultural support. Services include a telephone warm-line for parents, caregivers and service providers; short term in-home parenting support; and parent-child interactive parenting education groups for homeless families.”

The purpose of the CBCAP program is to:

- i. Support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect;
- ii. To support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect;
- iii. To foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

## **SECTION IX. YOUNG ADULTS AND CHAFEE**

The State of Hawaii exhausts Chafee funding for services to current and former foster youth under the age of 21, and the State finances services to eligible former foster youth through age 26. Thus, Hawaii has opted out of the expansion option to extend Chafee services to age 23.

### **A. INDEPENDENT LIVING COLLABORATION CONTRACTS**

Independent/Interdependent Living Services, Higher Education/Education and Training Vouchers, Extended Foster Care (Imua Kakou), and Extended Assistance are service areas covered in these contracts.

In January 2017, in an effort to provide a continuous and more comprehensive system of care for current and former youth in care, CWSB awarded integrated contracts, combining the Independent/Interdependent Living Services Programs, Higher Education Program and Education and Training Vouchers (ETV), and Imua Kakou and Extended Assistance Programs. This combination of services is referred to as IHI. This collaboration has helped to ensure that young adults develop long-term connections to community and cultural supports and receive education on local resources.

The IL collaboration addresses CFSP goals in the areas of Collaboration, Workforce, Prevention, and CQI. The IL collaboration will continue to improve the services and outcomes of young people with the support the Independent Living Collaborator and ongoing CQI efforts.

CWSB contracts for IHI Independent Living Services include:

#### **1. Youth in Foster Care (ages 12-15)**

Foster youth in the 12-15 year old group receive services to support healthy development and to improve self-awareness and self-esteem, including making good decisions, coping with peer pressure, and engaging in case planning. Resource caregivers for this age group receive education to support the youth in these areas. Services for this age group focus on self-identity; emotional, psychological, and spiritual well-being; cultural identity and diversity issues; communication; relationships, social capital, and connections; setting goals; problem solving and decision making; self-advocacy; resources; and understanding CWSB and Family Court. Statewide, 57 youth participated in this program component in SFY 2019. See the Data Booklet, Figure 91: Youth & Young Adults Receiving Independent Living Services in SFY 2019 for details.

#### **2. Youth in Foster Care (ages 16-18)**

Services for foster youth, ages 16-18 years, include the topics listed for younger youth and also address safety, permanency, and well-being. Youth in this age group receive services to encourage their engagement in developing a case plan through Youth Circles

and Independent Living Services, which helps youth set goals for permanency, housing, education, employment, independence/independent living, social/cultural connections, health, and engagement. The case plan also serves as the 90-day transition plan for youth who are likely to emancipate from foster care at 18 years old or older. Statewide, 129 youth participated in this program component in SFY 2019. See the Data Booklet, Figure 91: Youth & Young Adults Receiving Independent Living Services in SFY 2019 for details.

See the Data Booklet, Figure 92: IL Statewide – Services Provided NTYD 2019A & B, for a recap of information reported to NYTD.

### **3. Imua Kakou (extended foster care to 21) for young adults**

Young adults in Imua Kakou may receive services until their 21<sup>st</sup> birthday. Imua Kakou services include: monthly financial support for themselves and their children living in their care at the current foster board rate; ongoing case planning and management to reach case plan goals and objectives; and transition planning. Imua Kakou provides greater access to housing, education, and health care services, employment and independent living skills training, including sexual health, parenting, and financial education; and connections with family and the community. Imua Kakou case plans address social capital, including family/life-long adult and cultural connections; health, including medical, dental, and mental health and any young adult's child's overall well-being; independent living skills; housing; education; employment; permanency goals; and youth engagement. Statewide, 188 youth participated in this program component in SFY 2019. See the Data Booklet, Figure 91: Youth & Young Adults Receiving Independent Living Services in SFY 2019 for details.

### **4. State-Funded Higher Education Stipend Program for former foster youth**

The Higher Education Stipend Program is available to former foster youth who emancipated from foster care at age 18 or older, or who were adopted or placed in legal guardianship through the DHS at any age. Higher Education stipend benefits are provided to eligible former foster youth for a maximum of 60 months, up until their 27<sup>th</sup> birthday. Higher Education services include a higher education stipend and support services, including monthly case monitoring. To become eligible for Higher Education services, former foster youth must enroll in an accredited academic or vocational institution of higher education. Former foster youth may not concurrently participate in the Higher Education, Imua Kakou, and Extended Permanency/Adoption Assistance Programs. Statewide, 150 youth participated in this program component in SFY 2019. See the Data Booklet, Figure 91: Youth & Young Adults Receiving Independent Living Services in SFY 2019 for details.



## **5. Former foster youth (age 18 up to age 27) who age out of foster care in Hawaii**

Former foster youth who emancipated from foster care at age 18 or older may receive services up to age 27 years. Priority is given to former youth in this category who are not currently receiving Imua Kakou or Higher Education Program services. Service providers support former youth by providing information and referrals; education; and outreach, including crisis intervention and independent living case management similar to, but not as comprehensive as, that provided for Imua Kakou participants. Service providers also plan group activities for former foster youth in this category, which may include Imua Kakou and Higher Education participants.

Support for Hawaii's former foster youth living outside of the State of Hawaii, or who were adopted or placed in legal guardianship by the DHS, may only receive information and referral services from Independent Living Services providers.

## **B. INDEPENDENT LIVING COLLABORATOR**

Since October 2015, CWSB has contracted for the services of an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. The ILC also assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or collaborating on trainings and conferences; evaluation and monitoring; and youth/young adult engagement.

A critical function of the ILC is to help CWSB manage the Independent Living Collaboration contracts by supporting collaboration between provider agencies and with community organizations, and by sharing information with and between providers during trainings and meetings. These trainings and meetings generally include CWSB program development administration and/or staff; CWSB social workers, assistants, and/or supervisors; DHS Federal Payment Programs Eligibility Unit staff; UH, Maui College, SHAKA support team; UH School of Law research staff; and contracted service providers. The ILC assists IHI providers with improving case transitions and referrals, services and service delivery, data collection and tracking. The ILC is also a member of several event planning committees, such as for the Oahu Teen Days, Senior Graduation Celebration, and the Ohana is Forever Conference.

In SFY 2019, the ILC assisted with the CQI contract reviews of IHI contracts, convened Imua Kakou IHI contract teaming to explore Results Based Accountability (RBA) data, and helped DHS and UH Maui CQI develop action plans for each CWSB section. The ILC then hosted trauma-informed care trainings and follow-up coaching for IHI providers and CWSB, and will help to review coaching initiatives.

In SFY 2020, the ILC hosted trainings on supervision and followed-up with executive coaching for IHI provider supervisors. The focus on supervisory support aims to increase the retention of

IHI case managers to improve the client experience for youth and keep youth engaged in services. An ILC Supervisor Work Group was created to collaborate on improving the IHI work in the areas of communication and outreach, standards and guidelines, data and evaluation, and training.

The ILC works closely with the HI H.O.P.E.S. Initiative to encourage youth/young adult involvement, striving to build strong relationships with other youth-focused entities. For example, the ILC assists CWSB, UH Law School, SHAKA, and HI H.O.P.E.S. board. Initiative in many areas, including collaboration, connection and teaming; policy and practice development with training to enhance consistency of services and data collection; partnering with CWSB on developing and implementing best practice recommendations and/or requirements from Federal and State laws.

The ILC addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. The ILC will continue to assist DHS to strengthen communication and support, clarification with IHI Providers and enhance the services and outcomes for the young people. The ILC will monitor case management effectiveness by following up on CQI contract reviews and action plans and continuing the RBA work with Imua Kakou teams, trauma-informed care training, and ongoing case and collaboration reviews.

### **C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS**

The state-funded Higher Education Program has been a tremendous success and benefit for youth who exit foster care at age 18, or who were adopted or placed in legal guardianship through the DHS at any age. With this additional support, many young adults have completed two-year and four-year degree programs, and a few have even obtained advanced degrees. By the end of the 2018-2019 school year, 2,091 students had participated in the program. During the years 2007 - 2013, the participants roughly averaged 40% new students and 60% returning students. Since SFY 2016, the percentage of new students compared to returning students has been roughly 30%/70%.

This trend was anticipated and seems to indicate the successful implementation of additional education support by enabling eligible youth to access Imua Kakou services and benefits while attending an institute of higher education. After exiting Imua Kakou, the young adult continuing their education can receive benefits under the State-funded Hawaii Higher Education Stipend Program. Refer to the Data Booklet, Figure 95: Higher Education Stipends School Years 2015-2016 through 2019-20 (Table) and Data Booklet, and Figure 96: Higher Education Stipends School Years 2015-2016 through 2019-20 (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 accommodate the fact that former foster youth often start on their higher education paths later than their peers, and they take longer to reach their goals. By participating in Imua Kakou from ages 18 to 21, and then the Higher Education Stipend program from ages 21 to 27, the young adult is able to receive nine (9) years of financial support.

CWSB remains committed to increasing the utilization of ETV and higher education benefits. Beginning in Fall 2018, consistent with federal legislation, Hawaii extended ETV benefits to eligible former youth to age 26. Hawaii continues to address the issues of the underutilization of the ETV awards. There was a notable increase in the number of students receiving ETV awards from 36 in school year 2017-2018 to 46 in school year 2018-2019, with a corresponding increase in the percentage of funds used. Refer to the Data Booklet, Figure 97: Education and Training Vouchers School Years 2015-16 through 2019-20 (Table) and Data Booklet, Figure 98: Education and Training Vouchers School Years 2015-16 through 2019-20 (Chart) for detail and graphic representation of data on the ETV program.

CFSB goals of Collaboration, Workforce, Prevention, and CQI are addressed through the efforts of CWSB staff who will continue to coordinate financial benefits and support for former foster youth and young adults in the Imua Kakou and Hawaii Higher Education Programs and for those receiving ETV.

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

The Imua Kakou and Extended Assistance Programs completed year five on June 30, 2019. Work in this area addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. Collaborative efforts will continue with CWSB, EPIC Ohana, UH Law School, the Judiciary, SHAKA, the Title IV-E claiming unit, IHI Providers, the youth, and others. Efforts include improving communication, program services, and service delivery, for example, ICPC services; and meeting federal, state, and CWSB requirements.

### **1. Extended Assistance Programs**

No changes were made to the Extended Assistance Programs, a “for payment only” program for former foster youth who were placed into legal guardianship or adoption, subject to an agreement between DHS and caretakers at age 16 or older. The numbers remain small (SFY19: 2 EA for Adoption; 6 EA for LG/GAP) as it is a permanency option for an older population. Please refer to the Data Booklet, Figure 99: Young Adults Receiving Imua Kakou Or Extended Assistance Monthly Averages For SFY 2015- 2019, and Figure 100: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2015 - 2019.

### **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 2019, SHAKA logged 150 applications in various stages of completion. Of these applications, 72 (48%) were determined eligible for Imua Kakou, 6 (4%) were determined to be ineligible, 27 (18%) were referred to other resources, and 45 (30%) were new/incomplete or recently submitted or were incomplete or withdrawn.

Applications were most often determined ineligible and referred because the 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. Please see Figure 101: Imua Kakou Applications SFY 2015 – 2019.

### **4. Participant Demographics and Other Tracker Data**

In February 2020, there were 173 Imua Kakou cases open in the SHAKA database. Based on the data, a “typical” Imua Kakou participant is a Hawaiian (61%) female (64%) who emancipated from foster care while under CWSB placement responsibility (81%). She resides with relatives (39%) while maintaining eligibility by participating in post-secondary or vocational education (28%), and understands, and was involved in developing, her case plan.

Trend information from surveys of 43 young adults exiting Imua Kakou during SFY 2019 indicates that the young adult is exiting at age 21 (79%), has a relationship with at least one adult that is trusting, supportive, and unconditional and who will always be there (95%), has a Social Security Card (91%), birth certificate (88%), and medical coverage (88%). Although there is some overlapping/ duplication of coverage, MedQuest is the major provider, with 21% having other non-Medicaid coverage. Termination/Closing Tracker information indicates that the majority of young people are working (50%), in an employment preparation activity (9%), or are in post-secondary education (21%).

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

All young adults who participated in Imua Kakou for at least 60 days, entered Imua Kakou with a signed Voluntary Care Agreement (VCA), participated in their initial Imua Kakou hearing, and participated in the development of their case plan.

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

For young adults in Imua Kakou until age 21, the Imua Kakou case plans also qualify as the federally required 90-Day Transition Plans. The case plans for all young adults include 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 and closing or termination Hearings. Monitoring of compliance with case plans and other requirements is also supported by case reviews of each CWSB section conducted by staff from the UH Law School, and the quarterly teleconferences with CWSB and the statewide Imua Kakou teams.

## **E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS**

### **1. Chafee Funded Housing Support**

There are no changes in this area. As in prior years, IHI providers have not used Chafee funds specifically for housing support. Chafee funds are limited and are used to provide funding for IHI programs for overall IL support which includes housing support.

### **2. Coordination and Linkage with Other Federal and State Programs**

DHS participates in multiple collaborations with stakeholders, providers, and public agencies. DHS will continue to partner with and leverage the strength of the collaborations to meet the CFSP goals for Collaboration, Workforce, Prevention, and CQI.

There are no changes in this area. The Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. CWSB, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff and other agencies. All the IHI Providers (Hale Kipa, Hale Opio Kauai, Maui Youth and Family Services, The Salvation Army-Family Intervention Services) and EPIC are also members of the HYSN. The participation of these entities ensures that the youth voice is present and that information is shared with other youth.

The IHI Providers, Youth Circles, and HI H.O.P.E.S. Boards partner with CWSB to work with youth and ensure referrals to community resources and public agencies regarding areas of health, education, housing, and employment, including BESSD, Division of Vocational Rehabilitation, and City and County programs.

### **3. Youth Homelessness**

An important strength of IHI is its relationship with the City and County of Honolulu Public Housing Authority making Family Unification Program (FUP) vouchers available to former foster youth. In 2016, Housing and Urban Development (HUD) increased the benefit period from 18 months to three years, which increased former foster youth

interest in obtaining vouchers. The short window of opportunity to apply for the Section 8 list continues to be a challenge to voucher utilization. The list may remain closed for years, or may open for a few days a few times each year, leaving youth with few opportunities to obtain and then use the vouchers. In some cases, the city took vouchers back from former foster youth. This was extremely disappointing to youth and makes it a challenge to utilize available vouchers. Hale Kipa and a CWSB representative now assist the city with improving youth access to vouchers and other resources by way of a Coordinated Entry System for Youth 18-24, which identifies homeless youth, who spent time in the Child Welfare System.

In December 2019, Child Welfare Services and the HPHA executed a memorandum of agreement that provides for young people transitioning from foster care to apply for a Foster Youth Independence voucher from HUD through HPHA. The first voucher was issued in January 2020. These vouchers utilize the same criteria as the FUP vouchers and are approved by HUD directly, but do not rely on the Section 8 waitlist. Up to 25 vouchers are available each year which are renewable annually, up to three years. In addition to this new resource for housing former foster youth, the State Housing Authority agreed to absorb these three year vouchers into its traditional housing voucher program at the end of the initial voucher, if participating youth are not yet able to maintain full market rate housing and continue to be in need of the subsidy.

CWSB supports the Governor's Hawaii Interagency Council on Homelessness, and participates in efforts to reduce and prevent homelessness among foster youth, as well as, helping to increase awareness that former foster youth fall into homelessness at a much higher rate than non-foster youth.

CWSB continues to assist Partners in Care, the Oahu Continuum of Care for homelessness, in annual grant writing efforts to obtain funding specifically for Oahu's homeless youth. HUD awarded \$3.8 million in the Youth Homelessness Demonstration Project (YHDP) to Partners in Care that will be used to plan and implement a youth homeless system on Oahu.

The goal of the YHDP is to engage communities in working toward preventing and ending youth homelessness, and to support development and implementation of a coordinated community-based approach to attain that objective. The population to be served by this demonstration program is youth experiencing homelessness, including unaccompanied and pregnant or parenting youth, where no member of the household is older than 24.

In October 2015, Hawaii's Governor declared a state of emergency to help free up funding in order to end homelessness. While the number of homeless has decreased statewide, Hawaii continued to rank high among states with the most homeless people per capita in 2019. Many of these are the children and families who have touched the

Child Welfare System. CWSB continues to provide education to the general public, first responders, mandated reporters, and anyone else who asks what constitutes an appropriate report to CWSB, and about the differences between the issues of homelessness versus a child abuse or neglect situation.

#### **4. Human Trafficking**

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

#### **5. Medical Coverage**

CWSB collaborates with MedQuest (MQD), EPIC Ohana, Inc., CWSB Federal Payment Programs Eligibility unit, and the online Kauhale On-Line Eligibility Assistance (KOLEA) team to ensure that former foster youth continue to have medical coverage after age 18 through age 26. To streamline sharing information regarding the youth's eligibility for continued medical coverage, the CWSB/MQD Communication Form (Foster Care), DHS 1106, was revised and made available online in the KOLEA system. Training was provided to CWSB support staff on the form's purpose, and process for accessing and completing the form. All parties involved have worked diligently to streamline the process and address any problems that have emerged since the revision of the form. MQD continues to work with the federal Centers for Medicaid and other state counterparts to resolve former foster youth eligibility and maintenance of coverage issues. The group will continue to meet, as needed, to ensure that continued medical cover is provided former foster youth ages 18 through 26.

#### **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 currently and formerly in care, aged 14 to 26. The purpose of a YC is to empower the youth or young adult and to bring together their supporters, which may include family, friends, community members, teachers, and service providers, who can assist the youth or young adult to develop and enact a transition plan. The circles are solution-focused and youth-driven. This service is provided under a CWSB contract with a local non-profit agency. Youth Circles can help to:

- a. Increase the youth's self-advocacy skills;
- b. Connect youth with their circle of support, which may include the families from whom they were removed, and strengthen their social capital;
- c. Give youth the opportunity to gain more information about resources for further education, training, financial assistance, housing options, and other social services;
- d. Support their well-being and healthy development;
- e. Reduce homelessness among emancipated youth; and

- f. Encourage youth to dream big while giving them the tools and supports to achieve their dreams.

YCs are a major support for engaging youth in developing required case plans for youth in care aged 14 years and older, including the federally required 90-day transition plan for youth who are likely to exit care on or after their 18<sup>th</sup> birthday.

The YC is also one of the methods used to help youth understand the importance of good credit. Youth are asked if a credit check or report has been obtained, and YC facilitators will discuss the impact of an individual's credit history.

Participants in Imua Kakou receive one Imua Kakou Circle when entering the program and subsequent Youth Circles, as requested/necessary. The purpose of the Imua Kakou Circle is to assist the young person in understanding the program requirements, developing a plan with their supporters, and successfully entering Imua Kakou. During its inaugural year in SFY 2015, Imua Kakou experienced the highest number of new participants aged 18 through 20. This was also the first year Imua Kakou Circles were offered, and 97 were provided. Fewer Imua Kakou Circles were held in following years, reflecting the fewer number of young people entering the program.

Refer to the Data Booklet, Figure 93: Number of Youth Participating in Youth Circles & Imua Kakou Circles SFY 2015 - 2019 [Table], and Figure 94: Number of Youth Circles & Imua Kakou Circles SFY 2015 –2019 [Graph]. In SFY2019, 324 combined YCs and IKCs were provided for 277 youth. This is an increase from SFY2018 when there were 306 combined Circles for 264 youth.

Efforts in this area address CFSP Goals for Collaboration, Workforce, Prevention, and CQI. CWSB continues to work towards improving referral and participation numbers. The youth share that Youth Circles are helpful to find their voice and direction in life.

## **7. CWSB Youth Advisory Board**

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board is active on Oahu, Maui, Kauai, and East and West Hawaii. HI H.O.P.E.S. membership consists of current and former foster youth, and represents the foster youth voice in areas of advocacy, policy, systems improvement, services, and legislative education. They are often present at annual conferences attended by CWSB, Judiciary, community partners and other stakeholders. HI H.O.P.E.S. members help to increase public awareness about the foster youth population through its outreach to other sectors in the community, including education, employment, and housing. Under the supervision of the HI H.O.P.E.S. Initiative Statewide Coordinator, and in collaboration with MedQuest, DHS, and CWSB administration and staff, the board helped improve current and former foster youth access to health care and helped them maintain coverage through age 26 by



identifying barriers and suggesting improvements to the system. HI H.O.P.E.S. also advocates for youth engagement in case planning.

CWSB is committed to encouraging youth participation in the development and maintenance of CWSB services and programs for current and former foster youth. Since 2016, the HI H.O.P.E.S. board has focused on raising awareness of the rights of young people in foster care by presenting at Teen Days, Ohana is Forever Conferences, the Annual Child Welfare Law Update, and other court and CWSB sponsored events, meetings, and trainings. In 2018, HI H.O.P.E.S. successfully advocated for the Rights of Children in Foster Care bill to be included in the Governor's 2018 legislative package. The rights were developed as a result of gathering feedback from over 100 youth and working closely with CWSB, Family Court, the Attorney General's office, UH Law School, and other stakeholders. By the end of the 2018 legislative session, the Rights of Children in Foster Care had been signed into law, amending the Guiding Principles, HRS 587A Child Protective Act.

HI H.O.P.E.S. also works on board-specific efforts, such as Youth Leadership Institutes, Teen Days, and other events to encourage foster youth to develop self-advocacy skills and participate in their cases and court hearings.

In 2019 CWSB, HI H.O.P.E.S., and community stakeholders worked on designing a grievance process for youth rights. Partner agency, EPIC Ohana, has been contracted to facilitate those design and implementation efforts. This process has been named the "Pono Process." The work continues in 2020, with the hiring of a youth and lead navigators, followed by the launch of the Oahu pilot in April, and statewide implementation by July, 2020.

The partnership with youth boards have been critical for hearing youth perspectives and obtaining youth input. This work addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI.

## **8. National Youth in Transition Database**

Through CWSB's continuing data collection efforts, the NYTD survey has been incorporated 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 incentives of between \$20-\$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., CWSB staff, and oriented services providers, has resulted in increased community support.

In FFY2019, 45 (71%) of the 63 youth in the 19-year old follow-up group, completed surveys as part of Cohort-3. Reasons why the other 18 youth (29%) did not complete

the surveys included three (3) declined to participate; one (1) was incarcerated; two (2) deaths; and 12 were unable to be located. The youth who completed the 19-year old Follow-up Survey form the cohort for the Follow-Up Surveys at age 21, which will be conducted in FFY2021.

Finding young people, who are not already connected to existing support programs such as independent living programs, higher education, or Imua Kakou, continues to be a challenge. Enhanced search efforts include increasing access through Social Media, and partnering with Medquest and other youth serving agencies to reach out to young people. Contracted IL service 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 shared and discussed in varied settings with several partners, including ILC, YC staff, HI H.O.P.E.S. board, and HI H.O.P.E.S. Community Partnership Hui, and by sharing summary information on DHS and SHAKA/ShakaTown websites.

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

HI H.O.P.E.S. Board and the Community Partner Hui has used NYTD data 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.

In anticipation of a NYTD review scheduled for SFY 2021, CWSB informed community partners and stakeholders, including HI H.O.P.E.S. board, ILC, Youth Circles, and SHAKA, of the upcoming review. However, subsequent information from ACF/CB that all scheduled IV-E Reviews and review preparation activities were being postponed for the foreseeable future, has also been shared with our partners and stakeholders.

The work surrounding the NYTD project addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. Despite the creative efforts of DHS, UH Maui, Epic Ohana-Youth Circles and HI H.O.P.E.S., the ILC, and IHI providers, it continues to be a challenge to locate and connect with our young people to participate in NYTD survey. This team is increasing its efforts in Social Media and also in partnering with Benefits programs such as MedQuest to find and reach out to the young people to gain their input via these NYTD surveys.

## **9. Youth-In-Court Facilitation Program**

The Youth-In-Court Facilitator position, one of only two such positions in the nation, was created to help current and former foster youth self-advocate during the court process. The former foster youth working in this position assists current and former foster youth with navigating the Oahu Family Court process by providing orientation, sharing information about available resources such as Enhancement Funds, connecting youth to resources, when possible, and by informing youth about their rights while in foster care. The Youth-In-Court Facilitator supports youth who attend Permanency Court and Imua Kakou hearings and may provide additional assistance as issues arise. During the 2019 calendar year, the facilitator met with 327 children and provided orientations to 110 older youth about their rights while in foster care. Youth have noted that having a Youth-In-Court Facilitator has made them feel supported and confident while attending their court hearings. Youth also report that the facilitator shows them how to advocate for themselves by preparing them for what to say in court, that they walk away feeling the court is a safer place than they previously imagined, and that they feel empowered because they were heard. Similarly, youth leave feeling better informed about what is happening in their case, which reduces their anxiety. Simple gestures like giving the youth snacks and bottled water, books to read, and supplies and clothing they need have also helped the youth feel respected and acknowledged at court.

## **10. Planned Activities for FFY 2020**

CWSB has no plans to develop or implement new programs during SFY 2021. CWSB will continue to build and improve in the following areas:

### **a. Youth Engagement and Empowerment**

The collaboration and partnership between CWSB staff, the HI H.O.P.E.S. Initiative, the HI H.O.P.E.S. youth board, and CWSB contracted providers allows for a powerful youth/young adult “voice” that guides policies, procedures, and program design and encourages youth/young adult leadership.

In SFY 2020, CWSB aims to see the successful implementation of initiatives designed to educate current foster youth about their rights while in foster care with the

outcomes of youth understanding their rights and knowledgeably signing the Bill of Rights for Children in Foster Care form; engage foster youth in case planning; ensure that current and former foster youth have medical coverage until the age of 26; and develop a Grievance/Pono Process for current foster youth.

HI H.O.P.E.S. youth board members will also play an important role in partnering with CWSB and stakeholders on outreach efforts and training about the bill of rights, case planning, medical coverage, self-advocacy and the Pono Process.

**b. Independent Living Collaborator Contract**

The Independent Living Collaborator (ILC) enhances collaboration, communication, connection, and coordination among CWSB, CWSB contracted providers, young people currently and formerly in foster care, resource caregivers, birth families and relatives, the judiciary, and other public and private entities and communities. During SFY 2021, the ILC contract services will continue to be a key source of connecting, convening, and collaborating. The ILC connection with coaching, RBA-Imua Kakou Data Action Plans, and Supervisor Work Group projects will help CWSB improve program services for Hawaii youth and young adults. Ongoing quality assurance support will be provided by the UH Law School and CWSB case workers working on Imua Kakou initiatives.

**c. Independent Living and Imua Kakou Services Combined**

Combining these services creates a seamless system of care and provision of services that benefits eligible young people currently and formerly in foster care. It also improves and enhances services and benefits for the Independent Living and Imua Kakou Programs. During SFY 2021, efforts will be directed at continuing to improve services, especially Independent Living Services for foster youth, data collection, collaborations within agency and with other partner agencies and community stakeholders.

**d. Information Technology**

CWSB will focus on strengthening the Shaka data tracking system, outcomes, and online applications and will explore how SHAKA can be utilized to better integrate referrals and services for youth and young adults. CWSB seeks to improve information sharing between CWSB, contracted providers, current and former foster youth, the ILC, and UH Law School. Currently, CWSB is exploring how to include providers into the new Hawaii information system database.

During SFY 2021, the ILC App (Foster Hope HI smartphone app) and the IL section on the DHS website will be maintained and enhanced.

#### **e. Collaborations and Building Ongoing Relationships**

Building relationships and improving collaboration is key to improving services and care for Hawaii's current and former foster youth, families, and the community. At the heart of those relationships are those CWSB serves: leadership staff and front-line workers, partners, other government agencies, and community providers. CWSB is fortunate to have national partners, such as the Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and Casey Family Programs to support its projects and local collaborative partners. EPIC Ohana, with the assistance of national partners Liliuokalani Trust, Kamehameha Schools, and independent practitioners, enhance cultural learning to better care for CWSB's young people and families.

This effort forms the Na Kama a Haloa effort. The working goal is "By the year 2023, each Hawaiian child and youth (0 – 26) affected by the foster care system is connected to and can sustain a lasting network of healthy, supportive, and enriching relationships." Na Kama is working to: 1) integrate Hawaiian values and culture into the child welfare system to create an environment that supports Hawaiian families; 2) develop ways to engage and support parent voice for systems improvement; 3) ensure that siblings are placed together and if they cannot be, that siblings can maintain and develop relationships; and 4) improve the training and support for resource caregivers, so that they can support and nurture the children in their care and support healthy connection of the children with their biological parents, siblings and extended families.

## **SECTION X. RECENT HAWAII LEGISLATION**

### **A. CAPTA IMMUNITY**

CAPTA was most recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA to provide immunity from both civil and criminal liability for people who make good-faith child abuse or neglect reports or provide other information or assistance with a report including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect.

Because Hawaii's child abuse and neglect mandated reporting law (HRS 350) was not consistent with this requirement, requested revisions to HRS §350-3(b) were submitted to the State Legislature for review and adoption during the 2019-2020 legislative session. Hawaii is hopeful that this immunity law will pass by June 2020.

### **B. JUVENILE IMMIGRATION**

During the 2019-2020 Hawaii State Legislative session, a bill was proposed that supports the protection and recovery of maltreated and neglected immigrant children. The proposed legislation specifies that the family court has jurisdiction in proceedings concerning the custody or guardianship of an immigrant child pursuant to a motion for Special Immigrant Juvenile Status factual findings requesting a determination that the child was abused, neglected, or abandoned before the age of 18 years. For immigrant children who have been abused, neglected or abandoned, the special immigrant juvenile status is the pathway to a green card and eventual permanent legal residency. The individual needs to apply for this classification before turning 21 years old. DHS currently provides foster care services for immigrant children who have been victims of parental abuse and neglect. DHS supports efforts to increase immigrant safety, services and protections of immigrant children.

## **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, 2020, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2020.
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, 2020, 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 2020.
6. Please refer to the Data Booklet, Figure 102: Title IV-B, Subpart I Child Care, Foster Care and Adoption Assistance Comparison FFY 2005 and FFYs 2018 – 2021, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, FFY 2018, FFY 2019, FFY 2020 and the planned expenditures for FFY 2021 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 2021**

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 103: Title IV-B-2 Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2021.

## **3. FFY 2017**

The FFY 2017 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was \$1,069,356. As the State struggles with the recovery from the economic recession, funds continue to be limited for social services programs. CWSB response has been to prioritize critical service programs that are essential to the health and safety of families and children.

## **4. FFY 2016 and 2019**

Refer to the Data Booklet, Figure 103: Title IVB-2 Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2021. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2021 will follow the same pattern as the FFY 2016 funding. These funding amounts, percentages, and areas of focus are based on Hawaii's continuous assessment of the communities' unmet needs. These funds support essential services in the designated geographic areas.

## **C. EDUCATION AND TRAINING VOUCHERS (ETV)**

For the number of ETVs awarded for the 2018-2020 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. HAWAII FY21 CFS-101S (PDF AND EXCEL)**
- C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER**
- D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED**
- E. STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES CONTINUITY OF OPERATIONS PLAN**
- F. CHILD WELFARE SERVICES TRAINING PLAN UPDATES**
- G. CHILD WELFARE SERVICES DISASTER PLAN 2020-2024**
- H. CHILD WELFARE SERVICES HEALTH CARE OVERSIGHT PLAN UPDATES**