

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

Final Report
Hawaii Child and Family Services Review

Final Draft with Executive Summary
October 22, 2003

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

EXECUTIVE SUMMARY
Final Report: Hawaii Child and Family Services Review

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Hawaii. The CFSR was conducted the week of July 14, 2003. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Hawaii Department of Human Services (DHS);
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 1999 through 2001;
- Reviews of 50 cases at three sites throughout the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, judges and other court personnel, and attorneys.

A key finding of the Hawaii CFSR is that the State is in substantial conformity with one of the seven outcomes assessed through the CFSR – Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. The findings from the CFSR case reviews and stakeholder interviews indicate that DHS effectively addresses the educational needs of children in foster care and in-home services cases.

Although performance with regard to substantial conformity with Safety Outcome 1 (Children are first and foremost protected from abuse and neglect) was higher than it was for Permanency Outcome 1 or Well-Being Outcome 1, the timeliness of initiating investigations of reports of child maltreatment was identified as a serious concern. The case review finding was that an investigation was initiated within the timeframes established by State or local policy in only 52 percent of the applicable cases.

The two weakest areas of State performance on the outcomes occurred for Permanency Outcome 1 (Children have permanency and stability in their living situations) and Well Being Outcome 1 (Families have enhanced capacity to provide for their children’s needs). Case reviewers determined that Permanency Outcome 1 was substantially achieved in only 50 percent of the cases reviewed. Maui cases were more likely to be rated as having substantially achieved Permanency Outcome 1 (67%) than were Oahu (50%) or Hilo (43%) cases. All of the indicators assessed for this outcome were rated as an Area Needing Improvement. In addition, the State did not meet the national standards for (1) the percentage of children re-entering foster care within 12 months of a prior foster care episode, or (2) the percentage of children experiencing no more than 2 placements during their first 12 months in foster care. Finally, although Hawaii met the national standard for (1) the percentage of reunifications occurring within 12 months of entry into foster care, and (2) the percentage of adoptions finalized within 24 months of entry into foster care, case reviewers found that in a substantial percentage of

the applicable cases reviewed, the agency had not made concerted efforts to either reunify children or finalize adoptions in a timely manner.

Case reviewers determined that only 30 percent of the cases reviewed substantially achieved Well-Being Outcome 1 and all indicators for this outcome were found to be areas in need of improvement. Although performance on this outcome was low in all sites, cases in Maui were more likely to be rated as having substantially achieved this outcome (58%) than were cases in Oahu (30%) or Hilo (17%). A key concern identified pertained to the lack of sufficient contact between caseworkers and the children and parents in their caseloads. The frequency and quality of caseworker contacts with children, for example, was found to be a Strength in only 32 percent of the 50 cases reviewed.

With regard to systemic factors, the State was determined to be in substantial conformity with the factors of Statewide Information System and Agency Responsiveness to the Community. The State did not achieve substantial conformity with the systemic factors of Case Review System; Service Array; Training; Quality Assurance; or Foster and Adoptive Parent Licensing, Recruitment, and Retention. With respect to the systemic factor of Case Reviews, the CFSR found that the State was convening permanency hearings and case status reviews in accordance with Federal requirements, and had procedures in place to seek termination of parental rights in accordance with the Adoption and Safe Families Act (ASFA). However, the CFSR also found that DHS was not consistent in involving parents in the case planning process or in ensuring that foster parents, adoptive parents, or kin caregivers were notified regarding court hearings and allowed to have input into the case review and permanency hearing process.

The findings with regard to the State's performance on the safety and permanency outcomes are presented in table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in table 2. Table 3 presents the State's performance relative to the national standards, and table 4 provides information pertaining to the State's substantial conformity with the seven systemic factors assessed through the CFSR.

I. KEY FINDINGS RELATED TO OUTCOMES

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

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1) and the other relates to the recurrence of substantiated or indicated maltreatment for the same children (item 2).

Hawaii did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was determined to be substantially achieved in 74.0 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standards for (1) the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period, or (2) the percentage of children maltreated while in foster care.

A key finding of the CFSR case reviews was that DHS did not consistently respond to maltreatment reports in accordance with State-established timeframes. In 48 percent of the applicable cases reviewed, DHS did not establish face-to-face contact with the child victim in a timely manner. In addition, in 92 percent of those cases, the maltreatment report was classified as “high risk.”

Although the case reviews did not reveal repeat maltreatment as it is measured for the CFSR case review instrument (item 2), the State’s incidence of maltreatment recurrence (7.2%), as reported in the State Data Profile, did not meet the national standard of 6.1 percent or less.

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

Performance relevant to safety outcome 2 is assessed through 2 indicators. One indicator (item 3) addresses the issue of DHS’ efforts to prevent children’s removal from their homes by providing services to the families that ensure children’s safety while they remain in their homes. The other indicator (item 4) pertains to DHS’ effectiveness in reducing the risk of harm to the child.

Hawaii did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 79.6 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

Performance with regard to safety outcome 2 varied considerably across the localities included in the onsite CFSR. The outcome was determined to be substantially achieved in 92 percent of Maui cases and 85 percent of Oahu cases, compared to 55 percent of Hilo cases.

A key finding of the CFSR case reviews was that DHS was consistent in providing appropriate services to families to protect children in the home and prevent their removal. However, case reviewers determined that DHS was less consistent in reducing the risk of harm to children. A primary concern identified pertained to the lack of adequate attention on the part of DHS to potential risk factors in the child’s home or during visitation with parents. In some cases, it was the CFSR case reviewers who brought these risk factors to the attention of the caseworkers. Stakeholders attributed this problem to the fact that caseworkers’ caseloads are too high to permit sufficient visitation between caseworkers and children. This issue is addressed further under Well-being Outcome 1, Item 19.

Permanency Outcome 1: Children have permanency and stability in their living situations.

There are 6 indicators incorporated in the assessment of permanency outcome 1, although not all of them are relevant for all children. The indicators pertain to the agency's effectiveness in preventing foster care re-entry (item 5), ensuring placement stability for children in foster care (item 6), and establishing appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining indicators focus on the agency's efforts to achieve permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or whether the agency is effective in ensuring that children who have other planned living arrangements are in stable placements and adequately prepared for eventual independent living (item 10).

Hawaii did not achieve substantial conformity with Permanency Outcome 1. This was based on the following findings:

- The outcome was substantially achieved in 50 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2001 data reported in the State Data Profile indicate that the State did not meet the national standards for the percentage of children who (1) re-entered foster care within 12 months of a prior foster care episode, or (2) experienced no more than 2 placement settings after having been in foster care for 12 months or less.

Although none of the localities included in the onsite CFSR achieved a high level of performance on this outcome, there were differences in performance across sites. Maui cases were more likely to be rated as having substantially achieved Permanency Outcome 1 (67%) than were Oahu (50%) or Hilo (43%) cases.

The case review findings and the State Data Profile suggest that DHS is not consistently effective with regard to (1) preventing re-entry into foster care, (2) ensuring children's placement stability while in foster care, or (3) establishing appropriate permanency goals in a timely manner. In addition, although FY 2001 data in the State Data Profile indicate that Hawaii meets the national standards for the percentage of reunifications occurring within 12 months of the child's entry into foster care and the percentage of adoptions finalized within 24 months of the child's entry into foster care, the findings of the case reviews were that DHS was not consistent in its efforts to achieve these goals in a timely manner. Problems in attaining permanency in a timely manner were attributed to court-related as well as agency-related delays. Court-related delays included the length of time of the TPR appeal process and the tendency of judges to give parents extended periods of time to make the necessary changes to achieve reunification. Agency-related delays involved problems with completing necessary paperwork in a timely manner that were attributed to high caseloads and caseworker turnover.

Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.

Permanency outcome 2 incorporates six indicators that assess agency performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Hawaii did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 69.2 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance with respect to achieving Permanency Outcome 2 varied across localities included in the onsite CFSR. The outcome was determined to be substantially achieved in 86 percent of the Hilo cases, compared to 66 percent of the Maui cases and 61 percent of the Oahu cases.

CFSR findings indicate that DHS makes concerted efforts to place children in close proximity to their families and to place siblings together in foster care. However, case reviewers determined that the agency was not consistent in its efforts to preserve connections between children and their families or to seek and assess relatives as placement resources, although this is mandated in State policy. A key concern identified with regard to this outcome pertained to visitation between children in foster care and their siblings who were also in foster care. Case reviewers determined that DHS makes concerted efforts to place siblings together. However, when siblings are separated, the agency is not consistently effective in ensuring visitation among the siblings. In seven of the nine cases rated as an Area Needing Improvement for this item, reviewers noted that visitation between siblings occurred less frequently than once a month and the agency did not attempt to promote more frequent visitation.

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Well Being Outcome 1 incorporates four indicators. One pertains to agency efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator assesses agency effectiveness with regard to actively involving parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker contacts with the children in their caseloads (item 19) and the children's parents (item 20).

Hawaii did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 30.0 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

Although performance with regard to achieving Well-Being Outcome 1 was low in all of the localities included in the onsite review, there was variation across sites. The outcome was determined to be substantially achieved in 58 percent of the Maui cases, compared to only 30 percent of the Oahu and 17 percent of the Hilo cases.

The CFSR case reviews revealed that DHS was not consistently effective with regard to assessing needs and providing services to children, parents, and foster parents (item 17) or involving children and parents in case planning (item 18). The most significant concern identified, however, pertained to the lack of face-to-face contact between caseworkers and the children in their caseloads (items 19 and 20). In 68 percent of the cases, reviewers determined that the frequency and quality of caseworker contacts with children was not sufficient to ensure their safety or well-being. In all of these cases, contacts with children occurred less frequently than once a month, and in most cases, caseworkers typically made contact with children about once every 3 months. In addition, case reviewers determined that in a substantial percentage of cases, when caseworkers did make contact with children, they did not focus on issues pertinent to case planning, service delivery, and goal attainment. A similar concern pertained to caseworker contacts with parents. Stakeholders commenting on the area of caseworker contacts were in general agreement that the frequency of contact with children and parents is insufficient to meet children's needs. Most stakeholders attributed this problem to high caseloads and transportation difficulties.

Well Being Outcome 2: Children receive appropriate services to meet their educational needs.

There is only one indicator for well being outcome 2 and that pertains to agency effectiveness in addressing children's educational needs (item 21).

Hawaii achieved substantial conformity with Well-Being Outcome 2 based on the finding that 89.7 percent of the cases reviewed were determined to have substantially achieved this outcome, which substantively meets the 90 percent required for substantial conformity. A key CFSR finding was that DHS makes concerted efforts to effectively assess children's educational needs and provide appropriate services to meet those needs.

Well Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

This outcome incorporates two indicators; one assesses agency efforts to meet children's physical health needs (item 22) and the other assesses agency efforts to address children's mental health needs (item 23).

Hawaii did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 57.1 percent of the 49 applicable cases, which is less than the 90 percent required for a determination of substantial conformity. Performance on this outcome did not vary considerably across locations. Case reviewers determined that the outcome was substantially achieved in 61 percent of Oahu cases, 58 percent of Hilo cases, and 45 percent of Maui cases.

A key CFSR finding is that DHS is not consistently effective in meeting either the physical or mental health needs of children in both foster care and in-home services cases. The concerns identified pertained primarily to: (1) a lack of consistent attention to ensuring that children receive regular health screenings and routine preventive medical and dental services, and (2) a lack of accessibility of mental health services resulting in children having mental health service needs that are not being addressed.

II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS

Statewide Information System

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care. Hawaii is in substantial conformity with this factor because the State's information system meets these requirements.

Case Review System

Five indicators are used to assess the State's performance with regard to the systemic factor of a Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews (item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

Hawaii is not in substantial conformity with the systemic factor of Case Review System. CFSR findings indicate that DHS is not consistent in involving parents in the case planning process or in ensuring that foster parents, preadoptive parents, and relative caregivers are notified of reviews and hearings and given the opportunity to attend reviews/hearings or provide input. However, the CFSR found that case reviews and permanency hearings are held in a timely manner in accordance with Federal requirements, and that the State has a process for seeking TPR that is in accordance with the provisions of ASFA.

Quality Assurance System

The State's performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30) and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Hawaii is not in substantial conformity with the systemic factor of Quality Assurance System. A key CFSR finding was that despite the rules and standards for health and safety being developed and the existence of various means for monitoring the safety and well being, information from the case reviews and stakeholder interviews suggest that the rules and standards and the methods for monitoring are not uniformly implemented throughout the State. Stakeholders reported that high caseworker caseloads are a major contributing factor in the State's failure to fully implement the rules and standards. However, some stakeholders also attributed failure to fully implement the rules and standards to the lack of consistency with regard to supervisors and/or administrators monitoring cases and caseworker activities.

In addition, most stakeholders expressed the opinion that there is no uniform and consistent Statewide quality assurance system, although there are multiple quality assurance mechanisms that may be implemented at various times and in various localities. Stakeholders stressed that agency units are given discretion regarding the types of quality assurance reviews conducted and that this accounts for some of the fragmentation.

Training

The systemic factor of training incorporates an assessment of the State's new worker training program (item 32), ongoing training efforts for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

Hawaii is not in substantial conformity with the systemic factor of training. The CFSR found that although DHS has a formal initial training program for new employees (social caseworkers, licensing specialists, social service aides, and assistants), many stakeholders

expressed concern about the practicality of the training and the fact that some caseworkers who start work between scheduled training sessions must assume small caseloads before receiving the initial training. In addition, the State does not have a structured ongoing training program for caseworkers or supervisors designed to enhance their knowledge and strengthen their skills. Finally, the CFSR found that training for care givers does not fully prepare general-licensed foster parents to address the intense and myriad array of problems that foster children bring with them, does not provide timely training to child-specific foster homes after the children have been placed, and does not provide or require routine formalized ongoing training.

Service Array

The assessment of the systemic factor of service array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? And (3) Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Hawaii is not in substantial conformity with the systemic factor of Service Array. The CFSR determined that the State has a broad array of services that DHS either provides or contracts with other agencies to provide, but that there are significant gaps in key services Statewide, particularly therapeutic foster homes and mental health services. In addition, accessibility of particular services varies by island. Finally, the Family Service Plans developed by DHS often do not reflect the family's individualized needs.

Agency Responsiveness to the Community

The systemic factor of agency responsiveness to the community incorporates the extent of the State's consultation with external stakeholders in developing and implementing the Child and Family Services Plan (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally assisted programs serving the same population (item 40).

Hawaii is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Information provided in the Statewide Assessment and obtained through the onsite CFSR indicate that the State is highly responsive to input from the community in developing the goals and objectives of the State's Child and Family Services Plan and that the Citizen Review Panel and other community stakeholder recommendations are incorporated in the State's Annual Progress and Services Report (APSR). However, the CFSR also found that there are multiple barriers to coordinating federally-assisted programs to serve children, including lack of communication and collaboration among State agencies.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children (item 45).

Hawaii is not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Although the CFSR found that the State has established standards for licensing homes that are reasonably in accord with recommended national standards, it was determined that licensing standards are not applied equally to general-licensed foster homes and child-specific foster homes. In addition, the CFSR found that there are problems in recruiting and retaining an adequate number of foster homes that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Despite these concerns, the CFSR also found that DHS completes the necessary criminal records checks on foster and adoptive homes before placing children in the homes and pursues placing children for adoptions on other islands and the mainland.

Table 1: CFSR Ratings for Safety and Permanency Outcomes and Items for Hawaii

Outcomes and Indicators	Outcome Ratings			Item Ratings		
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards?</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Safety Outcome 1-Children are first and foremost, protected from abuse and neglect	No	74.0	Both not met			
Item 1: Timeliness of investigations				ANI	52	
Item 2: Repeat maltreatment				ANI	94	No
Safety Outcome 2 - Children are safely maintained in their homes when possible and appropriate	No	79.6				
Item 3: Services to prevent removal				Strength	89	
Item 4: Risk of harm				ANI	80	
Permanency Outcome 1- Children have permanency and stability in their living situations	No	50.0	2 met, 2 not met			
Item 5: Foster care re-entry				ANI	70	No
Item 6: Stability of foster care placements				ANI	77	No
Item 7: Permanency goal for child				ANI	77	
Item 8: Reunification, guardianship and placement with relatives				ANI	60	Yes
Item 9: Adoption				ANI	67	Yes
Item 10: Other planned living arrangement				ANI	75	
Permanency Outcome 2 - The continuity of family relationships and connections is preserved	No	69.2				
Item 11: Proximity of placement				Strength	100	
Item 12: Placement with siblings				Strength	86	
Item 13: Visiting with parents and siblings in foster care				ANI	61	
Item 14: Preserving connections				ANI	81	
Item 15: Relative placement				ANI	81	
Item 16: Relationship of child in care with parents				ANI	70	

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI)

Table 2. CFSR Ratings for Child and Family Well-Being Outcomes and Items for Hawaii

Outcomes and Indicators	Outcome Ratings		Item Ratings			
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs	No	30.0				
Item 17: Needs/services of child, parents, and foster parents				ANI	60	
Item 18: Child/family involvement in case planning				ANI	60	
Item 19: Worker visits with child				ANI	32	
Item 20: Worker visits with parents				ANI	35	
Well Being Outcome 2 – Children receive services to meet their educational needs	Yes	89.7				
Item 21: Educational needs of child				Strength	90	
Well Being Outcome 3 – Children receive services to meet their physical and mental health needs are met	No	57.1				
Item 22: Physical health of child				ANI	80	
Item 23: Mental health of child				ANI	54	

*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

**Items may be rated as a Strength or an Area Needing Improvement (ANI)

Table 3: Hawaii's Performance on the Six Outcome Measures for Which National Standards have been Established (2001 data)

Outcome Measure	National Standard	Hawaii Data
Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?	6.1% or less	7.2%
Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?	.57% or less	.95%
Of all children who entered foster care in FY 2001, what percent were re-entering care within 12 months of a prior foster care episode?	8.6% or less	10.0%
Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care?	76.2% or more	80.3%
Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care?	32.0% or more	51.8%
Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings?	86.7% or more	83.8%

Table 4: CFSR Ratings for the Seven Systemic Factors and Items for Hawaii

Systemic Factors	In Substantial Conformity?*	Rating
IV. Statewide Information System	Yes (4)	
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care		Strength
V. Case Review System	No (2)	
Item 25: Process for developing a case plan and for joint case planning with parents		ANI
Item 26: Process for 6-month case reviews		Strength
Item 27: Process for 12-month permanency hearings		Strength
Item 28: Process for seeking TPR in accordance with ASFA		Strength
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		ANI
VI. Quality Assurance System	No (1)	
Item 30: Standards to ensure quality services and ensure children’s safety and health		ANI
Item 31: Identifiable QA system that evaluates the quality of services and improvements		ANI
VII. Training	No (1)	
Item 32: Provision of initial staff training		ANI
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge.		ANI
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		ANI
VIII. Service Array	No (1)	
Item 35: Availability of array of critical services		ANI
Item 36: Accessibility of services across all jurisdictions		ANI
Item 37: Ability to individualize services to meet unique needs		ANI
IX. Agency Responsiveness to the Community	Yes (3)	
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP		Strength
Item 39: Develops annual progress reports in consultation with stakeholders		Strength
Item 40: Coordinates services with other Federal programs		ANI
X. Foster and Adoptive Parent Licensing, Recruitment and Retention	No (2)	
Item 41: Standards for foster family and child care institutions		Strength
Item 42: Standards are applied equally to all foster family and child care institutions		ANI
Item 43: Conducts necessary criminal background checks		Strength
Item 44: Diligent recruitment of foster and adoptive families that reflect children’s racial and ethnic diversity		ANI
Item 45: Uses cross-jurisdictional resources to find placements		Strength

*Systemic factors are rated on a scale from 1 to 4. A rating of 1 or 2 indicates “Not in Substantial Conformity.” A rating of 3 or 4 indicates Substantial Conformity.

** Individual items may be rated either as a Strength or as an Area Needing Improvement (ANI)

INTRODUCTION

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Hawaii. The CFSR was conducted the week of July 14, 2003. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Hawaii Department of Human Services (DHS);
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 1999 through 2001;
- Reviews of 50 cases at three sites throughout the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, judges and other court personnel, and attorneys.

The key characteristics of the 50 cases reviewed are the following:

- Twenty-six cases were reviewed in Oahu, 12 in Maui, and 12 in Hilo. Oahu cases were divided equally (13 and 13) between the urban Honolulu and rural (Leeward) sites.
- All 50 cases had been open cases at some time during the period under review.
- Twenty-six cases were “foster care cases” (cases in which children were in the care and custody of the State child welfare agency and in an out-of-home placement at some time during the period under review), and 24 were “in-home services cases” (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care during the period under review).
- Of the 26 foster care cases, 17 children (65%) were younger than age 10 at the start of the period under review; 4 children (15%) were at least 10 years old, but not yet 13 years old; and 5 children (19%) were 13 years of age or older at the start of the period under review.
- All of the children in the family were Native Hawaiian in 12 cases and other Asian/Pacific Islander in 11 cases (46%), White in 3 cases (6%), Black in 3 cases (6%), and of 2 or more races in 20 cases (40%). There was 1 case in which the race/ethnicity of the child could not be identified.
- Of the 50 cases reviewed, the **primary** reason for the opening of a child welfare agency case was the following:
 - Physical abuse – 12 cases (24%)
 - Sexual abuse – 11 cases (22%)
 - Substance abuse of parents – 10 cases (20%)
 - Neglect (not including medical neglect) – 8 cases (16%)
 - Abandonment – 3 cases (6%)

- Medical neglect – 2 cases (4%)
- Threat of physical abuse – 2 cases (4%)
- Mental/physical health of child – 1 case (2%)
- Child’s behavior – 1 case (2%)
- Of the 50 cases reviewed, the most frequently cited of all reasons for children coming to the attention of the child welfare agency were the following:
 - Substance abuse by parents – 26 cases (52% of all cases)
 - Neglect (not including medical neglect – 24 cases (48% of all cases)
 - Physical abuse – 22 cases (44% of all cases)
 - Domestic violence in child’s home – 16 cases (32% of all cases)
- In 13 (50%) of the 26 foster care cases, the children entered foster care prior to the period under review and remained in care during the entire period under review.

The first section of the report presents CFSR findings relevant to the State’s performance in achieving specific outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table presenting key findings, a discussion of the State’s status with regard to the outcome, and a presentation and discussion of each item (indicator) assessed. For the most part, findings are presented for all three sites taken together, with differences among sites described when they are particularly noteworthy. The second section of the report provides an assessment and discussion of the systemic factors relevant to the child welfare agency’s ability to achieve positive outcomes for children.

SECTION 1: OUTCOMES

I. SAFETY

Outcome S1: Children are, first and foremost, protected from abuse and neglect.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	8	10	19	37	74.0
Partially Achieved:	4	1	6	11	22.0
Not Achieved or Addressed:	0	1	1	2	4.0
Not Applicable:					
Conformity of Statewide data indicators with national standards:					
	National Standard (percent)	State's Percentage	Meets Standard	Does Not Meet Standard	
Repeat maltreatment	6.1 or less	7.2		X	
Maltreatment of children in foster care	.57 or less	.95		X	

STATUS OF SAFETY OUTCOME 1

Hawaii did not achieve substantial conformity with Safety Outcome 1. This determination was based on the following findings:

- The outcome was determined to be substantially achieved in 74.0 percent of the cases reviewed, which is less than the 90 percent required for a rating of substantial conformity.
- The State did not meet the national standards for (1) the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period, or (2) the percentage of children maltreated while in foster care.

A key finding of the CFSR case reviews was that DHS did not consistently respond to maltreatment reports in accordance with State-established timeframes. In 48 percent of the applicable cases reviewed, DHS did not establish face-to-face contact with the child victim in a timely manner. In addition, in 92 percent of those cases, the maltreatment report was classified as “high risk.”

Although the case reviews did not reveal repeat maltreatment as it is measured for the CFSR case review instrument (item 2), the State’s incidence of maltreatment recurrence (7.2%), as reported in the State Data Profile, did not meet the national standard of 6.1 percent or less.

Findings pertaining to the specific items assessed under Safety Outcome 1 are presented below.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

Strength Area Needing Improvement

Review Findings: The assessment of item 1 was applicable for 25 of the 50 cases. Twenty-five cases were not applicable because they did not involve reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review had been initiated in accordance with the State child welfare agency requirements. In Hawaii, a response to a maltreatment report is considered “initiated” when face-to-face contact is established with the alleged child victim. The required timeframes are as follows:

- DHS must respond “immediately” to maltreatment reports that are classified as “high risk” and “severe risk,” with immediately defined as “preferably within 2 hours but no later than 24 hours of receipt of a report.”
- DHS must respond within 5 working days to maltreatment reports that are classified as “moderate risk.”
- Reports that are classified as “low risk” or “low-moderate risk” may be diverted to a community resource rather than investigated.

The results of the case review assessments were the following:

- Item 1 was rated as a Strength in 13 (52%) of the 25 applicable cases (9 of which were foster care cases).
- Item 1 was rated as an Area Needing Improvement in 12 (48%) of the 25 applicable cases (5 of which were foster care cases).

This item was rated as a Strength when a response to a maltreatment report was initiated within the timeframes established by the State or local site. The item was rated as an Area Needing Improvement when the response was not initiated within required timeframes. In 11 of the 12 cases rated as an Area Needing Improvement for this item, the maltreatment report was classified as “high risk” or “severe risk,” requiring a response within 24 hours. In these cases, the initial face-to-face contact occurred anywhere from 3 days to 2 months from the time that the report was received.

In contrast to the case review findings, many stakeholders commenting on this item expressed the opinion that the agency responds to child maltreatment reports in a timely manner. However, a few stakeholders identified potential barriers to timely responses to maltreatment reports. These included staffing shortages, high caseloads, a scarcity of agency cars, and difficulties related to the geography of the areas.

Determination and Discussion: Item 1 was assigned an overall rating of Area Needing Improvement based on the finding that in 48 percent of the applicable cases, the agency had not initiated a response to a maltreatment report in accordance with required timeframes.

The Statewide Assessment indicates that in some areas, the response may be delayed because of police requirements. For example, as noted in the Statewide Assessment, in (West) Hawaii County, the police have asked Child Welfare Services staff not to make contact with the child in situations of physical or sexual abuse until a forensic interview with the child is set up at the Children's Justice Center. However, this only occurs in West Hawaii County and is not consistent with DHS policy.

Item 2. Repeat maltreatment

Strength Area Needing Improvement

Review Findings: The assessment of item 2 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether there had ever been a substantiated report on the family. Reviewers also were to determine if there was at least one substantiated maltreatment report during the period under review, and if so, if another substantiated or indicated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 47 (94%) of the 50 applicable cases (24 of which were foster care cases).
- Item 2 was rated as an Area Needing Improvement in 3 (6%) of the 50 applicable cases (2 of which were foster care cases).

Item 2 was rated as a Strength under the following circumstances:

- There was a substantiated or indicated maltreatment report involving the family prior to the period under review, but no substantiated or indicated report during the period under review (28 cases).
- There was a substantiated or indicated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report (19 cases).

Item 2 was rated as an Area Needing Improvement in 3 cases in which 2 or more reports occurred within 6 months of a previous report and involved the same circumstances and the same perpetrator.

Additional findings with respect to the frequency of maltreatment reports on the family prior to and during the period under review for all 50 cases were the following:

- In 14 cases, there was 1 maltreatment report over the life of the case.

- In 21 cases, there were between 2 and 5 maltreatment reports over the life of the case.
 - In 15 cases, there were between 6 and 12 maltreatment reports over the life of the case.
- Although it is not known how many of these reports were substantiated, there was a considerable percentage of cases (30%) in which families had an extensive number of maltreatment reports (6 or more).

Many stakeholders commenting on the issue of maltreatment recurrence expressed the opinion that DHS is not consistently effective in preventing maltreatment recurrence. They attributed this problem to the following: (1) maltreatment often is due to parental substance abuse and there is a scarcity of drug treatment services; (2) caseworkers close cases “too early,” usually because of high caseloads; and (3) services for in-home services cases usually are voluntary and many parents do not want to participate.

Determination and Discussion: Item 2 was assigned an overall rating of Area Needing Improvement. Although case reviews found minimal maltreatment recurrence as measured by the CFSR case review instrument, the State’s rate of maltreatment recurrence for 2001 (7.2%) reported in the State Data Profile, did not meet the national standard of 6.1 percent or less. The criteria and standards for both measures must be met for the item to be rated as a Strength.

The Statewide Assessment indicates that DHS is re-examining cases of repeat maltreatment because the agency has discovered that reports of repeat maltreatment are often discoveries of additional incidences of abuse of children that occurred prior to coming into custody. According to the Statewide Assessment, DHS believes that they will meet the national standard for repeat maltreatment when all cases have been re-examined.

Safety Outcome 2

Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	6	11	22	39	79.6
Partially Achieved:	4	0	2	6	12.2
Not Achieved or Addressed:	1	1	2	4	8.2
Not Applicable:	1	0	0	1	

STATUS OF SAFETY OUTCOME 2

Hawaii did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 79.6 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

Performance with regard to safety outcome 2 varied considerably across the localities included in the onsite CFSR. The outcome was determined to be substantially achieved in 92 percent of Maui cases and 85 percent of Oahu cases, compared to 55 percent of Hilo cases.

A key finding of the CFSR case reviews was that DHS was consistent in providing appropriate services to families to protect children in the home and prevent their removal. However, case reviewers determined that DHS was less consistent in reducing the risk of harm to children. A primary concern identified pertained to the lack of adequate attention on the part of DHS to potential risk factors in the child's home or during visitation with parents. In some cases, it was the CFSR case reviewers who brought these risk factors to the attention of the caseworkers. Stakeholders attributed this problem to the fact that caseworkers' caseloads are too high to permit sufficient visitation between caseworkers and children. This issue is addressed further under Well-being Outcome 1, Item 19.

Findings pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

Item 3. Services to family to protect child(ren) in home and prevent removal

Strength Area Needing Improvement

Review Findings: There were 37 cases for which an assessment of item 3 was applicable. Thirteen cases were excluded from this assessment because the children entered foster care prior to the period under review and/or there were no substantiated or indicated maltreatment reports or identified risks of harm to the children in the home during the period under review. For this item, reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of the assessment were the following:

- Item 3 was rated as a Strength in 33 (89%) of the 37 applicable cases (12 of which were foster care cases).

- Item 3 was rated as an Area Needing Improvement in 4 (11%) of the 37 applicable cases (1 of which was a foster care case).

Item 3 was rated as a Strength based on the following determinations:

- Appropriate services were provided to the parents and child to prevent removal (23 cases).
- The children were appropriately removed from the home to ensure their safety (7 cases).
- The family received appropriate post-reunification services to prevent re-entry into foster care (3 cases).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The agency did not offer or provide appropriate services to ensure that a child was safely maintained in the home (3 cases).
- The agency offered services, but they were not adequate to ensure the safety of all of the children in the home (1 case).

Services provided to the families included, but were not limited to, counseling (individual, family, and couples), domestic violence support groups, substance abuse assessment and treatment, parenting classes, psychological and psychosexual evaluations, housing assistance, Ohana family conferencing, transportation to services, grief counseling, sexual abuse therapy, sex offender treatment, early childhood education, nurse home visitor, anger management services, developmental assessment, speech and language therapy, occupational therapy, and Head Start.

Most stakeholders commenting on this item expressed the opinion that DHS is effective in preventing the placement of children in foster care. However, several stakeholders said that this usually involves the voluntary placement of children with relatives rather than the provision of services to families while children remain at home. Other stakeholders indicated that services are provided to maintain children in their homes when the services are available, but that accessibility of services and long waiting lists are significant barriers to service participation.

Determination and Discussion: This item was assigned an overall rating of Strength because in 89 percent of the cases, reviewers determined that the agency had made diligent efforts to provide the necessary services to maintain children safely in their own homes.

According to the Statewide Assessment, DHS uses Ohana conferencing to work with families to maintain children in the home whenever possible. Ohana conferencing is a family conference model developed in Hawaii for select Child Welfare Services cases. As noted in the Statewide Assessment, since 1996, there have been 2,142 conferences convened and 95 percent have “reached agreement.” “Reached agreement” means that all conference participants agree on the issues that resulted in CPS involvement; on the need for support from family members, the community, and service agencies to address the issues and work on their resolutions; and, in some instances, on the need for placement of children with DHS until key problems are resolved.

Item 4. Risk of harm to child

___ Strength __X__ Area Needing Improvement

Review Findings: An assessment of item 4 was applicable for 49 cases. One case was not applicable for assessment because contact with DHS was due to the child's behavior and the child was not at risk of harm from guardians or parents. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. The assessment resulted in the following findings:

- Item 4 was rated as a Strength in 39 (80%) of the 49 applicable cases (20 of which were foster care cases).
- Item 4 was rated as an Area Needing Improvement in 10 (20%) of the 49 applicable cases (5 of which were foster care cases).

This item was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remain in the home (14 cases).
- The risk of harm to children was appropriately managed by removing the perpetrator from the home and ensuring no contact between the child and the perpetrator (6 cases).
- The risk of harm to children was appropriately managed by removing the children from home either prior to or during the period under review and providing services to the family (9 cases).
- The risk of harm to children was appropriately addressed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights (TPR) (10 cases).

Item 4 was rated as an Area Needing Improvement when reviewers determined the following:

- Either no services were offered or the services offered by the agency were insufficient to reduce the risk of harm to the child (4 cases).
- The agency did not take the necessary measures to ensure that risk of harm was adequately addressed (i.e., determining that a placement with the father was appropriate without conducting a home visit, finalizing a reunification even when children returned from visits with parents with bruises, or allowing a perpetrator to reside in the same home as the child and have unsupervised contact with the child) (5 cases).
- The safety assessment was not sufficient to identify all risk factors and underlying problems that contribute to risk of harm to the child (1 case).

In three of the cases rated as an Area Needing Improvement, a subsequent maltreatment incident occurred while the case was open. Reviewers determined that the subsequent incidents were due to inadequate attention to existing risk factors.

Most stakeholders commenting on this item expressed the opinion that risk of harm is not adequately addressed because caseworkers' caseloads are too high to permit visitation with children and families that is of sufficient frequency to monitor children's safety. Some stakeholders suggested that the risk assessments are not helpful because the tool does not capture all potential risk factors. State-level stakeholders expressed concern about the risks associated with the high numbers of children in some foster homes. Although there is a limit of five foster children to a home, this limit does not include biological children in the home. Also, the limit may be waived for placement of sibling groups if there are already foster children in a home.

In addition, stakeholders in Maui and Hilo reported that the court's standards with respect to the requirements that must be met to remove a child from the home are higher than DHS standards. Consequently, caseworkers in those sites are reluctant to petition the court for removal even when there have been multiple maltreatment reports because they do not believe the court will concur with this decision. Stakeholders suggested that this situation often leaves children at risk of harm in their homes.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement because in 20 percent of the applicable cases, reviewers determined that DHS had not been effective in addressing the risk of harm to the children. A key finding was that the agency either provided services that were not sufficient to reduce risk of harm or did not pay attention to obvious potential risk factors in the family.

According to the Statewide Assessment, DHS staff are required to use both the 14 Safe Family Home Guidelines to assess the safety of the child in the family home and to determine areas that need to be changed to ensure a safe home for the child, and the validated risk assessment tool developed by the National Resource Center for Child Maltreatment. The Statewide Assessment also notes that Ohana conferencing and parenting instructions are considered by the majority of State caseworkers surveyed to be effective, available, and accessible.

II. PERMANENCY

Permanency Outcome 1

Outcome P1: Children have permanency and stability in their living situations.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	3	4	6	13	50.0
Partially Achieved:	4	2	6	13	50.0
Not Achieved or Addressed:	0	0	0	0	
Not Applicable:	5	6	13		
Conformity of Statewide data indicators with national standards:					
	National Standard (percentage)	State's Percentage	Meets Standard	Does Not Meet Standard	
Foster care re-entries	8.6 or less	10.0		X	
Length of time to achieve reunification	76.2 or more	80.3	X		
Length of time to achieve adoption	32.0 or more	51.8	X		
Stability of foster care placements	86.7 or more	83.8		X	

STATUS OF PERMANENCY OUTCOME P1

Hawaii did not achieve substantial conformity with Permanency Outcome 1. This was based on the following findings:

- The outcome was substantially achieved in 50 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2001 data reported in the State Data Profile indicate that the State did not meet the national standards for the percentage of children who (1) re-entered foster care within 12 months of a prior foster care episode, or (2) experienced no more than 2 placement settings after having been in foster care for 12 months or less.

Although none of the localities included in the onsite CFSR achieved a high level of performance on this outcome, there were differences in performance across sites. Maui cases were more likely to be rated as having substantially achieved Permanency Outcome 1 (67%) than were Oahu (50%) or Hilo (43%) cases.

The case review findings and the State Data Profile suggest that DHS is not consistently effective with regard to (1) preventing re-entry into foster care, (2) ensuring children's placement stability while in foster care, or (3) establishing appropriate permanency goals

in a timely manner. In addition, although FY 2001 data in the State Data Profile indicate that Hawaii meets the national standards for the percentage of reunifications occurring within 12 months of the child's entry into foster care and the percentage of adoptions finalized within 24 months of the child's entry into foster care, the findings of the case reviews were that DHS was not consistent in its efforts to achieve these goals in a timely manner. Problems in attaining permanency in a timely manner were attributed to court-related as well as agency-related delays. Court-related delays included the length of time of the TPR appeal process and the tendency of judges to give parents extended periods of time to make the necessary changes to achieve reunification. Agency-related delays involved problems with completing necessary paperwork in a timely manner that were attributed to high caseloads and caseworker turnover.

Findings pertaining to the specific items assessed under Permanency Outcome 1 are presented below.

Item 5. Foster care re-entries

Strength Area Needing Improvement

Review Findings: Ten of the 26 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care at some time during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The assessment resulted in the following findings:

- Item 5 was rated as a Strength in 7 (70%) of the 10 applicable cases.
- Item 5 was rated as an Area Needing Improvement in 3 (30%) of the 10 applicable cases.

Item 5 was rated as a Strength when the child's entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode. The item was rated an Area Needing Improvement when the child's entry into foster care during the period under review occurred within 12 months of a previous foster care episode. There was one case rated as an Area Needing Improvement in each of the three localities included in the onsite CFSR.

Most stakeholders commenting on the issue of foster care re-entries expressed the opinion that re-entry is a problem and often is due to the parent's relapse into drug use. Several stakeholders suggested that even when parents successfully complete drug treatment, they tend to relapse when they return to old environments with families, friends, and neighbors that do not support them.

Determination and Discussion: Item 5 was assigned an overall rating of Area Needing Improvement based on the following:

- In 30 percent of the applicable cases reviewed, children re-entered foster care within 12 months of discharge from a prior episode.
- FY 2001 data in the State Data Profile indicate that Hawaii’s re-entry rate (10.0%) does not meet the national standard of 8.6 percent or less.

According to the Statewide Assessment, many of the foster care re-entries within 12 months are the result of reunifications that have failed. This was attributed in large part to the pattern of substance abuse relapse that is part of the pattern of recovery for substance abusers. However, the Statewide Assessment also notes that DHS believes that there are “false episodes” of re-entry due to coding errors. For example, some caseworkers may incorrectly code a trial home visit or a child’s stay in the hospital as an exit from foster care.

Item 6. Stability of foster care placement

Strength Area Needing Improvement

Review Findings: All 26 foster care cases were applicable for an assessment of Item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. The findings of this assessment were the following:

- Item 6 was rated as a Strength in 20 (77%) of the 26 applicable cases.
- Item 6 was rated as an Area Needing Improvement in 6 (23%) of the 26 applicable cases.

Additional findings of the case review were the following:

- Children in 17 cases experienced only 1 placement during the period under review (i.e., no placement changes).
- Children in 6 cases experienced 2 placements during the period under review (i.e., one placement change).
- Children in 1 case experienced 3 placements during the period under review (i.e., two placement changes).
- Children in 2 cases experienced 5 placements during the period under review (i.e., four placement changes).

Item 6 was rated as a Strength when reviewers determined either that the child did not experience a placement change during the period under review (17 cases), or that the placement changes experienced were in the child's best interest (3 cases), such as moving a child out of an unsafe placement with an abusive sibling.

The item was rated as an Area Needing Improvement when reviewers determined that the child's placement changes resulted from the following:

- A lack of adequate placement resources (2 cases).
- A lack of agency efforts to support a placement (2 cases).
- Inappropriate care and supervision in a foster or relative home (2 cases).

Stakeholders commenting on this issue were in general agreement that many children in foster care do not experience placement stability. They attributed placement changes to one or more of the following problems:

- Foster parents are not sufficiently informed about children's potential problems or adequately prepared to handle them.
- Placements with relatives often disrupt because the relatives are not effective caregivers.
- There are not enough placement resources, particularly therapeutic foster homes, to ensure an appropriate match between the child and the placement resource.

With regard to this last issue, stakeholders noted that the requirements for access to a therapeutic foster home are too restrictive and many children who need this type of environment do not meet the requirements. In addition, therapeutic foster homes are under the control of the Department of Health (DOH) and DHS has limited access to these homes.

Determination and Discussion: Item 6 was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 23 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not promote attainment of their goals or meet their treatment needs.
- FY 2001 data from the State Data Profile indicate that Hawaii's percentage of children experiencing no more than 2 placements in their first 12 months in foster care (83.8%) did not meet the national standard of 86.7 percent or more.

According to the Statewide Assessment, DHS continues to have a need for more foster homes, particularly homes for teenagers, drug-exposed infants, children with behavioral and social-emotional problems, and sibling groups. The shortage of placement resources creates difficulties in matching children with families to meet their special needs. In addition, the practice of placing some children initially in emergency shelters for up to 30 days contributes to the number of moves some children experience.

The Statewide Assessment also notes that many foster parents do not feel prepared to care for children with behavioral problems, which results in a placement disruption when they cannot cope with the child's behavior. As indicated in the Statewide Assessment, many of these children need therapeutic foster care, but this is controlled by the Department of Health (DOH) and there is a lack of access to DOH therapeutic foster homes. DOH therapeutic foster homes are licensed for one or more children, but some stakeholders believe that only one child is placed in a home.

Finally, information in the Statewide Assessment suggests that DHS believes that the data pertaining to placement stability are incorrect and they are in the process of correcting data entry. For example, the agency discovered that when children were in the hospital or had run away from a foster care placement, when they returned to that foster home after leaving the hospital or after running away, caseworkers were recording the return to the foster home as a change in placement.

Item 7. Permanency goal for child

Strength Area Needing Improvement

Review Findings: All 26 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated Strength in 20 (77%) of the 26 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 6 (23%) of the 26 applicable cases.

There were considerable differences across localities with regard to ratings for this item. The item was rated as a Strength in 100 percent of Maui cases, compared to 77 percent of the Oahu cases and only 57 percent of the Hilo cases.

The case review found that the children in the 26 foster care cases had the following permanency goals:

- 12 children had a goal of adoption.
- 7 children had a goal of reunification.
- 3 children had a goal of guardianship or long-term placement with a relative.
- 4 children had the goal of long-term foster care.

At the time of the onsite review, 13 of the 26 children in the foster care cases had been in foster care for 15 of the most recent 22 months. TPR had been filed and attained in 11 of the 13 cases. There were 6 cases in which TPR had been filed and attained even though the children had been in foster care for less than 15 months.

Item 7 was rated as a Strength when reviewers determined that the child's permanency goal was appropriate and had been established in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The goal was not appropriate given the needs of the child and the circumstances of the case (5 cases).

- An exception to TPR was not filed and no reason was provided for not filing (1 case).

The differences across localities with respect to case review findings for this item are reflected in stakeholder comments. Stakeholders in Maui, for example, were in general agreement that DHS establishes permanency goals for children in a timely manner and moves children toward permanency on a timely basis. Stakeholders in Oahu reported that the agency attempts to engage in concurrent planning and to establish permanency goals in a timely manner, but that there are barriers to accomplishing this objective. One barrier was noted to be caseworker turnover, which creates delays in movement toward permanency as new caseworkers need time to become familiar with the family and the case. Another barrier noted by Oahu stakeholders was the practice of some courts of granting parents more time if they believe that the parents will make the necessary changes. Stakeholders in this locality also expressed concern about foster/adopt homes, suggesting that sometimes there are problems in these homes when the foster/adopt parents become attached to the child and it appears that reunification is a real possibility. Stakeholders noted that because of this concern, many caseworkers in the county will not place children in foster/adopt homes (referred to as “risk” homes in the State).

In contrast to both Maui and Oahu stakeholders, Hilo stakeholders generally reported that concurrent planning is not being implemented and goals are not changed “until parents fail.” However, Hilo stakeholders concurred with Oahu stakeholders that delays in establishing appropriate permanency goals can be attributed in part to the case transfers that take place when there is a change in caseworker or when the family moves.

Determination and Discussion: Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 23 percent of the applicable cases, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner. There were clear differences across localities with regard to performance relevant to this item, particularly with respect to the consistent use of concurrent planning.

According to the Statewide Assessment, DHS has made concurrent permanency planning part of its standard operating procedures. However, stakeholder interviews during the onsite CFSR suggest that definitions of concurrent planning may differ. For example, one stakeholder indicated that DHS caseworkers are effective in concurrent planning because they seek potential adoptive placements for children “concurrent” with filing a TPR petition.

Item 8. Reunification, Guardianship, or Permanent Placement With Relatives

Strength Area Needing Improvement

Review Findings: Item 8 was applicable for 10 of the 26 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the goals of reunification, guardianship, or permanent placement with relatives in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals in a timely manner. The results of this assessment were the following:

- Item 8 was rated as a Strength in 6 (60%) of the 10 applicable cases.
- Item 8 was rated as an Area Needing Improvement in 4 (40%) of the 10 applicable cases.

There were no cases in Maui that had a goal of reunification, guardianship, or permanent placement with relatives.

Seven children had a permanency goal of reunification, two had a goal of guardianship, and one had a goal of permanent placement with relatives. In five cases, the child's goal had been achieved during the period under review (four reunifications and one guardianship). In 4 of those cases, the goal was achieved within 12 months of the child's entry into foster care.

Item 8 was rated as a Strength when reviewers determined that the goal had been achieved in a timely manner (4 cases) or that the agency was making concerted efforts to achieve the goal in a timely manner (2 cases). The item was rated as an Area Needing Improvement when reviewers determined that adequate efforts had not been made to achieve the goal in a timely manner (4 cases). In one case, a delay in achieving permanent placement with relatives was due to multiple appeals to the TPR decision. In the other cases, the delays were attributed to a lack of attention to achieving the goal on the part of the DHS caseworker.

Stakeholders commenting on this issue expressed the opinion that reunification generally occurs in a timely manner. However, they noted that when reunification is not timely, it usually is due to the limited access to some services, which results in extending the reunification timeline. State-level stakeholders indicated that Ohana conferencing expedites the process of legal guardianship of children by relatives. However, in Hawaii, both guardianship and permanent placement with relatives require TPR. Permanent placement is referred to as permanent custody and can be granted to the Department, to an individual or to both in a co-custodial arrangement. Permanent custody normally is done with children who are unwilling to be adopted and is actually a form of long-term foster care. Although permanent custodians have all the rights and responsibilities of a parent, even the individuals who have co-custody with the Department, the children in permanent custody continue to receive foster care payments and have access to medical and other services guaranteed for other foster children.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement based on the finding that in 40 percent of the applicable cases, case reviewers determined that the agency had not made diligent efforts to attain the goals of reunification, guardianship, or permanent placement with relatives in a timely manner. Although FY 2001 data from the State Data Profile indicate that the percentage of reunifications occurring within 12 months of entry into foster care (80.3%) met the national

standard of 76.2 percent or more, the criteria and standards for both measures must be met for the item to be assigned an overall rating of Strength.

According to the Statewide Assessment, 88.2 percent of the children entering foster care for the first time in the first 6 months of 2001 (cohort data) were either reunited with parent(s) or placed with relatives. The Statewide Assessment also notes that in order to expedite reunifications, DHS promotes the use of the Interim Family Service Plan as a means of early engagement of families in services rather than waiting until the investigation/assessment is completed (which can take up to 60 days).

As noted in the Statewide Assessment, a study of Ohana conferencing for 33 voluntary agreement cases indicated that only 1 out of 54 children would be subject to permanent custody when Ohana conferencing was used.

Item 9. Adoption

Strength Area Needing Improvement

Review Findings: Twelve of the 26 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether diligent efforts had been, or were being, made to achieve finalized adoptions in a timely manner. The results were the following:

- Item 9 was rated as a Strength in 8 (67%) of the 12 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 4 (33%) of the 12 applicable cases.

There were no cases in Hilo in which a child had a permanency goal of adoption. Four cases were rated as a Strength in Maui and four in Oahu.

Adoption was finalized during the period under review in 6 of the 12 applicable cases and in 4 of these cases, the finalization occurred within 24 months of the child's entry into foster care. The remaining 6 children with a goal of adoption are in an adoptive placement.

Item 9 was assigned a rating of Strength when reviewers determined that the agency (1) had achieved a finalized adoption in a timely manner (4 cases), or (2) the agency was making concerted efforts to achieve adoption within 24 months (4 cases).

The item was rated as an Area Needing Improvement when reviewers determined that the agency had not taken the steps necessary to expedite the adoption process. In one case, after TPR was attained, there was a 6-month delay in transferring the case to an adoption

unit, and in another case, although there was a lengthy TPR appeals process, the adoption would have been expedited if the agency had sought an adoptive home prior to resolution of the appeal.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that adoptions are occurring in a timely manner in the State. They attributed this to the following practices and procedures:

- Implementation of Ohana conferencing,
- The DHS requirement of concurrent planning and the practice of alerting parents to the possibility of TPR at the first court hearing,
- The ability to file a petition for TPR at 12 months after the child's entry into foster care, and
- The collaborative partnership with Adoption Connection, which has resulted in training for DHS staff around adoption issues (however, the training is held in Oahu and staff from the other islands cannot always attend).

Despite these facilitating factors, a few stakeholders noted that there are sometimes delays in the adoption process that are due either to caseworker turnover or to overcrowded court dockets. Both of these events usually result in continuances that delay the adoption process. Caseworker turnover will sometimes result in the new caseworkers asking the courts for continuances because they have not had sufficient time to study the record, meet with the appropriate parties (children, parents, foster parents, and service providers), and assess whether progress has been made.

Maui stakeholders reported that Order to Show Cause hearings and pre-trial conferences are effective in expediting the TPR process if parents are not cooperating. On Maui, the courts hold pre-trial conferences that all parties attend (the judge, the parents, DHS staff, GALs and Deputy Attorney Generals). Updates and issues are discussed so that the actual court session is shorter, to the point, and everyone is aware before the court date whether the goal remains re-unification or shifts towards one of the permanency options (adoption, legal guardianship, and permanent custody). In an Order to Show Cause hearing, the onus is on the parents to convince the court and the State that they are trying to do everything required of them to achieve re-unification. The conferences occur before the actual court date and the attendees include the judge, DHS staff, the parents, GALs and Deputy Attorneys General.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement based on finding that in 25 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to achieve an adoption in a timely manner. Although FY 2001 data from the State Data Profile indicate that the State's percentage of finalized adoptions occurring within 24 months of removal from home (51.8%) meets the national standard of 32.0 percent or more, the criteria and standards for both measures must be achieved for the item to receive an overall rating of Strength.

According to the Statewide Assessment, Hawaii attained the highest percentage increase in adoptions in the nation in 1998 (249%). The Statewide Assessment notes that the “level of consciousness” regarding adoption was raised in the State through collaboration with the Oahu Family Court and its efforts to bring together community organizations to implement the Adoption Connection. As indicated in the Statewide Assessment, DHS has made efforts to expedite adoptions through the following practices and procedures:

- Contracting for private home studies to supplement those conducted by staff.
- Working with the Family Court and the Attorney General's office to streamline the adoption process and reduce DHS internal logjams.
- Implementing concurrent permanency planning as part of standard operating procedures.
- Implementing court orders that include language that requires parents to provide medical information and medical record release and to share prenatal and birth information within 30 days of being taken into custody.
- Implementing procedures that require caseworkers to motion the court for permanent custody when a child has been in custody for 12 months.

Item 10. Permanency goal of other planned permanent living arrangement

Strength Area Needing Improvement

Review Findings: Four foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in 3 (75%) of the 4 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 1 (25%) of the 4 applicable cases.

Item 10 was rated as a Strength when reviewers determined that children were receiving appropriate services and the foster care placement was stable. One case was rated as an Area Needing Improvement when reviewers determined that the agency has not provided appropriate services to help the child achieve independence.

Some stakeholders commenting on the issue of long-term foster care and transitioning toward independent living suggested that independent living services are available and adequate. Other stakeholders, however, expressed the opinion that independent living services are not adequate, and that there is a lack of effort on the part of the agency to ensure the successful transition of 18 year olds in foster care to independent living.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement because in one of the four cases with this goal (25%), reviewers determined that the agency had not made concerted efforts to provide services to help the child transition to independent living.

According to the Statewide Assessment, the percentage of children in foster care in the State with a goal of long-term foster care (5.7 based on Point-in-Time Permanency Profile) is below what is reported in the Statewide Assessment as a “national average of 8 percent.”

Permanency Outcome 2

Outcome P2: The continuity of family relationships and connections is preserved for children.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	6	4	8	18	69.2
Partially Achieved:	1	1	5	7	26.9
Not Achieved or Addressed:	0	1	0	1	3.9
Not Applicable:	5	6	13		

STATUS OF PERMANENCY OUTCOME 2

Hawaii did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 69.2 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance with respect to achieving Permanency Outcome 2 varied across localities included in the onsite CFSR. The outcome was determined to be substantially achieved in 86 percent of the Hilo cases, compared to 66 percent of the Maui cases and 61 percent of the Oahu cases.

CFSR findings indicate that DHS makes concerted efforts to place children in close proximity to their families and to place siblings together in foster care. However, case reviewers determined that the agency was not consistent in its efforts to preserve connections between children and their families or to seek and assess relatives as placement resources, although this is mandated in State policy. A key concern identified with regard to this outcome pertained to visitation between children in foster care and their siblings who were

also in foster care. Case reviewers determined that DHS makes concerted efforts to place siblings together. However, when siblings are separated, the agency is not consistently effective in ensuring visitation among the siblings. In seven of the nine cases rated as an Area Needing Improvement for this item, reviewers noted that visitation between siblings occurred less frequently than once a month and the agency did not attempt to promote more frequent visitation.

Item 11. Proximity of foster care placement

Strength Area Needing Improvement

Review Findings: Of the 26 foster care cases, 18 were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR had been attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. The results of the assessment were that item 11 was rated as a Strength in all (100%) of the 18 applicable cases.

The item was rated as a Strength in all cases because the child was placed in the same county or community as the family of origin.

Stakeholders commenting on this item expressed the opinion that the agency attempts to place children in their communities whenever possible. However, several stakeholders reported that this objective often is difficult to achieve because of a lack of placement resources.

Determination and Discussion: Item 11 was assigned an overall rating of Strength because in 100 percent of the cases, reviewers determined that DHS had made diligent efforts to ensure that children were placed in foster care placements that were in the same county or community as the family of origin.

Item 12. Placement with siblings

Strength Area Needing Improvement

Review Findings: Twenty-one of the 26 foster care cases involved a child with siblings who were in foster care. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 18 (86%) of the 21 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 3 (14%) of the 21 applicable cases.

In 14 of the 21 applicable cases, the child was in a placement with at least 1 other sibling, and in 6 of those cases, the child was in a placement with all siblings.

Item 12 was rated as a Strength if the child was in placement with all of his or her siblings (6 cases), or if the separation of siblings was deemed necessary to meet at least one child’s safety or treatment needs (12 cases). The item was rated as an Area Needing Improvement when reviewers determined that there was no justification for the separation of siblings and that DHS had not made concerted efforts to place sibling together.

Stakeholders commenting on this item observed that the agency usually attempts to place children with their siblings. However, several stakeholders suggested that there is a lack of foster homes that will accept large sibling groups. A few stakeholders reported that the State statute recently was changed to allow DHS to grant waivers regarding the number of foster children in a home in order to accommodate large sibling groups.

Determination and Discussion: This item was assigned an overall rating of Strength based on the finding that in 86 percent of the applicable cases, reviewers determined that DHS made diligent efforts to place siblings together in foster care whenever possible.

Hawaii State policy indicates that preference is given to placing siblings together in a foster home, or, if possible, with family members, unless the case situation indicates that such placement would not in the best interests of the children.

Item 13. Visiting with parents and siblings in foster care

Strength Area Needing Improvement

Review Findings: An assessment of item 13 was applicable for 23 of the 26 foster care cases. Three cases were not applicable for an assessment of this item because TPR had been established prior to the period under review and parents were no longer involved in the children’s lives. In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care, and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 14 (61%) of the 23 applicable cases.

- Item 13 was rated as an Area Needing Improvement in 9 (39%) of the 23 applicable cases.

Ratings for this item varied considerably across the localities included in the onsite CFSR. The item was rated as a Strength in 86 percent of the Hilo cases, compared to 67 percent of the Maui cases, and only 40 percent of the Oahu cases.

Typical visitation between children and their mothers for the 16 applicable cases was the following:

- Weekly visits – 7 cases.
- Twice a month visits - 1 case.
- Monthly visits – 1 case.
- Less than monthly visits - 1 case.
- No visits – 5 cases.
- Frequency of visits could not be determined from the case review or interviews – 1 case.

Reviewers determined that the agency made concerted efforts to promote more frequent visitation in three of the six cases in which visits with mothers occurred less frequently than once a month.

Typical visitation between children and their fathers for the 14 cases for which this assessment was applicable was the following:

- Weekly visits – 6 cases.
- Twice a month visits – 1 case.
- Less than monthly visits – 1 case.
- No visits – 6 cases.

Reviewers determined that in five of the seven cases in which visits with father occurred less frequently than once a month, the agency made concerted efforts to promote more frequent visitation.

Visitation between siblings was applicable in 13 cases in which siblings were not placed together in foster care. Typical visitation between siblings was the following:

- Weekly visits – 4 cases.
- Less than monthly visits – 3 cases.
- No visits – 6 cases.

Reviewers determined that the agency made concerted efforts to promote more frequent visitation in only two of the nine cases in which visits with siblings occurred less frequently than once a month.

Item 12 was rated as a Strength when reviewers determined that the frequency of visitation met the needs of children and parents (9 cases), or that, when visitation was less frequent than needed, the agency made diligent efforts to promote more frequent visitation (5

cases). The item was rated as an Area Needing Improvement when reviewers determined that the frequency of visits was not sufficient to meet the needs of the child and the agency did not make appropriate efforts to facilitate more frequent visitation between a parent and child or between siblings. Lack of sufficient visitation with siblings was noted by reviewers in seven of the nine cases in which this item was rated as an Area Needing Improvement.

Most stakeholders commenting on this item during the onsite review expressed the opinion that visits between siblings are not occurring with sufficient frequency and that DHS does not make diligent efforts to ensure that sibling visitation takes place. Some stakeholders attributed this problem to foster parents' reluctance to have siblings visit one another. Stakeholders identified Project Visitation as a new program implemented to address the issue of sibling visitation. Project Visitation is a program of volunteers coordinated with Volunteer Legal Services of Hawaii. It was created to maintain the relationship between siblings who are living in separate foster homes. Project Visitation is a collaboration of the Family Court of the First Circuit, DHS, Friends of Foster Kids, and Hawaii State Foster Parents Association and is currently serving the island of Oahu. It has grown to 90 volunteers who are providing services to more than 200 foster children so that they have monthly visits with their siblings. Each volunteer donates an average of 6 hours per month, or 72 hours per year. The volunteers provide transportation for the siblings to the visits and serve as supervisors during visitation, if necessary.

Stakeholders noted that although visitation between parents and children does occur, it is not with sufficient frequency to permit DHS to adequately assess parenting skills or make decisions about the readiness of the family for reunification.

Determination and Discussion: Item 13 was assigned an overall rating of Area Needing Improvement because in 39 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child. The key concern identified in the case records and by stakeholders is that DHS is not making diligent efforts to promote visitation between siblings.

According to the Statewide Assessment, the frequency of contact between the child and his/her family should be based on what is best for the child, not what is best for the family. Unless there are severe risk factors, visits should be at least twice a week for at least 1 1/2 hours each or 3 times a week for 1 hour per visit. Time and frequency of contact may be increased as the case progresses. The Statewide Assessment also notes that DHS contracts for supervised visitation services to make it possible for separated sibling groups to spend time together at least once a month. The Statewide Assessment also cites Project Visitation as an important effort to promote sibling visitation while children are in foster care.

Information in the Statewide Assessment indicates that only 50 percent of parents who responded to a survey thought that parent-child visitation was effective, 58 percent thought it was available, and 35 percent thought it was accessible. Selected comments from parents included that they would like "Better child visitation, not just weekends but weekdays too."

Item 14. Preserving connections

Strength Area Needing Improvement

Review Findings: Item 14 was applicable for assessment in all 26 foster care cases. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 21 (81%) of the 26 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 5 (19%) of the 26 applicable cases.

Reviewers indicated that in 20 of the 26 cases, children's primary connections had been "significantly" preserved while they were in foster care; in 5 of the 26 cases, children's primary connections had been "partially" preserved; and in 1 of the 26 cases, the child's primary connections were "not at all" preserved.

Item 14 was rated as a Strength when reviewers determined that the agency had made diligent efforts to achieve one or more of the following:

- Preservation of child's primary connections with extended or former foster family members (18 cases).
- Preservation of the child's heritage (2 cases).
- Preservation of the child's religious affiliation (2 cases).
- Preservation of child's primary connections with friends and school or community (9 cases).

The item was rated as an Area Needing Improvement when reviewers determined that the agency had not made diligent efforts to preserve the child's connections with former foster parents or extended family (3 cases) or with the child's cultural heritage (2 cases).

Stakeholders commenting on this item expressed differing opinions regarding DHS efforts to maintain connections for children in foster care. Although some stakeholders suggested that DHS makes concerted efforts to maintain children's connections with extended family and cultural heritage, other stakeholders voiced concern that the agency has not been effective in preserving connections for Native Hawaiian children.

Determination and Discussion: Item 14 was assigned an overall rating of Area Needing Improvement because in 19 percent of the cases, reviewers determined that the State had not made diligent efforts to preserve children's connections.

Item 15. Relative placement

_____ Strength X Area Needing Improvement

Review Findings: All 26 foster care cases were applicable for an assessment of item 15. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 21 (81%) of the 26 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 5 (19%) of the 26 applicable cases.

Item 15 was rated as a Strength when the child's current placement was noted to be with a relative (13 cases), or when reviewers determined that the agency had made diligent efforts to search for both maternal and paternal relatives whenever possible (8 cases). The item was rated as an Area Needing Improvement when reviewers determined that the agency had not made diligent efforts to search for maternal relatives (1 case), paternal relatives (3 cases), or either maternal or paternal relatives (1 case).

Stakeholders' opinions regarding the issue of relative placement varied. While many stakeholders suggested that relatives are being sought as placement resources, other stakeholders voiced concern that this is not a consistent practice. However, most stakeholders were in general agreement that Ohana family conferencing results in the identification of relatives as potential placement resources early on in the case.

Stakeholders also noted that many children are placed with relatives voluntarily as a means to prevent entry into the foster care system. Some stakeholders reported that DHS often established provisional licensing for relatives in order to place children quickly. However, these stakeholders said that this practice often results in situations in which the license is eventually revoked when Foster Home Licensing conducts a more thorough assessment of the relative family. Other stakeholders reported that some licensing requirements may be waived for relatives in areas such as space, bed sharing, and moving a family's child to make room for a foster child.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement because in 19 percent of the cases, reviewers determined that the agency had not made diligent efforts to locate and assess relatives as potential placement resources. A key concern identified pertained to a lack of effort to seek paternal relatives.

According to the Statewide Assessment, State policy requires that whenever a child is removed from the family home and placed with a substitute caregiver, the first placement option to be considered should be with an appropriate extended family member. The Statewide Assessment notes that in the “Point-in-Time” profile, 37.7 percent of children in foster care were in a relative placement. In the First Time Entry Cohort data profile, 33.8 percent of the children in foster care were placed with relatives. (In the cases reviewed for the CFSR, 50 percent of children were in placement with a relative.) The Statewide Assessment also reports that in 2001, there were 643 child-specific relative foster homes that were licensed by DHS, which is twice the number of non-relative child-specific licensed foster homes (320).

Item 16. Relationship of child in care with parents

_____ Strength Area Needing Improvement

Review Findings: An assessment of item 16 was applicable for 20 of the 26 foster care cases. A case was considered not applicable for an assessment of this item if parental rights had been terminated prior to the period under review and parents were no longer involved with the child, or if a relationship with the parents was considered to be not in the child’s best interests. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care and their mothers and fathers. The results of this assessment were the following:

- Item 16 was rated as a Strength in 14 (70%) of the 20 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 6 (30%) of the 20 applicable cases.

Ratings for this item varied considerably across localities. The item was rated as a Strength in 83 percent of the applicable Hilo and Maui cases, compared to only 50 percent of the applicable Oahu cases.

Item 16 was rated as a Strength when reviewers determined that the agency had promoted the relationship between the child and parents through providing an opportunity for regular visits, in some cases even after parental rights had been terminated. The item was rated as an Area Needing Improvement when reviewers determined that DHS had not made diligent efforts to promote the child’s relationship with the mother (4 cases) or with both parents (2 cases).

Determination and Discussion: Item 16 was assigned an overall rating of Area Needing Improvement because reviewers determined that in 30 percent of the applicable cases, the agency had not made concerted efforts to support the parent-child relationships of children in foster care.

III. CHILD AND FAMILY WELL-BEING

Well-Being Outcome 1

Outcome WB1: Families have enhanced capacity to provide for their children’s needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	2	7	6	15	30.0
Partially Achieved:	8	3	13	24	48.0
Not Achieved or Addressed:	2	2	7	11	22.0
Not Applicable:	0	0	0		

STATUS OF WELL-BEING OUTCOME 1

Hawaii did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 30.0 percent of the cases reviewed, which is less than the 90 percent required for a determination of substantial conformity.

Although performance with regard to achieving Well-Being Outcome 1 was low in all of the localities included in the onsite review, there was variation across sites. The outcome was determined to be substantially achieved in 58 percent of the Maui cases, compared to only 30 percent of the Oahu and 17 percent of the Hilo cases.

The CFSR case reviews revealed that DHS was not consistently effective with regard to assessing needs and providing services to children, parents, and foster parents (item 17) or involving children and parents in case planning (item 18). The most significant concern identified, however, pertained to the lack of face-to-face contact between caseworkers and the children in their caseloads

(items 19 and 20). In 68 percent of the cases, reviewers determined that the frequency and quality of caseworker contacts with children was not sufficient to ensure their safety or well-being. In all of these cases, contacts with children occurred less frequently than once a month, and in most cases, caseworkers typically made contact with children about once every 3 months. In addition, case reviewers determined that in a substantial percentage of cases, when caseworkers did make contact with children, they did not focus on issues pertinent to case planning, service delivery, and goal attainment. A similar concern pertained to caseworker contacts with parents. Stakeholders commenting on the area of caseworker contacts were in general agreement that the frequency of contact with children and parents is insufficient to meet children's needs. Most stakeholders attributed this problem to high caseloads and transportation difficulties.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

Item 17. Needs and services of child, parents, foster parents

Strength Area Needing Improvement

Review Findings: An assessment of item 17 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 30 (60%) of the 50 applicable cases (14 of which were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 20 (40%) of the 50 applicable cases (12 of which were foster care cases).

In-home services cases were only slightly more likely to receive a rating of Strength for this item (67%) than were foster care cases (54%). Differences in ratings across localities were more pronounced, however. The item was rated as a Strength in 75 percent of Maui cases and 67 percent of Hilo cases, compared to 50 percent of Oahu cases.

Item 17 was rated as a Strength when reviewers determined that the needs of children, parents, and foster parents had been adequately assessed and that identified service needs had been met. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Children's needs were not assessed (14 cases).
- Children's service needs were not met (15 cases).
- Parents' needs were not assessed (7 cases).
- Parents' service needs were not met (7 cases).

- Foster parent’s needs were not assessed (10 cases).
- Foster parent’s service needs were not met (10 cases).

Stakeholders commenting on this item expressed varying opinions. With regard to assessments of children, parents, and foster parents, many stakeholders suggested that the effectiveness of assessments varies across caseworkers. That is, some caseworkers are skilled in the area of assessment, but some are not. However, all stakeholders were in agreement that it is difficult to obtain mental health assessments for children. In addition, several stakeholders expressed the opinion that Ohana conferencing is an effective process for assessing services needs, although a few stakeholders questioned the effectiveness of this process with regard to assessing all family needs.

With regard to services, stakeholders identified multiple service gaps (as noted under item 34), and indicated that available services have long waiting lists. Several stakeholders also indicated that DHS often tends to view “information and referral” as the key service provided by the caseworker, rather than viewing case management as the primary service.

Finally, stakeholders commenting on the topic of foster parent’s needs expressed the opinion that DHS does not assess or address the needs of foster parents in the system on a consistent basis.

Determination and Discussion: Item 17 was assigned an overall rating of Area Needing Improvement because in 40 percent of the cases, reviewers determined that DHS had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. A key concern identified was a lack of consistent assessment of children’s needs and the fact that when needs were identified, they were not consistently met. In many instances, reviewers determined that the failure to assess or address particular service needs was a threat to the child’s well-being.

Item 18. Child and family involvement in case planning

Strength Area Needing Improvement

Review Findings: An assessment of item 18 was applicable for all 50 cases. In assessing this item, reviewers were to determine whether parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) had been involved in the case planning process, and if not, whether their involvement was contrary to the child’s best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 30 (60%) of the 50 cases (18 of which were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 20 (40%) of the 50 cases (8 of which were foster care cases).

Foster care cases were more likely to be rated as a Strength for this item (69%) than were in-home services cases (50%). Performance also varied across localities. The item was rated as a Strength in 75 percent of the Maui cases, compared to 58 percent of the Hilo cases and 54 percent of the Oahu cases.

Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Mothers who should have been involved in case planning were not involved (14 cases).
- Fathers who should have been involved in case planning were not involved (11 cases).
- Children who were old enough to have been involved in case planning were not involved (12 cases).

Stakeholders commenting on this issue expressed differing opinions. Some stakeholders said that parents are involved in case planning from the time that the case is opened, and that they are invited to participate in service plan conferencing and Ohana family conferences. Other stakeholders, however, reported that caseworkers are not trained properly to engage families effectively in case planning, and that often, the family service plan is presented to parents “just before going into the courtroom.” Some of the differences in perspective may be due to the perception of what parent involvement means. For example, several stakeholders in the agency reported that DHS is effective in involving parents because the caseworkers sit down with the parents prior to court and “tell them why they are there and what the family needs to do and also the risk factors and services available.” This is different than actually seeking parental input in the case planning process.

Determination and Discussion: Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 40 percent of the cases, reviewers determined that DHS had not made diligent efforts to involve parents and/or children in the case planning process.

According to the Statewide Assessment, only 53 percent (42 of 79) of caseworkers surveyed as part of the State’s self-assessment process stated that families are involved in developing the case plan for the children in their caseload. Involvement of families appears to be more prevalent in Maui (12 of 13 caseworkers stated this) than in Honolulu County (4 of 15 caseworkers stated this) or Kauai (4 of 11 caseworkers stated this). In addition, the Statewide Assessment notes that 63 percent of the parents who responded to a survey indicated that they were involved in developing the case plan. This is consistent with the finding that parents and children were involved in case planning in 60 percent of the cases reviewed during the onsite CFSR.

Item 19. Worker visits with child

___ Strength __X__ Area Needing Improvement

Review Findings: All 50 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers were to determine whether the frequency of visits between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:

- Item 19 was rated as a Strength in 16 (32%) of the 50 cases (10 of which were foster care cases).
- Item 19 was rated as an Area Needing Improvement in 34 (68%) of the 50 cases (16 of which were foster care cases).

Ratings for this item varied only slightly as a function of type of case, with 38 percent of foster care cases rated as a Strength for this item compared to 25 percent of in-home services cases. Differences across localities, however, were more extreme. Although ratings of Strength for this item were low in all sites, the item was rated as a Strength in 67 percent of Maui cases, compared to only 23 percent of Oahu cases and 17 percent of Hilo cases.

Reviewers noted the following with respect to frequency of visits for the 26 foster care cases:

- In 3 cases, visits typically occurred weekly.
- In 6 cases, visits typically occurred once a month.
- In 17 cases, visits typically occurred less than monthly.

Reviewers noted the following with respect to frequency of visits for the 24 in-home services cases:

- In 1 case, visits typically occurred weekly.
- In 1 case, visits typically occurred bi-weekly.
- In 3 cases, visits typically occurred once a month.
- In 19 cases, visits typically occurred less than monthly.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of visits between caseworkers and children were sufficient to ensure adequate monitoring of the child's safety and well-being and promote attainment of case goals. For the most part, this required at least monthly visitation, although in two cases, less than monthly visitation was deemed sufficient.

This item was rated as an Area Needing Improvement when reviewers determined the following:

- The frequency of caseworker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment (13 cases, 3 of which were foster care cases).
- The frequency of caseworker visits was not sufficient to meet the needs of the child and the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (20 cases, 13 of which were foster care cases).
- The frequency of caseworker visits was sufficient, but when visits occurred, they did not focus on issues pertinent to case planning, service delivery, and goal attainment (1 case, which was not a foster care case).

Case reviews indicated that most caseworkers visited the children about once every 3 months, although in some cases, the caseworker's contact was even less frequent.

Stakeholders commenting on the issue of caseworker contacts with children were in general agreement that this is an area that needs improvement in the system. Stakeholders reported that caseworkers visit children infrequently, particularly if the case is not a high-risk case, and that they rely on other service providers for information about the family. Several stakeholders said that some children and youth do not know who their caseworkers are and do not have telephone numbers for reaching caseworkers. Other stakeholders noted that when visits do occur, they often take place in the office rather than in the home, even for the in-home services cases. These stakeholders suggested that caseworkers need to make unannounced visits to children in foster homes to be able to assess accurately children's safety and the family's progress. In general, stakeholders attributed the problem of lack of visitation to high caseworker caseloads and frequent caseworker turnover. However, a few stakeholders suggested that another key issue is that caseworker contact with children has not been established as a priority within DHS and there is no accountability in the system for lack of contact.

Determination and Discussion: Item 19 was assigned an overall rating of Area Needing Improvement based on the finding that in 68 percent of the cases, reviewers determined that caseworker visits with children were not of sufficient frequency and/or quality. A key finding was that reviewers determined that even when caseworkers did make contacts with the children, in many cases the quality of this contact was not sufficient to address issues pertaining to the child's safety or well-being. In addition, in most of the cases, reviewers did not indicate that other service providers were having regular contact with the family and reporting the results of this contact to the DHS caseworker.

According to information provided in the Statewide Assessment, the case review findings are not consistent with State policy. As noted in the Statewide Assessment, State policy indicates that face-to-face contact with the child should occur once a month but can occur less frequently, depending on the risk to the child, not to exceed 60-day intervals. Home visits/face-to-face contacts for purposes of observation/ongoing assessment should last between 20-45 minutes. In addition, the Statewide Assessment notes that children living in the family are perceived by the State to be more at risk for maltreatment and need to be seen more often than children who are in safe out-of-home placements. Despite these policies, the Statewide Assessment reports that only 42 percent of

caseworkers surveyed as part of the State's self-assessment agreed with the statement that they have regular and at least monthly, contact with families in their caseload. Agreement was particularly low for Honolulu and Hawaii Counties where only four caseworkers in each unit indicated agreement with this statement.

Item 20. Worker visits with parents

Strength Area Needing Improvement

Review Findings: An assessment of item 20 was applicable for 49 of the 50 cases. One case was not applicable for assessment because TPR had been attained prior to the period under review and the parents were no longer involved with the child. Reviewers were to assess whether the caseworker's face-to-face contact with the children's mothers and fathers was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children's safety and well being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 17 (35%) of the 49 cases (10 of which were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 32 (65%) of the 49 cases (15 of which were foster care cases).

Ratings for caseworker visits with parents did not vary considerably as a function of type of case, although the item was more likely to be rated as a Strength in the foster care cases (40%) than in the in-home services cases (29%). However, there was considerable variation in ratings across localities. The item was rated as a Strength in 75 percent of the Maui cases, compared to 24 percent of the Oahu cases and only 17 percent of the Hilo cases.

Typical patterns of caseworker visits with mothers were the following (43 applicable cases):

- Weekly visits – 2 cases (both of which were foster care cases).
- Twice a month visits - 2 cases (neither of which were foster care cases).
- Monthly visits – 9 cases (5 of which were foster care cases).
- Less than monthly visits – 30 cases (13 of which were foster care cases).

Typical patterns of caseworker visits with fathers were the following (31 applicable cases):

- Weekly visits – 1 case (which was a foster care case).
- Twice a month visits - 1 case (which was not a foster care case).
- Monthly visits - 6 cases (4 of which were foster care cases).
- Less than monthly visits - 22 cases (9 of which were foster care cases).

- No visits – 1 case (which was not a foster care case).

Item 20 was rated as a Strength when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children and that the visits focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Visits were not occurring with sufficient frequency, although when they did occur, they focused on issues pertinent to case planning and goal attainment (18 cases).
- Visits were not occurring with sufficient frequency, nor did they focus on substantive issues pertaining to the case (14 cases).

Stakeholders commenting on the issue of caseworker contacts with parents generally expressed the opinion that the frequency of contacts between caseworkers and parents is not sufficient. Most stakeholders attributed this problem to high caseloads and caseworker turnover.

Determination and Discussion: This item was assigned an overall rating of Area Needing Improvement because in 65 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. A key concern identified from the case reviews was that even when contacts with parents occurred with sufficient frequency, in many cases the contact was brief and cursory and did not address key issues pertaining to the child’s safety, permanency, or well-being.

According to the Statewide Assessment, State policy indicates that face-to-face contact with the family should occur once a month but can occur less frequently, depending on the risk of harm or other needs of the family, not to exceed 60-day intervals. Home visits/face-to-face contacts for purpose of observation/ongoing assessment should last between 20-45 minutes. However, the Statewide Assessment also notes that “rising caseloads, the number of children in a case and the complexity of cases impacts caseworker's ability to have frequent contact with families.”

Well-Being Outcome 2

Outcome WB2: Children receive appropriate services to meet their educational needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	9	7	19	35	89.7
Partially Achieved:	0	0	1	1	2.6
Not Achieved or Addressed:	1	1	1	3	7.7
Not Applicable:	2	4	5		

STATUS OF WELL-BEING OUTCOME 2

Hawaii achieved substantial conformity with Well-Being Outcome 2 based on the finding that 89.7 percent of the cases reviewed were determined to have substantially achieved this outcome, which substantively meets the 90 percent required for substantial conformity.

A key CFSR finding was that DHS makes concerted efforts to assess children's educational needs effectively and provide appropriate services to meet those needs.

The findings for the item assessed for Well Being Outcome 2 are presented below.

Item 21. Educational needs of the child

Strength Area Needing Improvement

Review Findings: An assessment of item 21 was applicable for 39 of the 50 cases reviewed. Cases that were not applicable for assessment included those in which the children were not of school age or did not have needs pertaining to education-related issues. In assessing this item, reviewers were to determine whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 35 (90%) of the 39 applicable cases (19 of which were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 4 (10%) of the 39 applicable cases (4 of which were foster care cases).

Item 21 was rated as a Strength when reviewers determined that all educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement when reviewers determined that educational needs were not assessed and educational services were not provided.

Stakeholders commenting on this issue expressed differing opinions. Although some stakeholders reported that DHS is generally effective in meeting children’s educational needs, other stakeholders said that DHS is not consistent in meeting these needs, particularly for children in foster care who have special needs. However, several stakeholders noted that many foster parents advocate for children with the schools and attend school meetings. A few stakeholders expressed concern about frequent school changes that children experience because of changes in foster care placements.

Determination and Discussion: Item 21 was assigned an overall rating of Strength because in 90 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to meet the educational needs of children.

According to the Statewide Assessment, State policy indicates that a Safe Family Home Report (SFHR) is required when initially assessing the home and periodically, at a minimum of 6-month intervals. As noted in the Statewide Assessment, “the SFHR includes: developmental growth and schooling; and organized facts related to the educational situation/needs of the child (name of school, grade, attendance/truancy issues, school performance issues, special education issues, etc.).” The Statewide Assessment also indicates that State policy requires that the case plan shall assure that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement, and other relevant education information determined to be appropriate by the Department.

Well-Being Outcome 3

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.					
Number of cases reviewed by the team according to degree of outcome achievement:					
	Hilo	Maui	Oahu	Total	Total Percentage
Substantially Achieved:	7	5	16	28	57.1
Partially Achieved:	2	5	6	13	26.6
Not Achieved or Addressed:	3	1	4	8	16.3
Not Applicable:	0	1	0		

STATUS OF WELL-BEING OUTCOME 3

Hawaii did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 57.1 percent of the 49 applicable cases, which is less than the 90 percent required for a determination of substantial conformity.

Performance on this outcome varied across locations. Case reviewers determined that the outcome was substantially achieved in 61 percent of Oahu cases, 58 percent of Hilo cases, and 45 percent of Maui cases.

A key CFSR finding is that DHS is not consistently effective in meeting either the physical or mental health needs of children in both foster care and in-home services cases. The concerns identified pertained primarily to: (1) a lack of consistent attention to ensuring that children receive regular health screenings and routine preventive medical and dental services, and (2) a lack of accessibility of mental health services resulting in children having mental health service needs that are not being addressed.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

Item 22. Physical health of the child

Strength Area Needing Improvement

Review Findings: An assessment of item 22 was applicable for 45 of the 50 cases reviewed. Cases that were not applicable were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to determine whether: (1) children's physical health needs had been appropriately assessed; and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 36 (80%) of the 45 applicable cases (19 of which were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 9 (20%) of the 45 applicable cases (7 of which were foster care cases).

This item was rated as a Strength in 89 percent of the in-home services cases compared to 73 percent of the foster care cases. In addition, the item was rated as a Strength in 89 percent of the Maui cases and 87.5 of the Oahu cases, compared to only 58 percent of the Hilo cases.

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services were provided as needed. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Medical needs were identified but services were not provided to meet these needs while the child was in foster care (1 case).
- The child did not receive appropriate screenings and preventive health or dental care while in foster care (6 cases).
- The child did not receive a medical screening although the allegation of physical abuse was substantiated (2 cases).

State-level stakeholders commenting on this item indicated that DHS provides all health care for children in foster care through Medicaid health plans. They noted that case management contractors will help foster parents or caseworkers locate dental care, although there was general agreement among all stakeholders that there is a scarcity of dental care providers who will accept Medicaid, particularly in Maui. Some State-level stakeholders also noted that caseworkers may not be aware of all the medical providers that are available in the community that will provide services to children in foster care.

Local-level stakeholders expressed concern that foster parents do not receive medical information on the children at the time of placement and that often medical assessments and services to children are delayed because it takes a long period of time to receive the initial medical insurance card.

Determination and Discussion Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 20 percent of the applicable cases, reviewers determined that DHS had not adequately addressed children's health needs.

According to the Statewide Assessment, State policy requires the following:

- All children, after the face-to-face contact and social work investigation, assessed as HIGH or SEVERE on the Child and Family Assessment Matrix, shall be medically examined to determine the extent of harm and to determine the type of treatment necessary to ensure their safety and well being.
- A pre-placement physical by a licensed physician is required within 48 hours prior to placement into a foster family boarding home, or, in emergency situations, within 24 hours after placement. This may be done 2 weeks prior to admission to a group home or child care institution.
- Each child in foster care shall have an annual physical examination by a licensed physician.
- The foster parent/relative caregiver is required to complete a comprehensive health assessment (including mental health needs) within 45 days of initial placement.
- All infants and toddlers younger than 3 years of age shall be referred to H-KISS, the Hawaii 0-3 Keiki Information Service System so that a care coordinator can be assigned to assess/monitor/track the child's developmental and health needs. At a minimum of every 6 months, the CWS social caseworker shall review the child's health status to determine that the child is receiving the appropriate services for any medical, dental or mental conditions.

As noted in the Statewide Assessment, the following findings resulted from a survey of caseworkers and parents as part of the State's self assessment:

- 67 percent of caseworkers surveyed said that public health nursing services were effective; 71 percent said the services were available; and 65 percent said they were accessible.
- 74 percent of parents said that public health nursing services were effective; 73 percent said they were available; and 74 percent said they were accessible.
- 63 percent of caseworkers surveyed said that dental services for children were effective; 54 percent said they were available; but only 42 percent said they were accessible. Workers' perceptions are that dental services are less available in Maui and Kauai Counties and less accessible at Kapolei (Honolulu County), (West) Hawaii County, and Maui and Kauai Counties.
- 84 percent of caseworkers surveyed said that medical services for children were effective; 82 percent said they were available; and 78 percent said they were accessible.
- 58 percent of parents who had Department of Health (DOH) intervention as part of their plan indicated that the services were effective; 65 percent said DOH intervention was available; and 58 percent said it was easy to get services.

Item 23. Mental health of the child

Strength Area Needing Improvement

Review Findings: An assessment of item 23 was applicable for 39 of the 50 cases reviewed. Cases that were not applicable were those in which the child was too young for an assessment of mental health needs or mental health needs were not the reason for agency contact with the child. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed and (2) appropriate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 21 (54%) of the 39 applicable cases (11 of which were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 18 (46%) of the 39 applicable cases (10 of which were foster care cases).

Ratings for this item did not vary as a function of case type. Differences across localities were particularly noteworthy, however. The item was rated as a Strength in 67 percent of Hilo cases, 55 percent of Oahu cases, and 40 percent of applicable Maui cases.

Reviewers determined that children’s mental health needs were “significantly” assessed in 22 cases, “partially” assessed in 2 cases, and “not at all” assessed in 14 cases. Reviewers determined that mental health service needs were “significantly met” in 19 cases, “partially met” in 7 cases, and “not at all met” in 9 cases.

This item was rated as a Strength when reviewers noted that children’s mental health needs were both "significantly" assessed and mental health service needs were “significantly” (19 cases) or “partially” (2 cases) met.

The item was rated as an Area Needing Improvement when reviewers determined the following:

- Children with mental health service needs did not receive ongoing mental health treatment (5 cases).
- No mental health needs assessment was conducted, although there was evidence that an assessment was appropriate and necessary (13 cases).

State-level stakeholders generally expressed the opinion that DHS is not consistently effective in ensuring that children’s mental health needs are met, although most of their comments apply to children in foster care. On a positive note, stakeholders indicated that the mental health agency signed a Memorandum of Understanding with MedQuest that would allow the mental health agency to determine eligibility of Seriously Emotionally and Behaviorally Disturbed (SEBD) children and youth for mental health services and to allow child welfare staff to refer children directly to mental health for eligibility determination rather than go through the Medicaid provider health plan. Stakeholders reported that this allows for quicker assessments and evaluations of children. However, stakeholders also noted that the vast majority of mental health services are focused on children who fall under the Felix Consent Decree. This includes those children who have an educational issue because of mental health concerns. Stakeholders suggested that children who do not fall into this category have an extremely difficult time accessing mental health services.

At the local sites, stakeholders were in general agreement that there are not sufficient mental health resources available for children receiving in-home services or children in foster care. Stakeholders expressed particular concern over the difficulty in obtaining psychological evaluations for children, which they attributed to both the lack of providers and the limited funding for this service. Several stakeholders reported that the money that the State will pay for a psychological evaluation is very low and the result is that many of the evaluations that are being done are superficial.

Determination and Discussion: Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 46 percent of the applicable cases, reviewers determined that DHS had not made sufficient efforts to address the mental health needs of children. A key concern identified was that mental health assessments were not being conducted on children when there was clear evidence that a mental health assessment was needed.

According to the Statewide Assessment, referrals can be made to Department of Education (DOE) School-based Behavioral Health Services and DOH Children and Adolescent, Mental Health Division, and Med-QUEST health plan for mental health evaluation and services.

However, a survey conducted as part of the States self-assessment process resulted in the following findings:

- 53 percent of parents who had counseling for children as part of the case plan indicated that counseling was effective, 77 percent said it was available, and 56 percent said it was accessible.
- 61 percent of caseworkers surveyed said counseling for children was effective, 58 percent said it was available, and 44 percent said it was accessible.
- Only 46 percent of caseworkers surveyed said that mental health services for children were effective; 42 percent said it was available, and only 25 percent said it was accessible. Kapolei (Honolulu County), (West) Hawaii, and Maui (County) had the fewest caseworkers agreeing that the services were effective.

The Statewide Assessment also notes that there are concerns about the inaccessibility of DOH therapeutic foster homes and the impact of placing children with higher-level needs in regular foster homes that might be unprepared to deal with those needs. Concerns also were identified with regard to the lack of juvenile sex offender treatment services, particularly residential treatment.

SECTION 2: SYSTEMIC FACTORS

IV. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
	Not in Substantial Conformity		Substantial Conformity	
Rating	1	2	3 X	4

Hawaii is in substantial conformity with the systemic factor of statewide information system. Findings with regard to the specific item assessed for this factor are presented below.

Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.

 X Strength Area Needing Improvement

Item 24 is rated as a Strength because Hawaii’s Statewide information system—CPSS—can identify the status, demographics, location, and goals for all children in foster care throughout the State.

The Child Protective Services System (CPSS) produces data for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data systems (NCANDS), and is accessible Statewide, 24 hours a day, 365 days per week. According to the Statewide Assessment, CPSS serves as an automated intake, case file, case management, payment, and license resource file system. The system can be accessed from caseworkers’ desktops and through laptops utilizing land and cell phone technology for after-hour crisis intake from remote sites. CPSS generates management reports, although supervisors indicate the volume of reports can be overwhelming. Processing special data reports is an onerous and lengthy procedure, requiring an understanding of programming in order to develop queries for data extraction.

As indicated in the Statewide Assessment, the CPSS is not a SACWIS system in that it does not currently include capacity for managing Child Protective Services (CPS) on-going services, Title IV-E eligibility determinations, family preservation and support

services, or a financial/payment component, although it does generate information for AFCARS and NCANDS. It also lacks interface capability between the Title IV-A (Temporary Assistance to Needy Families), Title IV-D (Child Support Enforcement) and Title XIX (Medicaid) electronic systems even though many child welfare clients have active cases in those systems.

The Statewide Assessment also identifies three factors that DHS believes compromise the quality and usefulness of the data: input delays, coding and/or input errors, and difficulty in using the system. For example, it was noted that approximately 17 percent of the cases do not have a case plan goal in the case file. This was attributed to data entry delays because of caseworkers' high caseloads.

Finally, as noted in the Statewide Assessment, caseworkers surveyed as part of the assessment process expressed the opinion that the system is difficult to learn. In addition, once caseworkers are trained, there is no formalized follow-up training provided, and the CPSS User Manual does not provide sufficient information to understand the meaning and use of codes and how to correct data entry errors.

Most stakeholders commenting on the Statewide information system during the onsite CFSR concurred that CPSS can track the demographics, location, goals, and legal status for all children in foster care. However, they raised concerns about the accuracy and reliability of the information in the system, noting that data entry often is delayed due to high workloads. Stakeholders noted that coding errors sometimes compromise the validity of the data and result in DHS re-examining cases, re-entering the correct data, and resubmitting the data for computing a revised Data Profile for the Statewide Assessment. According to some stakeholders, entering incorrect computer codes is an ongoing problem that can be a result of misinterpretation of computer codes, program policy or notes given to data entry staff. Stakeholders also indicated that data entry is not a high priority for caseworkers. This often results in problems such as not having a current case plan in the system or not officially closing out a case in the system even though the caseworker considers the case closed. This latter problem results in the system showing higher caseloads for some caseworkers than they actually have.

Additional stakeholder comments reflect shared opinions about the system. The positive aspects of CPSS identified by stakeholders included the following:

- There are no barriers to accessing information. Workers can view past referral history and supervisors can retrieve quarterly reviews, court information, etc.
- The system produces helpful management reports, *ad hoc* reports, etc.

Key concerns expressed by stakeholders about CPSS were the following:

- The system is antiquated and not user-friendly.
- Remote access is limited. CPS and contractors do not have access to CPSS after hours.

- It is difficult to update or revise information in the system, and saved information cannot be changed.
- Information is not carried over from one screen to the next, therefore caseworkers must constantly re-enter information such as summary and family information.
- The system only permits one goal to be recorded, thus concurrent planning is not captured. Also, when a case has two goals, there may be two caseworkers, but only one caseworker can be identified per case and can enter information.
- The system lacks capacity to track initial and ongoing medical assessments.

V. CASE REVIEW SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
		1	2 X	3

The State of Hawaii is not in substantial conformity with the systemic factor of Case Review System. Findings with regard to the specific items assessed for this factor are presented below.

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.

____ Strength X Area Needing Improvement

Item 25 was rated as an Area Needing Improvement. Although State statutes require caseworkers to develop case plans and to involve parents in the development process, the plans generally are not developed jointly with the parents of the children. In fact, parents often are presented with the case plans prepared by the caseworkers just before going into court. Often, these plans are “boiler plate” and do not address the individual needs of the families. A major exception to caseworker-prepared case plans is when Ohana Family Conferences are utilized. Ohana Family Conferences require the participation of the immediate family, extended family and often neighbors in identifying the key issues that resulted in DHS involvement and the services that will be needed to address the issues and to either prevent removal or achieve reunification. Therefore, the case plans resulting from Ohana Family Conferences are personalized for the families and created with their direct involvement.

According to the Statewide Assessment, all cases are required to have a complete case plan within 60 days of acceptance of an intake. This consists of two parts: The Safe Family Home Report (SFHR) and a Family Services Plan (FSP). The SFHR assesses the safety of the child in the family home and determines issues that need to be addressed to ensure a safe home for the child. The FSP outlines how the identified safety issues will be addressed and resolved by the family through recommended services. For court cases, a complete case plan must be submitted with the petition. If active less than 60 days at the time of the petition, an Interim FSP is put in place. This is designed to be short-term and limited to 6-8 weeks in duration, allowing enough time for the family to engage in services while a more thorough assessment is conducted. However, Department policy promotes the use of the interim FSP as a means of early engagement of families in some services, rather than waiting until the investigation/assessment is completed. For cases that are active beyond 60 days, agency policy requires replacement of the Interim FSP with the FSP. For voluntary service cases, a complete plan is required and consists of the SFHR and FSP. As noted in the Statewide Assessment, Hawaii opens cases for service at a higher rate (85%) than the national average (55%) (as reported in *Child Maltreatment 2001*).

The Statewide Assessment also notes that agency policy requires that DHS review the case plan with the family, including the parents/legal guardians and the child, at least once every 3 months. Children age 14 and over are required to sign the case plan. The case plan is reviewed at 6-month intervals and during dispositional reviews. Information in the Statewide Assessment indicates that family involvement in the case plan usually is reflected in their participation in an Ohana Conference, which is a family-centered, strengths-based, culturally relevant and community-based, family decision-making approach. Ohana Conferences can be used with willing families for both voluntary and court-jurisdiction cases. It can be used to preserve families as well as reunite them, or to provide an alternate permanent home with family (paternal or maternal) or non-family members. An Ohana Conference involves each family in the initial decision-making process and sometimes on an ongoing basis to review the progress made.

The Statewide Assessment reports the results of a survey of biological parents regarding the case planning process. The findings of the survey were that only 60 percent of the parents reported being involved in the case planning process and only 50 percent stated that the case plan helped to meet the goals of safety, permanency, and well-being. Only 40 percent of the parents surveyed indicated that they were satisfied with the case plan process. Parents in Maui were more likely to report satisfaction with the case planning process than parents in other areas of the State.

Stakeholders commenting on case plans and the case planning process during the onsite CFSR were in general agreement that children have case plans. However, they raised concerns about the quality of the plans. Stakeholders described most case plans as “cookie cutter” or “boilerplate.” Some noted that the case plan is difficult for parents with a limited education to understand.

Stakeholder comments regarding parental and child involvement in the case planning process differed somewhat across localities. Maui stakeholders noted that the agency is beginning to engage the family in case planning during investigations and that in voluntary

service cases, Maui parents are involved in developing case plans. However, Hilo stakeholders observed that the agency is not effective in developing case plans with families, asserting that high caseloads and caseworker inexperience are barriers to engaging families. Most Oahu stakeholders expressed the opinion that the caseworkers develop the plan and give it to the parents to sign, or, at best, the caseworker sits down and reviews the plan with the parents, explaining to them what is in the plan, rather than engaging them in providing input into the plan. Stakeholder comments are consistent with case review findings reported under item 18. The case reviews determined that parents and children were involved in case planning in 75 percent of Maui cases, but only 58 percent of Hilo cases and 54 percent of Oahu cases.

All stakeholders agreed that the Ohana conference is an effective and culturally appropriate method for engaging families in case planning. However, stakeholders noted that Ohana conferencing is not used consistently across agency units, although it may be court-ordered. According to stakeholders, it appears to be used more in Leeward Oahu and Maui than in urban Oahu and Hilo.

Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

 X Strength Area Needing Improvement

Item 26 was rated as a Strength because the State has statutory and regulatory requirements for conducting 6-month periodic reviews of the status of a child and these reviews usually are completed in a timely manner. In fact, in Hawaii, these reviews often are conducted every 3 months rather than every 6 months.

According to the Statewide Assessment, periodic status reviews are held through the Court, as Hawaii does not have an administrative review body to perform this function. Family supervision and foster care cases under court jurisdiction are reviewed every 6 months. For voluntary agreement cases, a case must be brought under court jurisdiction through a jurisdiction hearing by the 90th day of the child's placement. Voluntary agreement cases with Ohana Conference must be brought under court jurisdiction and be scheduled for a review hearing by the 180th day of the child's placement. All children under Family Court have a Guardian *ad litem*.

Stakeholders participating in the onsite CFSR were in agreement that 6-month reviews are taking place and are held on a timely basis. However, they noted that sometimes continuances can create delays in the review process. Stakeholders in Maui noted that reviews are held every 3 – 4 months and that a pre-trial conference is held for each case prior to the hearing. This allows all parties to meet and discuss issues regarding the service plan.

Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Strength Area Needing Improvement

Item 27 was rated as a Strength because the State has statutory or regulatory requirements that permanency hearings be held every 12 months and these hearings usually are held in accordance with this requirement. Stakeholders interviewed during the onsite CFSR indicated that permanency often is addressed well before the 12th month, and some judges discuss permanency with parents at the first court hearing when temporary custody is given to DHS.

According to the Statewide Assessment, a permanency planning hearing is held when the child has been in foster care for 12-months. During this hearing, the burden of proof is on the agency to show that the family does not have the capacity to care for the child and that termination of parental rights is in the best interest of the child. Following this hearing, permanent plan review are held every 6 months. DHS procedures require caseworkers to apply concurrent permanency planning as a means of achieving permanency for children more promptly.

Stakeholders interviewed regarding the permanency hearing process during the onsite CFSR expressed the opinion that 12 month-permanency hearings are held in a timely manner. However, they noted that it is not clear that a formal permanency hearing is held that is distinctive from other hearings, as permanency can be considered at prior hearings. Stakeholders observed that permanent custody by the agency may be attained early on in the case if parents do not participate in services and have no interaction with their children.

Stakeholders noted that during Order to Show Cause (OSC) hearings, the burden of proof is on the parents to show why the agency must continue working towards reunification, and why the case should not move forward to a permanency hearing in which the agency would be granted permanent custody. Stakeholders observed that OSC hearings occur frequently and that it is difficult to get court dates scheduled for these interim reviews.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Strength Area Needing Improvement

This item is rated as a Strength because DHS petitions the court for termination of parental rights (TPR) in accordance with the provisions of the Adoption and Safe Families Act (ASFA).

According to Hawaii’s Statewide Assessment, DHS policy requires that caseworkers motion the court for permanent custody under the following conditions: (1) when a child has been in placement for 12 months, (2) when a family has been totally non-compliant with the service plan, (3) when reasonable efforts have been judicially determined not to apply in a case due to aggravated circumstances, and (4) when it is in the best interests of the child, regardless of the actions of the family. When permanent custody is awarded to the agency, usually at the Permanency Hearing, this decision “triggers the process” to seek TPR. Parents can file for reconsideration when a TPR petition is filed and there are various levels of appeal.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that procedures are in place for TPR in accordance with ASFA timeframes. They noted that TPRs are filed in a timely manner and supported with appropriate reasons. Stakeholders also said that the frequency of case reviews and the use of concurrent planning facilitates timely filing of TPRs. However, several stakeholders identified the following barriers to granting TPR in a timely manner: a change in the DHS caseworker (i.e., new caseworkers ask the court for continuances because they have not had sufficient time to ascertain whether TPR is the correct course of action), the length of time necessary for parents to complete substance abuse treatment, delays in assessments and services to families due to waiting lists for these services, and delays in court proceedings. Stakeholders were in agreement that the lengthy TPR appeals process in the State results in extensive delays in achieving adoption finalization, because the appeals process, which can end at the Supreme Court, can take up to two years before a final decision is TPR is rendered. The Courts are trying to address this and have made TPR the second priority for scheduling after cases that may involve incarceration.

Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Strength Area Needing Improvement

Item 29 is rated as an Area Needing Improvement because DHS is not consistent in notifying foster parents, preadoptive parents, and relative caregivers of children in foster care about court reviews/hearings or of their rights to participate in court hearings or provide input to the court hearings.

According to the Statewide Assessment, Hawaii law (Haw. Rev. Stat. §587-72), revised after the passage of ASFA, addresses the right of foster parents to receive notice and participate in court reviews and hearings. Foster parents must receive notice at least 48 hours

before a hearing, and no hearing may go forward unless foster parents have been served with notice. The Court Improvement Program Bench Book indicates that the courts are to acknowledge foster parents at the hearings, ask for their comments, and solicit information from them. In addition, DHS policy authorizes reimbursement of mileage expenses for foster parents to attend court hearings.

As noted in the Statewide Assessment, only about two-thirds of the foster parents who responded to a survey as part of the State’s self-assessment process indicated that (1) they received notice of court hearings and knew they could attend and participate, and (2) they attended and participated in the court hearings.

Stakeholders commenting on this issue during the onsite CFSSR differed in their perspectives as to whether foster parents are routinely notified of, or are able to participate in, court hearings. While Oahu and Hilo stakeholders indicated that the notification process is inconsistent, Maui stakeholders said that foster parents are routinely notified. Similarly, while some stakeholders noted that caregivers are routinely given the opportunity to be heard during the hearings, other stakeholders said that foster parents’ participation in hearings varies across courtrooms. Stakeholders also expressed the opinion that participation may vary depending on foster parents’ knowledge and understanding of their rights in the courtroom. For example, stakeholders noted that few foster parents are aware of their right to submit letters to the court.

VI. QUALITY ASSURANCE SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4
	1 X			

Hawaii is not in substantial conformity with the systemic factor of Quality Assurance System. Findings with regard to the specific items assessed for this factor are presented below.

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Strength Area Needing Improvement

Item 30 is rated as an Area Needing Improvement because although the State has developed standards to ensure that children in foster care are provided quality services that protect the safety and health of children, the standards do not appear to be fully implemented by all DHS units and staff.

According to the Statewide Assessment, DHS has administrative rules and policies that include standards and timeframes for contacts, education, health and dental care, licensing standards, response to child abuse and neglect reports, case planning and concurrent planning (HRS 587-26, 587-85, 587-86, 587-87, 346-17, 546-19.6, 546-19.7 and Procedures Manual Part III, Section 2.2.4). These rules are currently being updated for compliance with ASFA and other policy changes.

Stakeholders commenting on this issue during the onsite CFPSR indicated that the State has established standards to ensure that children in foster care are provided quality services. They noted that there are clear standards for licensing foster homes and ensuring safety, conducting physical exams when a child enters care or a placement changes, visiting children in foster homes, randomly contacting foster parents to inquire about children, and responding to institutional abuse. Stakeholders reported that there are multiple procedures in place to monitor children's safety and well-being, including (1) computer-generated reports (noting appointments, court dates, face-to-face contacts, and services provided), (2) briefing sessions to discuss critical issues, (3) case reviews by DHS supervisors, (4) monthly meetings between caseworkers and supervisors, (5) bi-monthly meetings between supervisors and the DHS Administrator, and (6) limited reviews by the Quality Assurance Unit.

Despite the rules and standards for health and safety being developed and the existence of the various means for monitoring the safety and well being cited in the paragraph above, information from the case file reviews and stakeholder interviews suggest that the rules and standards and the methods for monitoring are not uniformly implemented throughout the State. As indicated in Safety Outcome 1 and Well-Being Outcomes 1 and 3, the State has not met the timeframes for responding to reports of maltreatment and generally does not meet the requirements for face-to-face visits with families, parents, or children in foster care. In addition, stakeholder interviews indicated that supervisory reviews are not consistently done in every Section office. Stakeholders reported that high caseworker caseloads are a major contributing factor in the State's failure to fully implement the rules and standards, but failure to fully implement the rules and standards is also the result of the lack of consistency with regard to supervisors and/or administrators monitoring cases and caseworker activities.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

____ Strength X Area Needing Improvement

Item 31 is rated as an Area Needing Improvement because the State lacks a formal process for monitoring quality assurance and continuous improvement.

According to the Statewide Assessment, the Hawaii DHS has implemented the basic components of an integrated performance/quality review system to monitor service delivery and to use quality assurance (QA) information to guide decision-making and program improvement. The Statewide Assessment identified the following mechanisms as being “in place:” (1) Title IV-B and IV-E case based compliance reviews, (2) special case reviews of sentinel events, (3) purchase of services monitoring and utilization reviews, (4) review of adverse actions complaints, (5) foster home licensing regulatory review, (6) supervisory review, (7) section reviews, including permanency review teams, (8) judicial review, (9) multidisciplinary reviews, and (10) five citizen review panels. Despite having multiple types of reviews in place, the Statewide Assessment acknowledges that DHS lacks a formal process for monitoring quality assurance and continuous improvement.

The Statewide Assessment also noted a number of shortcomings in the quality assurance system. First, DHS has not fully promulgated rules and procedures to be completely in compliance with ASFA. Second, data reports need to be improved to better serve and meet the needs of program administrators and unit supervisors, so that they can assess systemic strengths and weaknesses. Third, as reported in the Statewide Assessment, supervisors and section administrators expressed the need for ongoing and coordinated training and skill development specific to the performance of their jobs. Fourth, the State lacks a formal process for involving parents in the quality assurance process, although youth are involved through the foster youth advisory board. Lastly, DHS has not developed approved written procedures and criteria regarding IV-B and IV-E case-based compliance reviews. A plan for how the reviews will be conducted must also be formulated (i.e., through peer review, IV-B or IV-E monitors, or external reviewers). As noted in the Statewide Assessment, case-based reviews have not been conducted since 1999.

Stakeholders commenting on this item during the onsite CFSR generally expressed the opinion that there is no uniform and consistent Statewide quality assurance system, although there are multiple quality assurance mechanisms that may be implemented at various times and in various localities. Stakeholders stressed that agency units are given discretion regarding the types of quality assurance reviews conducted and that this accounts for some of the fragmentation. For example, Maui stakeholders reported that case reviews are conducted by area administrators (e.g., to check on visitation standards or timeliness of investigations). However, Hilo and Oahu stakeholders noted that case reviews are not conducted at the supervisory or section level, but that supervisors meet with caseworkers to address cases issues. State-level stakeholders noted that supervisory reviews need strengthening in order to integrate quality assurance with the implementation of standards and unit performance (e.g., case plan completion, permanency decisions being made

at 12 months, service delivery by contracted providers, etc.).

VII. TRAINING

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
		1 X	2	3

Hawaii did not achieve substantial conformity with the systemic factor of Training. Findings with regard to the specific items assessed for this factor are presented below.

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Strength Area Needing Improvement

Item 32 is rated as an Area Needing Improvement. Although DHS has a formal, initial training program for new employees (caseworkers, licensing specialists, social service aides, and assistants) and provides opportunities for current caseworkers to achieve a Masters of Social Work degree through a program developed with the University of Hawaii, many stakeholders expressed concern about the practicality of the training and the fact that some caseworkers who start work between scheduled training sessions must assume small caseloads before receiving the initial training.

According to the Statewide Assessment, all new employees are to attend training that includes new employee orientation and 4 days of training on orientation to the Social Services Division of DHS. Soon after employment starts, Child Welfare Services (CWS) caseworkers attend CWS Core training for 3 weeks, plus a half-day in-service training. Core training involves five modules: (1) child welfare (covering all child protection, CAN, family law, family assessments, Ohana conferencing, and concurrent permanency planning), (2) CPSS Information system, (3) rules and practices skills module, (4) shadowing, and (5) community site visits. In the past year, an additional feature has been added to the training. CWS trainees are now given a case to work on as they move through child welfare and CPSS modules for applied learning and skills practice. CWS Core training also includes a "Teamwork with Foster Parents" component, with foster parents serving as co-trainers. Foster home licensing social caseworkers also attend the CWS Core

training. However, they are trained separately on the License Resource File subsystem and on foster parent assessments. Social service aides and assistants attend Core training for Paraprofessionals, a 12 1/2 day in-service training program. General supervision instruction is offered for new Supervisors.

The Hawaii IV-E Child Welfare Education Collaborative partners with DHS and the University of Hawaii (UH) School of Social Work to encourage students to accept employment with the department after completing graduate work, by providing a stipend to full-time students, who then commit to working with DHS for 2 years. Also through this partnership, DHS caseworkers are partially reimbursed for tuition expenses. In recent years, DHS has employed 29 of 30 graduates from the UH program.

Most stakeholders commenting on the issue of training during the onsite CFSR expressed the opinion that the Core training covers a wide range of issues but basically does not sufficiently prepare caseworkers to do their job. They noted that missing components include both the hands-on, practical skill-building aspects such as how to engage families and conduct assessments and evaluations, as well as the basic information about the kinds of paperwork and forms they will need to complete in their day-to-day practice. Stakeholders voiced concern that although mentoring and shadowing are effective training tools, they do not appear to occur in all sites. Stakeholders also noted that training often is delayed for new caseworkers, thus some caseworkers will have a caseload before they receive training. Hilo stakeholders reported that traveling to Oahu is a barrier to receiving Core training and they suggested developing interactive video-training for use between the islands.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Strength Area Needing Improvement

Item 33 is rated as an Area Needing Improvement because the State does not have a structured ongoing training program for caseworkers or supervisors.

According to the Statewide Assessment, there is no formal, structured program for existing caseworkers and supervisors to strengthen their knowledge and skills. Also, the Statewide Assessment notes that although general supervision instruction for new supervisors is offered through DHS' Personnel Office or through the Hawaii Department of Human Resources Development, there is no in-service training program at present to prepare new supervisors for the requirements and responsibilities of their positions. However, DHS does provide select "refresher training" and opportunities to participate in conferences, workshops and other outside training, consistent with job function. DHS also has a partnership with the University of Hawaii, School of Social Work, to permit current

employees to pursue their MSW degree through a part-time program. The Statewide Assessment acknowledges that the current level of ongoing training may not be meeting the needs of staff.

Stakeholders commenting on ongoing staff training during the onsite CFSR were in general agreement that on-going training is not available, either for front-line staff or supervisors. There is no State-level requirement for staff to participate in ongoing training, no minimum hours established for ongoing training requirements, and no curriculum. Stakeholders noted that the agency does make information available about external training opportunities, such as conferences or joint trainings with other agencies. Although section units have a small travel budget to allow caseworkers to attend conferences, high workload demands make attendance difficult. Stakeholders reported that the agency relies heavily on community partners to provide supplementary training to staff. Examples of such training include forensic sexual abuse training (provided by the Children's Justice Center), domestic violence training (given by service providers), and Court Improvement Project training sessions.

Item 34. The State provides training for current or 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 base needed to carry out their duties with regard to foster and adopted children.

Strength Area Needing Improvement

Item 34 was rated as an Area Needing Improvement because the training does not fully prepare general-licensed foster parents to address the intense and myriad array of problems that foster children bring with them, does not provide timely training to child-specific foster homes after the children have been placed, and does not provide or require routine formalized refresher training.

According to the Statewide Assessment, general-licensed foster homes are required to participate in prescribed training prior to licensure. Prospective foster and adoptive parents are trained prior to licensure using the Child Welfare League of America's PRIDE curriculum (i.e., Parent Resources for Information, Development, and Education). At the conclusion of the training, families are licensed/approved for both foster care and adoption. This pre-service training provides an introduction to key issues, such as strengthening family relationships and preparing for permanency. In 2002, the PRIDE training was shortened from 27 to 18 hours (a 3-hour session for each of 6 weeks).

Training for child-specific licensed homes (relative and non-relative) in Oahu is provided by the Hawaii Foster Parent Association. DHS foster home licensing staff train child-specific licensed homes on the neighboring islands. Child-specific licensed homes (relative and non-relative) must complete the prescribed training within 1 year of placement of the first child. This facilitates immediate placement and helps to avoid further trauma to the child; however, the fact that the foster parents in the child-specific

homes have not been trained prior to the placement leaves the foster parents ill-prepared to cope with the problems that the children bring with them. Both general- and child-specific foster parent license training feature foster parents as co-trainers.

Information in the Statewide Assessment indicates that DHS believes that this pre-service training needs to be followed with in-service training and support from service providers and DHS licensing staff. However, at present, additional resources for foster/adoptive parents only include the Foster Parents Handbook, mentoring, and use of support groups. There is no requirement for ongoing or subsequent foster parent training.

As noted in the Statewide Assessment, the results of a Statewide survey conducted as part of the State's self-assessment process indicated that 82 percent of foster and adoptive parents, legal guardians, and other caregivers believe that PRIDE training addresses the skills and knowledge necessary to foster and adopt. However, some foster parents recommended that the training be more practical. For example, they reported receiving too much training on what is sexual abuse and not enough training on how to handle a child who has been sexually abused. The Statewide Assessment notes that DHS believes there is a need for practical training to prepare first-time foster parents to deal with difficult behaviors, particularly because there is a shortage of therapeutic foster homes, which are licensed by the Department of Health (DOH).

Stakeholders commenting on the issue of foster parent training during the onsite CFSR were in general agreement that agency efforts to train foster parents have improved since implementation of the PRIDE curriculum. They also noted that use of this curriculum has improved foster parent retention. However, stakeholders expressed concerns about the streamlined version of PRIDE that is now offered to prospective foster parents. They stated that 18 hours does not provide a sufficient amount of time to cover the multiple issues that need to be addressed. Furthermore, they expressed concern about the fact that critical sessions have been taken out of the curriculum, such as the Individual Education Plan (IEP) process, an overview of the agency, and the panel presentations (that facilitated networking and support for foster parents).

Stakeholders also voiced concern that DHS does not require foster parents to participate in any ongoing training once they have completed the PRIDE training. They identified the following as areas where foster parents need more training:

- Drug addiction;
- Infant CPR and medical problems (including parenting “ice” babies);
- Children with behavior problems, special needs, and particular disorders (e.g., reactive detachment disorder);
- Reunification efforts; and
- Independent living services.

Stakeholders in Oahu noted that the requirement to have both parents attend training is a significant barrier for military families (10 percent of the Oahu population is military). Stakeholders reported that training for child-specific licensed homes is not sufficient, describing the amount of training currently provided as “zip to nil,” with few resources to meet this pressing need.

VIII. SERVICE ARRAY

Rating of Review Team Regarding Substantial Conformity				
	Not in Substantial Conformity		Substantial Conformity	
Rating	1 X	2	3	4

Hawaii is not in substantial conformity with the systemic factor of Service Array. Findings with regard to the specific items assessed for this factor are presented below.

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

____ Strength X Area Needing Improvement

Item 35 is rated as an Area Needing Improvement. Although the State has a broad array of services that DHS either provides or contracts with other agencies to provide, they are not all available. Stakeholders interviewed before and during the onsite review indicated that many services are not available throughout the islands. Hawaii increased funding for an array of services; however, as described below, while the Stakeholders identified an array of services, there are still major gaps and needs that still need to be addressed.

As reported in Item 3, CFSR case reviewers noted that services provided to the families included, but were not limited to, counseling (individual, family, and couples), domestic violence support groups, substance abuse assessment and treatment, parenting classes, psychological and psychosexual evaluations, housing assistance, Ohana Family Conferencing, transportation to services, grief

counseling, sexual abuse therapy, sex offender treatment, early childhood education, nurse home visitor, anger management services, developmental assessment, speech and language therapy, occupational therapy, and Head Start.

As noted in the Statewide Assessment, DHS staff-provided services include the following: case management, crisis response and intervention, counseling, home-based support services, visitation services, transportation assistance, and home study. The agency also procures services through purchase of service (POS) contracts (almost \$20 million), purchase order payment, EPSDT covered medical and mental health assessment and treatment services.

According to staff, parents, and caregivers surveyed for the Statewide Assessment, the effectiveness, availability, and accessibility of services vary by the type of service and often the location. In particular, there is concern regarding the availability of DOH therapeutic foster homes. Children who should go to therapeutic homes are placed in regular foster homes and foster parents are unprepared to deal with their needs. In addition, there is a need for intensive home-based services for family preservation.

Most stakeholders commenting on the issue of service array during the onsite CFSR expressed the opinion that there several services are available in Hawaii to assess the strengths and needs of children and address the identified service needs. Some of the services noted as readily available were the following:

- Home-based outreach
- Therapy and counseling
- Parenting classes
- Visitation services
- Public health nursing
- Domestic violence programs
- Substance abuse assessments
- Inpatient substance abuse treatment for mothers and babies
- Transitional housing and independent living services for youth

However, stakeholders also identified the following gaps in critical services (some of which may be available but not always accessible due to funding, waitlists, or severe requirements).

- Mental health services for children (i.e., non-Felix Consent cases)
- Therapeutic foster homes
- Group foster homes for medically fragile children and for youth
- Sexual abuse treatment for children
- Treatment services for child sexual offenders

- Substance abuse services for children and youth
- Social and recreational resources for children
- More independent living services for youth
- In-home supportive services and parenting/mentoring
- Child care services for families
- Stabilization services for relative guardians
- Transportation
- Domestic violence services (including treatment and anger management)
- Residential substance abuse treatment for youth and adults (to allow parents and children to live together while in treatment)
- Aftercare services to prevent substance abuse relapse
- Post-adoption services
- Housing assistance for families
- Visitation services

Stakeholders noted that State budget cuts have adversely impacted the quality and quantity of services available. They observed that this situation is compounded by the lack of coordination between the DHS, DOE, and DOH and issues regarding “which agency should provide what services.”

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP.

Strength Area Needing Improvement

Item 36 is rated as an Area Needing Improvement because significant gaps exist and accessibility of many of the services is very limited, particularly for therapeutic foster homes.

The Statewide Assessment indicates that accessibility of services varies by the service and island. According to staff, parents, and caregivers surveyed as part of the State’s self-assessment, the majority of services are accessible in all localities. However, they also noted that services such as therapeutic foster homes, juvenile sex offender treatment, and mental health services for children are not accessible in all localities. Survey results also indicate that Independent Living services are not seen as being available or accessible Statewide.

Stakeholders interviewed during the onsite CFSR were in general agreement that there are gaps in the accessibility of services across the State, with some services having extended waiting lists and some services not being available at all. Hilo stakeholders noted that accessing services for clients is highly dependent on using one's personal "connections." Other stakeholders reported that some specialized services are available only on Oahu (e.g., therapeutic services, inpatient substance abuse treatment) and require inter-island travel, which is very expensive. Stakeholders also reported that lack of transportation, particularly on the outer islands, is a major barrier to accessing services.

Stakeholders also reported that the Felix Consent Decree and State law that mandates provision of therapeutic services by the DOH has made it very difficult to access mental health services for children in the child welfare system. In addition, Stakeholders expressed frustration with the "gate keeping" and "turf" issues among State agencies that limit service accessibility. Several stakeholders noted, for example, that DHS cannot access DOH resources for sexual abuse treatment and substance abuse treatment.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

Strength Area Needing Improvement

Item 37 is rated as an Area Needing Improvement because, although there is an array of services available to families, the Family Service Plans (FSP) often do not reflect the families' individualized needs.

According to the Statewide Assessment, services can be individualized to meet children and families needs. The FSP outlines the identified safety issues for each family and the recommended services. The FSP is an agreed-upon goal for the child/family and the appropriate services to achieve the goal.

Stakeholders commenting on the issue of individualizing services during the onsite CFSR were in general agreement that the capability exists for services to be individualized to meet the unique needs of children and families, particularly through the use of purchase of service contracts and "wraparound funds." Wraparound funds are time-limited Family Assistance Payments for temporary services to prevent placement or facilitate the reunification process. The funds can be spent on various needs that families have to enable them to fulfill their FSP. Examples include paying for car repair for a parent to be able to get to work, anger-management classes, or paying for deposits for utilities and to enable a parent to obtain safe housing as a pre-requisite to reunification. In particular, stakeholders noted that Ohana Family Conferencing addresses specific family needs and results in "tailored" services. However, stakeholders reported that Ohana Family Conferencing is not used uniformly throughout the State. Some offices support it but there is inconsistency of its use within the offices because supervisors differ in their belief in its value.

However, stakeholders also noted that the capacity to individualize services is not always realized. Some stakeholders, for example, described family service plans as “boilerplate” or “cookie-cutter” and other stakeholders cited instances in which the court intervened to develop a more individualized service plan to meet specific family needs and to facilitate interagency coordination. Stakeholders noted the following barriers to developing individualized service plans:

- Services are provided by a limited pool of providers, thus there is little opportunity to diversify services.
- Most POS contracts are for six years; however, there are some situations in which a POS contract is renewed less frequently, such as when funding of a contract is time limited. (It was noted that in Hilo, however, some contracts were for three years.)
- The lack of inter-agency collaboration among DHS, DOE, and DOH prevents effective coordination and provision of individualized services.

Case reviewers in Hawaii, however, did note the extra efforts some caseworkers made to attend to the cultural and language needs of Native Hawaiian and other families. Of note was one Samoan family that required interpreters. The caseworkers were able to connect the family with many service providers who spoke Samoan, including a doctor who was able to work with the family’s health needs. This resulted in the family completing their FSP.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

Rating of Review Team Regarding Substantial Conformity			
	Not in Substantial Conformity		Substantial Conformity
Rating	1	2	3 X 4

Hawaii is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Findings with regard to the specific items assessed for this factor are presented below.

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

X Strength ___ Area Needing Improvement

This item is rated as a Strength because information provided in the Statewide Assessment and obtained through the onsite CFSR stakeholder interviews indicates that the State is highly responsive to input from the community in developing the goals and objectives of the CFSP.

According to the Statewide Assessment, there are multiple stakeholder groups that participate in the development of the State's child welfare plan. The State CWS Advisory Council and local-based CWS Section Advisory Committees serve as the primary venues for stakeholder involvement in CWS system review and planning. Their role is to inform, advise, and guide policy, direction, and strategies. The State IV-B2 Planning Committee and local-based IV-B2 Planning Committees act as decision-making forums for use of federal IV-B 2 and State Match funds. They also monitor and evaluate the effectiveness of meeting the individualized needs of children and families. There are five local-based Citizen Review Panels (CRP) that engage service providers to share their experiences and understanding of the clients they see, the issues they are confronted with, what is working or not, and what they would like to see improved. Youth also participate in the CFSP process through the foster youth advisory board. Their insights and suggestions are used, particularly in developing the Chafee Independent Living Plan. There is no mention in the Statewide Assessment regarding ongoing consultation with Native Hawaiian Organizations or the juvenile court; however, the stakeholders indicated that Hawaii has a unified Family Court system. When DHS consults with the Court and its administrator, it will include the juvenile court issues as well. There are no tribal organizations in Hawaii.

Some stakeholders commenting on this issue during the onsite CFSR noted that the agency has strong community relationships and that multiple parties have input into the plan (e.g., CW Advisory Council, CRP, the military, foster youth, non-profit and community-based organizations). However, Maui stakeholders said that Hawaiian Native organizations are not asked by the agency to develop State goals. Other stakeholders noted that the lack of communication between the child welfare agency and other State agencies is a barrier to planning and service delivery.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

Strength Area Needing Improvement

This item is rated as a Strength because the State Citizen Review Panel and other community stakeholder findings/recommendations are incorporated in the Annual Progress and Services Report (APSR).

According to the Statewide Assessment, the Citizen Review Panels' (CRPs) findings are submitted for incorporation into the APSR. State CWS Council and local-based CWS Section Advisory Committees inform, advise, and guide CWS policy, direction and strategies. The State IV-B2 Planning Committee and local-based IV-B2 Planning Committees serve as decision-making forums on the use of Federal IV-B2 funds and they monitor and evaluate the effectiveness of the funded services. DHS also solicits input from the foster youth advisory board, particularly in developing the Chafee Independent Living Plan.

The Statewide Assessment also notes that each Statewide panel prepares recommendations that are incorporated into the CFS plan. The CRPs actively engage service providers to determine what is working, what is not, and areas that they would like to see improved. As noted in the Statewide Assessment, the CRPs often focus on a specific service. For example, the Kauai CRP focuses on foster parent licensing.

Stakeholders commenting on this issue affirmed that the CRPs help to develop the Annual Progress Report.

Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Strength Area Needing Improvement

This item is rated as an Area Needing Improvement because there are multiple barriers to coordinating federally-assisted programs to serve children, including lack of communication and collaboration among State agencies.

According to the Statewide Assessment, the agency coordinates multiple federally assisted services and benefits. The DHS also administers the TANF, Child Care Development Fund, and Medicaid programs. It also coordinates with the Adoption Connection on Oahu and contracted IV-B2 agencies responsible for providing post-permanency services. DHS coordinates with the Department of Health for Therapeutic Foster Homes.

Stakeholders commenting on this issue expressed the opinion that lack of communication and collaboration among State agencies is the most significant barrier to the coordination of federally-assisted programs to serve children. Many stakeholders expressed concern about the inability of the various agencies to work together, noting that there are longstanding issues of coordinating services/activities among DHS, DOH, and DOE. They used the following terms to describe how State agencies operate: compartmentalized, silos, gate keeping, barriers, conflict, and logjam. Stakeholders observed that there are no liaisons between agencies to facilitate service

provision.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
		1	2 X	3

Hawaii is not in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Findings with regard to the specific items assessed for this factor are presented below.

Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.

 X Strength Area Needing Improvement

Item 41 is rated as a Strength because the State has established standards for licensing homes that are reasonably in accord with recommended national standards.

According to the Statewide Assessment, all foster homes in Hawaii must satisfy criminal history and CA/N registry checks, health clearances, finances, home environment and overall assessment (including being responsible, stable, having good moral character and no history of substance abuse). All families, including relatives, must meet the same basic standards to be licensed or approved. Child-caring institutions must provide location and building plans, written statement of the institution's program and services, statement of legal authority, personnel policies, roster of employees, estimated annual budget, and its policies on admission, program, care of children, and discharge. These requirements are in addition to the criminal and CA/N checks and inspections by the DOH, Fire Department, and City and County Building Departments.

As noted in the Statewide Assessment, 85 percent of caregivers surveyed indicated that the standards for licensing foster and adoptive parents were reasonable in ensuring the health, safety, and well being of foster children, and 79 percent indicated that the licensing standards were necessary and they were not barriers to recruitment of foster and adoptive parents.

Stakeholders commenting on this issue affirmed that standards are in place. They noted that the agency has some flexibility in granting 2 year certifications to re-license more experienced foster homes, rather than granting annual certifications. However, stakeholders noted the following concerns:

- Licensing standards were reduced in order to recruit more foster parents.
- The agency is under-resourced and there is not enough staff to conduct specialized foster home licensing.
- Agency delays (of up to 3-4 months) in transferring applications hinder timely licensure and delays in data entry hold up payments to foster parents.
- Courts order placements in homes that the agency considers “unlicensable” and there are safety issues.
- The agency lacks a formal screening process for placement in child-specific homes if there are allegations or issues about safety.

Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.

Strength Area Needing Improvement

Item 42 is rated as an Area Needing Improvement because licensing standards are not applied equally to general-licensed foster homes and child-specific foster homes.

According to the Statewide Assessment, licensing standards in Hawaii are the same for relative and non-relatives and staff of child care institutions receiving IV-E or IV-B funds. Child-specific foster homes have 12 months to complete their training after children are placed with them, whereas all other prospective foster homes must complete their training before children are placed with them.

Some stakeholders commenting on this issue for the onsite CFPSR indicated that the standards for foster families are not applied equally to general-license and child-specific foster homes (e.g., differences in the level of income or sleeping arrangements). Stakeholders reported that the standards for child-specific homes are more “lax” (i.e., licensing over the phone) and that a “ cursory checklist” is used for relative placements. Stakeholders cited occasions where a provisional license was granted by the agency for a relative placement (out of necessity), only to have the Foster Home licensing unit later determine that the home was not eligible.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or

approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Strength Area Needing Improvement

Item 43 is rated as a Strength because Hawaii completes criminal records checks on foster and adoptive homes before placing children in the homes.

According to the Statewide Assessment, Hawaii conducts local and FBI criminal history records checks of all prospective adoptive parents, foster parents (and all adult members in the home), and staff of child care institutions. However, as noted in the Statewide Assessment, sometimes the court has ordered a child to remain in an "unlicensable" foster home when they determine this to be in the child's best interests.

Stakeholders commenting on this issue during the onsite CFSR noted that criminal background and child abuse/neglect registry checks are completed for relative and non-relative placements. Stakeholders observed that the process is "working well." They reported that State, local, and FBI background checks are conducted for household members over the age of 18 in general-license homes. State criminal background checks and a CPS check are conducted prior to placing a child in a relative home. Stakeholders reported that child-caring institutions must provide a comprehensive application and that DHS conducts criminal, employment, and child abuse and neglect checks on all employees. Stakeholders reported that the institutions must also pass inspection by the Department of Health, Sanitation Branch, the Fire Department, and the City and County Building Department. Stakeholders said that the State recently acquired the capacity to conduct electronic fingerprinting for FBI clearances, and noted that this has expedited the process, reducing the waiting time to a matter of days as opposed to 3-4 months. Stakeholders also noted that the processing time for obtaining State clearances has improved.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Strength Area Needing Improvement

Item 44 is rated as an Area Needing Improvement because there are problems in adequately recruiting and retaining foster homes that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

As noted in the Statewide Assessment, the agency contracts with a private agency to recruit foster and adoptive parents. There is a shortage of Hawaiian/part Hawaiian foster/adoptive homes and the agency is exploring involvement with the Office of Hawaiian Affairs to increase participation. Staff and foster/adoptive parents surveyed expressed dissatisfaction with current recruitment and retention efforts.

Several stakeholders commenting on the issue of recruitment during the onsite CFSR confirmed the lack of native Hawaiian foster homes. Although the State has an effective recruitment strategy and sponsors multiple recruitment activities, stakeholders noted that these efforts do not reach the local Hawaiian community. They expressed a need for the agency to conduct outreach and workshops with Hawaiian communities. Stakeholders also expressed concern about Hawaiian children who are adopted by non-Hawaiian families on the Mainland and who do not have a connection to their culture.

There were concerns raised by some Stakeholders that DHS does not respect cultural issues that accompany adoptions, placing too many Native Hawaiian children with non-Native Hawaiian families, and placing too many children “off island” causing the children to be placed in environments that might jeopardize the stability of adoptions. It also was difficult to determine how well the individual counties coordinated their efforts with neighboring islands to place children within the islands for adoption before trying to seek placements outside of Hawaii. Stakeholders suggested that improvements are needed in the effort to recruit more potential Native Hawaiian adoptive parents.

Other Stakeholders indicated that the contractor that recruits foster and adoptive parents is not reaching out to all communities. Stakeholders indicated the contractor seemed to be focusing on risk-adopt homes and the military. Risk-adopt homes generally are only interested in infants and toddlers, not adolescents or teens. Once they have an infant/toddler placed with them with whom they bond, they strive for adoption and, if accomplished, then stop being foster parents. Focusing on military families rather than regular citizens of local communities results in turnovers of foster homes because of military families being stationed out of Hawaii.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

 X Strength Area Needing Improvement

Item 45 is rated as a Strength because Hawaii pursues placing children for adoptions on other islands and the mainland.

According to the Statewide Assessment, each island has its own local recruitment effort, usually where there is a need for homes.

There are matching conferences with DHS staff, Hawaii Behavioral Health, and the Casey Family Programs to facilitate use of available homes statewide for adoption. Children are registered in AdoptUSKids when a permanent home cannot be found for them in Hawaii. One Stakeholder interviewed in Oahu confirmed that they work with other islands if a placement cannot be made on Oahu and will utilize AdoptUSKids when there is no success in placing certain children within Hawaii.

Stakeholders commenting on this issue said that the State uses the Interstate Compact on the Placement of Children (ICPC) to pursue interstate placements, but they expressed concern about the delays in placements caused by delays in the ICPC process for completing home studies in other States. Stakeholders also noted that the agency does not use a photo listing service due to confidentiality issues and must get court approval to use photographs for recruitment purposes.