



Child and Family Services Reviews

Statewide Assessment Hawaii

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR
CHILDREN & FAMILIES
Administration on Children, Youth and Families
Children's Bureau

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ACRONYMS

| | |
|--------|--|
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| APSR | Annual Progress and Services Report |
| AQCRO | Audit, Quality Control, and Research Office |
| BESSD | Benefit, Employment, and Support Services Division |
| BIA | Bureau of Indian Affairs |
| CA/N | Child Abuse and Neglect |
| CAMHD | Child and Adolescent Mental Health Division, Department of Health |
| CANS | Child and Adolescent Needs and Strengths (assessment tool) |
| CASA | Court Appointed Special Advocate |
| CCH | Catholic Charities Hawaii (community social services provider) |
| CCSS | Comprehensive Counseling and Support Services |
| CCWIS | Comprehensive Child Welfare Information System |
| CDFH | Coalition for a Drug-Free Hawaii |
| CFS | Child and Family Service (community social services provider) |
| CFSP | Child and Family Services Plan |
| CIP | Court Improvement Project |
| CJC | Children's Justice Center (community social services provider) |
| CJIS | Statewide Criminal History Record Information System |
| COPE | Committee on Projections and Expenditures |
| COYSA | Central Oahu Youth Services Association (community social services provider) |
| CPSS | Child Protective Service System (Hawaii CWSB database, system of record) |
| CQI | Continuous Quality Improvement |
| CRT | Crisis Response Team |
| CSA | Community Safety Assessment Committee |
| CWS | Child Welfare Services |
| CWSB | Child Welfare Services Branch |
| DAG | Deputy Attorney General |
| DHS | Department of Human Services |
| DOE | Department of Education |
| DOH | Department of Health |
| DRS | Differential Response System |
| DVAC | Domestic Violence Action Center (community social services provider) |
| DVFR | Domestic Violence Fatality Review |
| EPSDT | Early and Periodic Screening, Diagnostic and Treatment |
| ESEA | Elementary and Secondary Education Act |
| ESH | Emergency Shelter Home (On-Call Shelter Services for Children) |
| ESSA | Every Student Succeeds Act |
| ETV | Education and Training Vouchers |
| FAP | Family Advocacy Program (military social services provider) |
| FCTC | Foster Care Training Committee |
| FFY | Federal Fiscal Year |
| FHSD | Family Health Services Division, Department of Health |
| FPH | Family Programs Hawaii (community social services provider) |
| FSP | Family Service Plan |
| FSS | Family Strengthening Services (part of Hawaii's DRS) |
| FVPSA | Family Violence Prevention and Services Act |
| GAL | Guardian Ad Litem |
| HAR | Hawaii Administrative Rules |
| HCAHT | Hawaii Coalition Against Human Trafficking |
| HCWCQI | Hawaii Child Welfare Continuous Quality Improvement |

ACRONYMS (cont.)

| | |
|--------|--|
| HRS | Hawaii Revised Statutes |
| HVS | Home Visiting Services |
| ICAMA | Interstate Compact on Adoption and Medical Assistance |
| ICPC | Interstate Compact on the Placement of Children |
| ICWA | Indian Child Welfare Act |
| IHBS | Intensive Home-Based Services |
| ILP | Independent Living Program |
| IPP | Individualized Program Plan |
| ITAO | It Takes an `Ohana |
| LEP | Limited English Proficiency |
| LRP | Licensing Review Panel |
| LT | Liliuokalani Trust (community social services provider) |
| MCWSS | Maui Child Welfare Services Section |
| MLT | Management Leadership Team |
| MOU | Memorandum of Understanding |
| MST | Multi-Systemic Therapy |
| MYFS | Maui Youth and Family Services (community social services provider) |
| OHA | Office of Hawaiian Affairs |
| OMS | Online Monitoring System |
| OYS | Office of Youth Services |
| PACT | Parents and Children Together (community social services provider) |
| PAS | Performance Appraisal System |
| PD | Program Development |
| PIDF | Partners in Development Foundation (community social services provider) |
| POS | Purchase of Service |
| PPF | Pono For Families |
| PUR | Period Under Review |
| QA | Quality Assurance |
| RFI | Request For Information |
| RFP | Request For Proposals |
| SAAMS | Substance Abuse Assessment and Monitoring Services |
| SAMHSA | Substance Abuse and Mental Health Service Administration |
| SHAKA | State of Hawaii Automated Keiki Assistance System (Hawaii CWSB database) |
| SD | Staff Development |
| SFHR | Safe Family Home Report |
| SFY | State Fiscal Year |
| SNAP | Supplemental Nutrition Assistance Program |
| SPAW | Safety, Permanency and Wellbeing Roundtables |
| SSD | Social Services Division |
| TPR | Termination of Parental Rights |
| UH | University of Hawaii |
| UHMC | University of Hawaii, Maui College |
| VAWA | Violence Against Women Act |
| VCM | Voluntary Case Management (part of Hawaii's DRS) |
| WIC | Women, Infants, and Children |
| WRAP | Family Wrap Hawaii |
| WWK | Wendy's Wonderful Kids |
| ZTT | Zero-to-Three (Court) |

Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

Integration of the CFSP/APSR and CFRS Statewide Assessment

The CFRS process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFRS.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFRS. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFRS process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.
- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.
- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.
- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment>.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFRS process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;
- Facilitate identification of issues that need additional clarification before or during the onsite review;
- Serve as a key source of information for rating the CFRS systemic factors; and
- Enable states and their stakeholders to identify early in the CFRS process the areas potentially needing improvement and to begin developing their PIP approach.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

Public reporting burden for this collection of information is estimated to average 240 hours for the initial review and 120 hours for subsequent reviews. This estimate includes the time for reviewing instructions, completing the assessment, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Hawaii, Department of Human Services, Child Welfare Services

CFSR Review Period

CFSR Sample Period: April 1, 2016 to October 1, 2016

Period of AFCARS Data: 2013B through 2016A

Period of NCANDS Data: Federal Fiscal Year (FFY) 2014 through FFY 2015

(Or other approved source; please specify if alternative data source is used):

None.

Case Review Period Under Review (PUR): April 1, 2016 to September 29, 2017

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

The following individuals comprise the team that completed the major writing, editing, and data collection for the statewide assessment:

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Child Welfare Services Caseworker Surveys:

In December 2016, feedback was gathered from CWSB and Voluntary Case Management (VCM) caseworkers and their direct supervisors throughout the State, through an online anonymous survey, regarding written case plans, Hawaii's CWS service array, and initial and ongoing staff training. One hundred one (101) staff responded to the survey. Since this survey was taken anonymously, CWSB is unable to provide the names of survey participants.

Caregiver Surveys:

In December 2016, resource caregivers and on-call shelter staff throughout the State were anonymously surveyed to provide input on the training that they received both initially and ongoing, as well as notifications of court hearings, and the opportunity to be heard in court. One hundred seventeen (117) caregivers responded to the survey. CWSB is unable to provide the names of individuals who participated in the survey, as participation was anonymous.

Section II: Safety and Permanency Data

State Data Profile

Data profile removed in its entirety.

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

SAFETY OUTCOME 1: Children are, first and foremost, protected from abuse and neglect

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

35 Cases Reviewed - 28 STRENGTHS, 7 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed for timely face-to-face contact with children who are reported as alleged victims of abuse and/or neglect during the period under review (PUR).

SUMMARY

In 28 of 35 cases (or 80% of applicable cases reviewed), response times were met or sufficient efforts were made for contact. In those cases rated as strengths, efforts were early, physical attempts were made by the caseworker in addition to phone contacts as needed, and all child victims in the family were seen. Reports were assigned timely from the Intake units. Efforts were well-documented in most of these cases. The methods in which caseworkers documented the dates of contact and efforts varied widely; some were entered in SHAKA, and others in logs and investigative screens.

Seven cases (or 20%) were rated as needing improvement. In each of these, the report was assigned timely from Intake but contact was not initiated timely.

- In 3 cases, contact was initiated timely, but when the children weren't located, timely ongoing efforts were needed to search for them.
- In 4 cases, contact was delayed and no reason for the delay could be identified.

Other Information relevant to Safety Outcome 1

Information in this section should be read in conjunction with Hawaii's most recent APSR.

Figure 1: Timeliness of investigation

| SFY 2016 | CWS Total | CWS Completed | CWS Completed Timely | CWS Trending Timely | VCM Total | VCM Completed | VCM Completed Timely | VCM Trending Timely |
|-----------------|-------------|---------------|----------------------|---------------------|-------------|---------------|----------------------|---------------------|
| Q1 | 498 | 498 | 342 | 436 | 480 | 476 | 288 | 380 |
| % | -- | 100% | 69% | 88% | -- | 99% | 61% | 80% |
| Q2 | 473 | 473 | 323 | 398 | 429 | 422 | 273 | 341 |
| % | -- | 100% | 68% | 84% | -- | 98% | 65% | 81% |
| Q3 | 448 | 448 | 293 | 379 | 493 | 487 | 308 | 394 |
| % | -- | 100% | 65% | 85% | -- | 99% | 62% | 81% |
| Q4 | 455 | 454 | 258 | 378 | 433 | 427 | 254 | 399 |
| % | -- | 100% | 57% | 83% | -- | 99% | 59% | 79% |
| SFY 2016 | 2161 | 100% | 74% | 91% | 1720 | 99% | 60% | 79% |

Source: CWI timeliness of investigation [using initial contact completion data] SHAKA

This table displays the quarterly and SFY 2016 information regarding timeliness of DHS/CWS and VCM response to calls assigned for intervention. **Completed** columns show the number and percentage of calls for which contact was established. **Completed Timely** columns show the number and percentages of contacts that were completed within established timelines. **Trending Timely** columns display the number and percentages of calls for which contact was attempted within established timelines but for which making actual contact was not successful.

Figure 2: CPS Hotline calls for SFY 2016:

| Calls Received | Assigned for Intervention | % of calls Assigned |
|----------------|---------------------------|---------------------|
| 22767 | 5075 | 22% |

Figure 2 shows the number of CPS Hotline calls received in SFY 2016 and of that total number, the number and percentage that were assigned for intervention.

Figure 3: CPS Hotline Calls Assigned for Follow-up

| Calls Assigned to | <u>CWS</u> | <u>VCM</u> | <u>FSS</u> |
|-------------------|------------|------------|------------|
| Number | 2194 | 1807 | 1074 |
| Percentage | 43% | 36% | 21% |

Source: DHS/CWS CWI Stats at a Glance

Figure 3 shows the numbers and percentages of call that were assigned to CWS, and to the Differential Response System (Voluntary Case Management – VCM; and Family Strengthening Services – FSS) for intervention.

CWSB’s procedures outline requirements for responding to reports of abuse, neglect and safety/risk concerns. Once a decision has been made to accept a report for further assessment/investigation, the CWS intake worker must decide whether an immediate response to the report is needed based on the level of risk and the safety issues of the child. Investigative response is defined as a face-to-face contact by the CWS caseworker with the alleged victim.

For reports that are screened at Intake at the high range of the risk assessment and if a safety concern is identified, CWSB responds preferably within 2 hours but no later than 2 working days of receipt of a report. For reports that fall into the category above and meet criteria identified for imminent removal, CWSB responds through the Crisis Response Team (CRT) track within no more than 2 hours of the receipt of a report. For reports that are screened in as moderate risk, the Voluntary Case Management (VCM, Hawaii's Differential Response System) responds within 5 working days of the receipt of a report.

In the case reviews, a higher percentage of cases were marked as strengths for timely response in the two established time frames (two business days for all newly assigned CWSB intakes and five business days for newly assigned VCM intakes) than the cases surveyed from the SHAKA database as referenced in the APSR FFY 2017. Cases where regular and conscientious attempts were made to complete the investigation in a timely manner, but due to barriers outside of the agency's control the investigation was not completed timely, were marked as strengths in the case reviews.

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

CWSB and VCM workers may be able to visit with some of the children, but not all, as a child may not be easily available to contact in cases where a child is not attending school, on runaway status, or in a treatment facility.

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

In addition, to review initial and ongoing response activities and challenges, CWSB held Response Time Tracker calls with CWSB staff, every other week through June 30, 2016. Starting in July 2016, the CWSB Sections assumed the management of the response time tracking within their individual Sections. The Response Time Tracker calls with VCM were also held every other week through September 30, 2016. The CWSB and VCM continue to have use of the tracker tool in SHAKA.

Hawaii implemented the Crisis Response Team (CRT) in 2015 on Oahu and Hawaii Island as part of the Title IV-E Waiver Demonstration Project. CRT's primary goal is to maintain children in the family home, whenever safely possible, by responding immediately to select reports of abuse and neglect where removal is probable, thereby avoiding unnecessary removals. In SFY 2016, CRT served 986 children identified as at risk for placement; and of these children, 464 children were maintained in the family home.

SAFETY OUTCOME 2: Children are safety maintained in their homes whenever possible and appropriate.

Item 2: Services to prevent removal and maintain children safely in their family home

65 Cases Reviewed- 49 STRENGTHS, 16 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 49 of 65 cases (or 75% of the cases reviewed), concerted efforts were made to provide services to prevent removal or re-entry into foster care. Appropriate in-home services were offered by CWS or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contribute to guided decision-making and good documentation in cases rated as strengths.

Sixteen cases (or 25%) were rated as needing improvement.

- In 11 cases, concerted efforts were needed to facilitate the families' access to safety services and to engage families in services; in most of these cases, caseworkers' contact being less than monthly was a factor.
- In 5 cases, safety services were not provided or arranged for children in the home.

Item 3: Safety & risk assessment and management

99 Cases Reviewed - 55 STRENGTHS, 44 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 55 of 99 cases (or 56% of applicable cases reviewed), informal and formal risk and safety assessments were completed. In these cases, assessments of safety and risk were documented in CPSS logs of contact, Child Safety Assessment tools, Worker Monthly Contact forms, Safety in Placement tools, and Comprehensive Strength and Risk Assessments tools. Formal safety and risk assessments were used consistently during the assessment/investigation phases for initial assessments and closings during investigations. In all cases reviewed that were open at the onset of the PUR, initial assessments were completed. Efforts were made to assess for risk and safety on an ongoing basis during the period under review. In these cases, the frequency and quality of face-to-face contact was sufficient in assessing and managing the safety of the children, in their family homes and in foster care.

Forty-four cases (or 44%) were rated as needing improvement.

- In most of these cases, the caseworker contact was less than monthly, often missing consecutive months; ongoing safety and risk assessments could not be made. Formal ongoing safety and risk assessments were used infrequently, especially at the point of reunification and case closure.
- In 6 cases, the child was not seen alone and in the home.
- In 3 cases, visitation plans supervised by relatives were loose and were not adequately monitored.
- In 3 cases, children were left in unsafe homes despite reports of safety concerns; the children were later removed.
- In 2 cases, development and monitoring of in-home safety plans were needed.
- In 2 cases, there were concerns for the child's safety in his foster home; placements later disrupted.

Data Indicator: Maltreatment Recurrence

Figure 4: Maltreatment Recurrence

| Maltreatment Recurrence | Observed | RSP | NS | |
|-------------------------|----------|------|------|-----|
| FY14-15 | 4.2% | 5.7% | 9.1% | Met |

This is a summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015 and updated in September 2016.

Data Indicator: Maltreatment in Out-of-Home Care

Figure 5: Maltreatment in Out-of-Home Care:

| Maltreatment in Out-of-Home Care | Observed | RSP | NS | |
|----------------------------------|----------|------|-----|---------|
| 15AB, FFY15 | 5.38 | 7.49 | 8.5 | No Diff |

This is a summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015 and updated in September 2016.

The Child Safety in Placement tool was implemented into practice in March 2011 and continues as a means to assess safety of children in placements. Through early identification of potential problems and provision of needed support services to resource families, caseworkers to better assess and address the safety of placements for foster children. Caseworkers are required to complete this assessment tool on a quarterly basis and each assessment is subsequently reviewed and approved by the unit supervisor. If concerns are identified, caseworkers must notify the resource caregiver's assigned licensing specialist. Licensing Review Panels (LRP) are held to discuss and plan in complex situations. LRP's are attended by Branch, Program Development and Section administrators; the child's caseworker and supervisor; and, the licensing specialist and supervisor. LRP's support shared decision-making. Caseworkers are also required to include the results of assessments in their court reports. CWSB will continue to

monitor the safety of children in care and review confirmed cases to identify ways to improve practice and data collection.

Other Information relevant to Safety Outcome 2

Information in this section should be read in conjunction with Hawaii's most recent APSR.

CWSB and VCM workers utilize the Child Safety Assessments and Comprehensive Strengths and Risk Rating Tools, and when safe and appropriate, in-home safety plans to prevent placement of children in foster care when they are taken into police protective custody.

The creation of established domestic violence guidelines and training on working with families with domestic violence issues has also helped to prevent unnecessary removals. These efforts have particularly helped caseworkers with identifying and engaging with the protective parent. In addition to practice standards, CWSB contracts services that help to maintain children in their family homes through individualized and hands-on services. Domestic Violence Family Services provide support groups, counseling, and other supportive services to survivors of domestic violence and their children.

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

In addition, Hawaii implemented the Intensive Home-Based Services (IHBS) in 2015 on Oahu and Hawaii Island as part of the Title IV-E Waiver Demonstration Project. The primary goal is to maintain children in the family home, whenever safely possible, and thereby avoiding unnecessary removals. In SFY 2016, 49 families, including 119 children, participated in IHBS programs in Oahu and the Island of Hawaii. Of the participating families, 111 children (93%) were able to remain safely in the home.

If the CRT response conducts a safety and risk assessment and finds there are no safety concerns, the caseworker may refer the family to an appropriate level of services, such as VCM or FSS. Other efforts to prevent the children's removal from the home include developing an in-home safety plan with the family to address any safety concern while maintaining the children safely in the home.

In Oahu Section 4, in an effort to ensure all the children are timely seen in each case, caseworkers developed a healthy competition. This has resulted in more timely response to intakes received, and ensuring children are seen and assessed for safety. Statewide, strategies such as unit and section tracking systems have also increased the frequency of monthly contacts and resulted in better documentation, all of which have contributed to improvement on this item.

In addition to the above mentioned initiatives and tools, CWSB is in the process of reviewing and possibly revising the safety and risk assessment tools used by CWSB caseworkers.

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

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

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

Item 4: Stability of foster care placement

65 Cases Reviewed - 52 STRENGTHS, 13 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine if the child in foster care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

SUMMARY

In 52 of 65 cases (or 80% of the applicable cases reviewed), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or well-being. When regular caseworker contact with the child and resource caregiver occurred, children were stable in their placements. Also, in these cases, when caseworker contact was irregular, resource caregivers that were familiar with available social services sought support for themselves and the child on their own.

Thirteen cases (or 20%) were rated as needing improvement. All 4 target children were teens, and 3 of 4 had high behavioral needs.

- In 11 cases, the youth had multiple placement settings during the period under review, and at least one placement change was not planned by the agency to attain the child's permanency goals.
- In 2 cases, the youth was on the run and in and out of on-call shelter homes during the PUR; drug use was a factor.
- In 1 case, the youth was residing at an on-call shelter at the time of the review.

Data Indicator: Placement Stability

Figure 6: Placement Stability

| Placement stability | Observed | RSP | NS | |
|---------------------|----------|------|------|-----|
| 15B & 16A | 3.21 | 3.35 | 4.12 | Met |

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Item 5: Permanency goal for child

62 Cases Reviewed - 45 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 45 of 62 cases (or 73% of applicable cases reviewed), the child’s permanency goal was established timely and was appropriate to the needs of the child.

Seventeen cases (or 27%) were rated as needing improvement.

- In 11 cases, the goal was no longer appropriate.
- In 6 cases, the goal was not established timely.
- In 5 cases, the child was in foster care for more than 15 of 22 months, a TPR motion was not filed, and a compelling reason was not documented.

Item 6: Achievement of reunification, guardianship, adoption goals

65 Cases Reviewed - 42 STRENGTHS, 23 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification or guardianship in a timely manner.

SUMMARY

In 42 of 65 cases (or 65% of applicable cases reviewed), reunification or guardianship were achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with parents/caregivers and children, Ohana Conferences, and regular visits/’ohana time for children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

Twenty-three cases (or 35%) were rated as needing improvement. In all cases, reunification, guardianship, and adoption permanency goals were not or will not be achieved within 12, 18 or 24 months respectively.

- In 17 cases, children had been in foster care for 13-33 months and permanency has not and will not be achieved timely. In most of these cases, there were few caseworker contacts with the child and parents, and they were not engaged in their case planning. In the cases in this category that had regular contact, urgent and joint planning towards permanency were needed.
- In 3 cases, the child was in foster care for less than 12 months with goals of reunification, but efforts weren't being made to achieve reunification or were not being made to achieve reunification timely.
- In 2 cases, the youth were in care for 8 and 12 years before adoption was achieved for one youth and the other aged out of foster care without permanency.
- In 1 case, the youth was in foster care for 4 years with a goal of guardianship.

Data Indicator: Placement of 12 months of entry

Figure 7: Permanency in 12 Months for Children Entering Care

| Permanency in 12 months for children entering care | Observed | RSP | NS | |
|--|----------|-------|-------|-----|
| 13B & 14A | 47.4% | 48.8% | 40.5% | Met |

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Data Indicator: Placement in 12 months for children in care 12-23 months

Figure 8: Permanency in 12 months for children in care 12 to 23 months

| Permanency in 12 months for children in care 12 to 23 months | Observed | RSP | NS | |
|--|----------|-------|-------|---------|
| 15B & 16A | 44.0% | 40.5% | 43.6% | No Diff |

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Data Indicator: Placement in 12 months for children in care 24 months or more

Figure 9: Permanency in 12 months for Children in Care 24 months or more

| Permanency in 12 months for children in care 24 months or more | Observed | RSP | NS | |
|--|----------|-------|-------|---------|
| 15B & 16A | 44.8% | 33.9% | 30.3% | No Diff |

This is a summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015.

Other Information relevant to Permanency Outcome 1

Information in this section should be read in conjunction with Hawaii’s most recent APSR.

Figure 10: Children in Care in SFY 2016, 1 month or less

| Children in Care for 1 month or less, SFY 2016 | |
|--|-----|
| Number of Children | 428 |
| % of Children in Care 1 mo or less | 16% |

This table shows the number of children who were in care for one [1] month or less in SFY 2016, and the percentage that number represents of total number of children in care in SFY 2016.

Figure 11: Children in Care in SFY 2016 – Length of Stay (Average, Median, Mode)

| Children's Length of Stay in Care, SFY 2016 | |
|---|----|
| Average [Months] | 57 |
| Median [Months] | 34 |
| Mode [Months] | <1 |

This table shows the average, median and mode length of stay for children in care in SFY 2016. The *mode* [most frequent occurrence] shows that 1 month or less was the most length of stay. The *median* [middlemost point] shows that as many children left care before the 34th month as after the 34th month in care. The *average* of 57 months provides an inflated impression of the length of stay due to the inclusion of children who have been in care for long periods of time.

Figure 12: Children in Care in SFY 2016 – Exits by Discharge Reason

| Children Exiting Foster Care by Discharge Reason – SFY 2016 | | |
|---|--------|------------|
| Discharge Reason | Number | Percentage |
| Adoption | 160 | 16% |
| Emancipation | 66 | 6% |
| Guardianship | 100 | 10% |
| Placed w/relative | 0 | 0% |
| Reunification | 676 | 66% |
| Other | 24 | 2% |
| TOTAL | 1,026 | 100% |

This table lists the reasons children left care, and shows the number of the children and their percentage of the total number of children (1,026) who exited care in SFY 2016.

CFSR data indicators in late 2015 showed higher than normal rates of placement instability. In SFY 2016, UH Maui College HCWCQI Project conducted a targeted review to understand the underlying factors contributing to placement instability for foster youth. The review revealed that 46% of placement moves were prompted by the child’s behaviors. Relatedly, resource caregivers sometimes requested the move, due to actual or perceived misbehavior. The review also showed that 47% of the initial placements were with relatives or adults with whom they had pre-existing relationships. CWSB’s efforts to promptly identify family resources and work with

the family to create a plan to support the child are both crucial and effective strategies for minimizing placement disruptions.

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

CWSB is hopeful that with the recent implementations of Title IV-E Demonstration Project services, SPAW and Wrap, Hawaii will see a reduction in the time it takes to appropriately terminate parental rights, and accordingly, children will achieve permanency more expeditiously.

CWSB continues to utilize concurrent planning as one method of moving cases more quickly to permanency. In addition to concurrent planning, CWSB anticipates that the addition of the SPAW and Wrap programs will increase the expediency of moving cases toward the goal of permanency. Greater awareness of the need for concurrent planning has helped CWSB improve on this item. Training and discussions among Section Administrators, Supervisors and line staff contributed to the increased awareness and subsequent efforts.

CWSB staff continues to use the CPSS coding system to see families regularly and increase parental engagement in services. The utilization of the All-In-Care list, a computerized list in CWSB's SHAKA system, enables Section Administrators to track the cases in their section that are moving toward permanency timely and track foster youth's time in care. When applicable, the case may be referred to various services, such as SPAW.

Although CWSB is proud that it has exceeded the National Standard for timely reunification for the past several years, CWSB continues to implement new practices that will safely move children toward faster reunification, adoption, or legal guardianship, such as Wrap. As a part of this new practice, the CWSB staff and community providers continue to consult with Family Engagement specialist Patricia Miles on Wraparound and other practice models. In SFY 2016, 50 children from 25 families participated in Wrap to expedite permanency through reunification by addressing barriers to reunification. Of these 50 children, 11 children were reunified with their families.

Further, the recently implemented SPAW Program focuses on removing barriers to permanency for foster youth who have been in care for nine months or longer. CWSB's SPAW Program is a case staffing/roundtable process that brings together representatives from all services and systems the child is involved. The design for SPAW was based on the successes and shortcomings of the Permanency Roundtables and Early Permanency Roundtables of SFY 2010 and SFY 2011, which were funded by Casey Family Programs. At the very end of SFY 2012, CWSB began implementing SPAW, but due to staffing shortages, very few cases were able to take advantage of this option. SPAW is now operational on only Oahu and Hawaii Island. In SFY 2016, 71 SPAW meetings were held for 74 children/youth. Of these, six foster youth achieved permanency through adoption, guardianship, and reunification since the held meeting.

CWSB surpassed the National Standard of 32.0% in both FFY 2014 and FFY 2015 resulting in a 47% timely adoption rate for FFY 2015, a significant improvement from SFY 2014. CWSB has facilitated outreach to the family court on efforts to expedite permanency and to share

CWSB efforts to expeditiously move cases forward. CWSB included the Judiciary and involved other entities in trainings on SPAW and Wrap, which have contributed to an understanding of the importance of permanency and active participation in creating a plan with CWSB for a child to reach permanency.

In cases where the child will not be able to reunify with his/her parents, Ohana Time may assist the children achieve timely permanency. In these cases, adoption may be expedited because the parents have likely established a relationship with the prospective adoptive parents, thereby making a move toward termination of parental rights (TPR) and adoption, where appropriate, smoother and quicker. Also, in cases with older children, these children will be less likely to fight adoption if clarification is made up front that TPR does not necessarily mean permanently severing connections with their birth parents. DHS is well aware that the continued bond between the child and birth parents is significantly more likely to be maintained in cases where the adoptive parents have already established a meaningful and ongoing relationship with birth parents. CWSB is confident that Ohana Time is an important improvement to CWSB's practice in numerous ways and further improvements in timely adoptions are expected as Ohana Time practices become ingrained in daily practice.

The implementation of SPAW, described above, is aimed at improving timely adoption as well as the timely achievement of other permanency goals.

CWSB success with permanency over the past five years is partially attributable to concerted upfront family finding efforts. When family is identified early in the case, the path to permanency is expedited. Since CWSB policies give preference to relatives for foster care placement, adoption, and legal guardianship, if family members are identified for potential long-term placement early and TPR later becomes a goal, the caseworker has already prepared the family for adoption or legal guardianship. When family finding efforts are done upfront and no relatives are identified to care for the child long-term, CWSB must continue its efforts to locate family members. In this case, CWSB can concurrently work with non-relative caregivers to prepare them for potential adoption or legal guardianship so that if TPR occurs, barriers have already been cleared for adoption or legal guardianship.

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

Item 7: Placement of siblings

35 Cases Reviewed - 31 STRENGTHS, 4 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

SUMMARY

In 31 of 35 cases (or 89% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.

Four cases (or 11%) were rated as needing improvement. In all cases, siblings were placed apart initially and efforts, including family finding, were needed to revisit placing siblings together during the period under review.

Item 8: Visiting with parents and siblings in foster care

58 Cases Reviewed - 42 STRENGTHS, 16 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

SUMMARY

In 42 of 58 cases (or 72% of applicable cases reviewed), the child in foster care was provided with opportunities for quality visits with siblings and parents to ensure that the child had continuity in relationships with family members. In many of these cases, visitation was facilitated by the DHS aide or contracted provider, and occasionally by the resource caregiver.

Sixteen cases (or 28%) were rated as needing improvement. Documentation to explain circumstances contributing to barriers was lacking. Overall, documentation by the contracted provider and resource caregivers was not available to the caseworker for the ongoing evaluation. Also, visitation was often not structured for mothers and fathers when visits were done by non-CWS/contractors. Visits occurred informally and loosely under the facilitation of a family member even though safety threats that brought the child into foster care had not been mitigated. There was no oversight of the visitation, so the quality of visitation, need for parenting support, and progress towards reunification could not be assessed by the caseworker.

- In 10 cases, concerted efforts were needed to provide visitation/'ohana time to *fathers*.
- In 7 cases, concerted efforts were needed to provide visitation/'ohana time to *mothers*.
- In 4 cases, *sibling* visits were not explored and arranged.

Item 9: Preserving connections

65 Cases Reviewed - 56 STRENGTHS, 9 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 56 of 65 cases (or 86% applicable cases reviewed), children were maintained in their same community and kept connected to culture, school, family (including older siblings, grandparents, cousins), sports, and friendships.

Nine cases (or 14%) reviewed were rated as needing improvement:

- In 3 cases, concerted efforts were needed to keep the youth's important connections. In 2 of these cases, school connections were needed; neither youth attended school for 2-3 weeks upon removal from his home during the PUR.
- In 4 cases, there was indication that the child was Native American and follow-up was needed to explore membership or eligibility for membership in a tribe.
- In 2 cases, the youth was on runaway status and efforts were needed to locate him and help maintain his connections.

Item 10: Relative placement

62 Cases Reviewed - 47 STRENGTHS, 15 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 47 of 62 cases (or 76% of the applicable cases reviewed), efforts were made to place children with relatives when appropriate. In these cases, children were placed with relatives or concerted efforts were being made to place the child with relatives. Relative searches were completed to seek appropriate relative placement for the child.

Fifteen cases (or 24%) were rated as needing improvement.

- In 11 cases, concerted efforts were needed to pursue identified relatives for placement after EPIC had returned the results of their family finding search. In several of these cases, the family finding search results were not in the case file and the current caseworker was unaware of the status.
- In 4 cases, a formal family finding search was not done for maternal and/or paternal relatives.

Figure 13: Children in Care in SFY 2016, Entries & Exits

| Children in Care, Enter Care and Exit Care, SFY 2016 | |
|--|-------|
| No. of Children Entering Foster Care | 1,251 |
| No. of Children Exiting Foster Care | 1,026 |
| No. of Children in Foster Care | 2,597 |

Source: DHS/MSO

This table shows the numbers of children entering and exiting care during SFY 2016. The total number also includes children who were in care at the beginning of SFY2016.

Figure 14: Children in Care in SFY 2016, by Age Group

| Children in Care by Age Group, SFY 2016 | |
|---|-------|
| 0-5 years | 1,146 |
| 6-11 years | 741 |
| 12-18 years | 709 |
| Unknown | 1 |
| TOTAL | 2,597 |

Source: DHS/MSO

This table shows the breakdown by age group of the children in care during SFY 2016.

Item 11: Relationship of child in care with parents

56 Cases Reviewed - 38 STRENGTHS, 18 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 38 of 56 cases (or 65% of applicable cases reviewed), efforts were made to promote, support and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. ‘Ohana Conferences were helpful to coordinate activities to maintain relationships with parents and children. Activities included attending children’s doctor visits and extracurricular activities, informal resource caregiver mentorship, and participating in family therapy.

Eighteen cases (or 32%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.

- In 5 cases, efforts were needed to support the children’s relationships with their *mothers*.
- In 5 cases, efforts were needed to support the children’s relationships with their *fathers*.
- In 8 cases, efforts were needed to support the children’s relationships with *both their mothers and fathers*.

Other Information relevant to Permanency Outcome 2

Information in this section should be read in conjunction with Hawaii's most recent APSR.

Placement with siblings in foster care

CWSB continues to be committed to keeping siblings together in foster care. The impressive rise in the percentage of siblings placed together in foster care may be best attributable to the CWSB staff's value for sibling connections. Also, increased use of and automatic referrals for Ohana Conferencing, and the targeted recruitment of resource caregivers who are willing to house sibling groups, through DHS' contracted community social service agencies.

Visiting with parents and siblings in foster care

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

When siblings are not able to be placed in the same resource home, CWSB continues to collaborate with Project Visitation to allow siblings to have on-going contact. Project Visitation is a Family Court initiative, available on Oahu and Hawaii Island, where volunteers facilitate sibling contact and transport siblings in different foster care placements to participate in fun activities together. CWSB puts emphasis on placing children with as few families as possible while making efforts to link resource caregivers when children cannot be placed together to maintain connections between siblings.

Preserving connections

So much of the work in CWSB focuses on maintaining and nourishing the important bonds in a child's life, while he/she is in foster care. As national child welfare practice trends move toward a greater emphasis on the overall well-being of children in foster care, Hawaii's practice is shifting as well. Preserving family, friend, tribe, culture, faith, neighborhood, community, and school relationships is at the core of Hawaii's work.

Hawaii's implementation of the automatic referral of Ohana Conferencing and increasing use of Family Findings/Connections in more cases may have led to Hawaii's improvement on this item. Also, Ohana Time's goal of enriching connections with biological family members not only reduces the time a child spends in foster care, but also improves the emotional health for the child.

Educational Stability

In March 2012, DHS began partnering with the State of Hawaii, Department of Education (DOE) to ensure educational stability for Hawaii's foster youth. This work is still ongoing, spurred on by the recently enacted Every Child Succeeds Act. Allowing children to remain in their school of origin when they enter foster care will promote the children's social and emotional links to neighborhood, community, and school. Education stability practices are in place in certain districts on Oahu, CWSB is currently tracking students who are displaced due to being taken into care and making efforts to reduce the instances where this occurs.

Compliance with the Indian Child Welfare Act (ICWA) and monitoring efforts to preserve connections for Native American children

In FFY 2015, Hawaii CWSB had 18 Native American children in foster care including four groups of siblings. The remaining five children were the only Native American child in each case. Of these 18 children, one sibling group was returned home to their parents; another sibling group's paternal grandparents were awarded legal guardianship; one child was placed with his paternal grandmother on the reservation of the Chemehuevi Tribe in California and the case was transferred to the Tribal Court; another child, who was determined to be a non-registered member, was adopted by a family relative. For all of the other cases, notices to the Secretary of the Interior, Bureau of Indian Affairs (BIA), and the relevant tribes were submitted, and other documents required by ICWA were completed and filed when petitions for foster custody were filed with the Family Court.

Although CWSB's current procedures and practice for complying with the ICWA are sound, improvement is needed in the area of tracking data and using data to monitor children with Native American heritage. The current CPSS system already has fields that capture ethnicity of Native American and Alaska Native children. DHS plans to extract this data on a quarterly basis for the purpose of monitoring compliance with the ICWA regulations.

CWSB procedures require that caseworkers ask parents and relatives if the child may be or is of Native American heritage. When there is reason to believe that the child may be Native American, the caseworker informs the Deputy Attorney General (DAG) assigned to the case. The DAG sends a registered letter to the BIA and if known, to the tribe. In most cases, given the information provided to the BIA, the BIA is not able to confirm that the child is registered as a Native American child. In these situations, where appropriate, the caseworker may encourage the family to register the child. In cases where ICWA applies and the tribe wishes to assert jurisdiction over the case, CWSB complies with the laws set forth in ICWA by allowing the tribe to take custody of the child, relinquishing the child to the tribe and terminating jurisdiction in Hawaii. Subsequently, CWSB provides all necessary documents and information on the child including Title IV-E eligibility to the Native American representative. CWSB also provides the tribe with the most current CFSP and APSR.

Hawaii's efforts to comply with ICWA have been increasing. CWSB has included additional information on ICWA to its new hire training to strengthen staff compliance with ICWA and to assist staff in understanding the law's purposes and goals. Family Court judges received ICWA training, and ICWA information was added to the judges' bench cards.

Relative Placement

Although not entirely apparent in the CQI case review data, when compared to other states, relative placement is a great strength of CWSB per data collected by the DHS, Management Services Office.

Figure 15: Children in Care in SFY 2016, Relative and Non-Relative Placements

Monthly Average

| [Type of Placement] | Number | Percentage |
|---------------------|--------|------------|
| Relative | 628 | 48.4% |
| NonRelative | 670 | 51.6% |

Source: DHS/MSO

This table looks only at relative and non-relative placements and presents the number children in each type of placement and the percentages per placement type.

Relationship of child in care with parents

In SFY 2012, CWSB began the Hawaii's Engaging Fathers and Engaging Families initiative in which CWSB partnered with the Family Court and the Child Support Enforcement Agency to provide staff trainings and information on different types of fathers and how to establish paternity. Ohana Conferences also continues to engage and include fathers in the planning, reunification, and/or placement process with their children by convening as many members of the family unit and supportive extended family as possible and appropriate.

An indirect benefit of the 48-hour tracking calls among Section Administrators has been the sharing of creative methods for finding family members. This has positive implications for establishing the contact needed with parents in order to promote the parent-child relationship.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Item 12: Services to children/youth, parents and resource caregivers

99 Cases Reviewed - 54 STRENGTHS, 45 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether, during the period under review, the agency made concerted efforts to assess the needs of children, parents, and resource caregivers (both at the child's entry into foster care [if the child entered during the period under review] or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and provided the appropriate services.

SUMMARY

In 54 of 99 cases (or 55% of applicable cases reviewed), efforts were made to assess the needs of children, parents, and resource caregivers or to identify the services necessary to achieve case goals and adequately address the relevant issues, and provided the appropriate services.

Forty-five cases (or 45%) were rated as needing improvement. Assessments of needs or provision of services were needed for children (20 cases), mothers (37 cases), fathers (41 cases) and resource caregivers (18 cases). Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the services met his/her needs and that progress was being made toward case goals.

Item 13: Engagement of child & parent in case planning

96 Cases Reviewed - 55 STRENGTHS, 41 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 55 of 96 cases (or 57% of applicable cases reviewed), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction, through quality monthly visits, which allowed families to express their feelings and have a voice in their plan. 'Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate parents and children when they were not readily available contributed to strength ratings.

Forty-one cases (or 43%) were rated as needing improvement.

- In most of these cases, the infrequency of contact did not allow for the client to be engaged in case planning. Clients in these cases were not seen for several consecutive months (commonly 3-7 months). Although 'Ohana Conferences occurred in some cases, in many of these cases, 'Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.
- Fifteen of the 41 cases are in-home.
- In several cases, the children and/or parents resided in another state or on a neighboring island and there was no designated authority making contact with them for all or part of the PUR.
- In 22 of these cases, children were not engaged in case planning.
- In 23 of these cases, mothers were not engaged in case planning.
- In 25 of these cases, fathers were not engaged in case planning.

Item 14: Face-to-face contact with children

99 Cases Reviewed - 55 STRENGTHS, 44 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 55 of 99 cases (or 56% of applicable cases reviewed), the frequency and quality of visits between caseworkers and children/youth were sufficient to ensure their safety, permanency, and well-being and promote achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and well-being in a way appropriate for that specific child. In many of these cases, the caseworker had built good rapport with the child/youth and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the child with parents and/or siblings as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information.

Forty-four cases (or 44%) were rated as needing improvement. In some Sections, there were a number of inactive cases that were kept open well beyond the caseworkers' identified case closure dates; if Court jurisdiction was revoked, safety assessed as being mitigated and/or a case closing summary approved by the supervisor, the case was considered closed. The cases captured as needing improvement were those open in CPSS in which families thought their

case was still opened, there were pending caseworker activities, and/or there was no case closing report or Court's dismissal of the petition. Timely closure of VCM cases and timely consultation by DHS on VCM cases, as required by policy, caused delays in case closure and coordinated responses.

- In 39 cases, the frequency of contact with the child(ren) was less than monthly, with contact occurring in at least half of the months the case opened during the period under review. It was often difficult to tell why contact was not made in other cases, but case transfers (from investigator to permanency worker; from worker leaving DHS to the receiving worker; from DHS to VCM and VCM to DHS) and delayed case closures appeared to be account for several cases. In some Sections, there were a high number of cases that experienced multiple case transfers during the period under review while the case was in permanency (case management).
 - In some of these cases, when children were seen, quality was good. In other cases, although children were seen, documentation and interviews were often not reflective of high quality visits.
 - Fifteen of these cases were in-home.
 - In several Court-involved cases, the children lived out-of-state and there was no face-to-face contact throughout the PUR.
 - In 1 case, the youth was on the run and ongoing efforts were needed to locate them for several months during the PUR.
- In 5 cases, visits were of sufficient frequency but the quality of the visits was inadequate. In these cases, the children were not seen alone throughout the PUR.

Item 15: Face-to-face contact with parents

89 Cases Reviewed - 41 STRENGTHS, 48 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 41 of 89 cases (or 46% of applicable cases reviewed), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. In these cases, both the mothers and fathers were contacted, involved, and engaged in case planning.

Forty-eight cases (or 54%) are rated as needing improvement. A combination of turnover and no documentation resulted in much information unknown.

- In 43 cases, there was a lack of regular monthly contact with parents. Also, in most of these cases, parents' whereabouts were known (i.e. they attended visits with their children regularly) but they were not responsive or easily engaged. In two cases, contact was not made with incarcerated fathers.
 - In 35 of these cases, contact with the mother was not monthly.
 - In 33 of these cases, contact with the father was not monthly.
- In 5 cases, caseworker visits were made; however, the quality was not sufficient.

Other Information relevant to Well-Being Outcome 1

Information in this section should be read in conjunction with Hawaii's most recent APSR.

Engagement of Child & Parent in Case Planning

CWSB believes that the following factors contributed to the improvement in involving parents and children in case planning from SFY 2012 to present. First, beginning on Oahu in January 2012 and on the neighbor islands in March 2012, all court involved CWSB cases are automatically referred for an Ohana Conference. Second, in September 2012, all CWSB staff statewide were trained on new efforts and strategies to engage fathers and families. This training included information on how to locate and work with non-custodial parents addressing the issues identified in the CFSR data pertaining to CFSR Items 1-18. The lack of consistent monthly visits by the caseworker with the family contributes to a lack of engaging the family in case planning; however, Hawaii is making great efforts to improve the frequency of worker visits.

Third, CWSB increased family and youth involvement in decision making through Ohana Conferences and Youth Circles. Ohana Conferencing involves the family and extended family members, and assists in developing service and action plans to support the child and family and discuss case planning. With children in relative placements, Ohana Conferencing can help support role clarification and communication, which will support stable placements.

Face-to-face contact with children

To track progress throughout the month for individual cases and caseworkers, Maui Child Welfare Services Section (MCWSS) developed an internal chart of these visits. This chart identifies which children have been seen and is provided to unit supervisors by the 15th of each month. Subsequently, the supervisor meets with each worker to discuss a plan to complete the caseworker's contacts. The MCWSS section administrator shared this successful tool at a Management Leadership Team Meeting, and since then, several other sections have adopted versions of this practice.

CWSB sees face-to-face contact as the cornerstone of quality case management and crucial to successful family outcomes. Accordingly, CWSB administrators and supervisors put great energy into improving the frequency and quality of caseworker visits with children and parents. After engaging in extensive community collaborations and researching best practices across the country, CWSB revised the procedures and forms for face-to-face contacts. In March 2012, SSD trained all staff on these improvements. In SFY 2014, the CPSS and SHAKA systems were linked to develop an effective and user-friendly way to track caseworker visits with children.

Face-to-face contact with parents

CWSB believes that its work on engaging fathers and families has begun to positively affect caseworker visits with parents. A workgroup of community members, representatives from partner social service agencies, and CWSB line staff researched and assembled effective strategies for engaging fathers, identifying and locating missing parents, drafted procedures regarding engaging families in case planning, and developed a training for CWSB and VCM

workers statewide. In September 2012, CWSB and VCM workers were trained on focusing on engagement techniques and ways to overcome barriers preventing fathers' involvement in cases. Elements of the training were also incorporated into the new hire training to help sustain efforts to engage fathers and families.

For SFY 2015, CWSB's Citizen Review Panel chose Engaging Fathers and Worker Visits with Children, Parents and Resource Caregivers as the panel's two areas of focus. CWSB hopes to see more improvement in this area in the near future.

Item 16: Educational needs of the child/youth

76 Cases Reviewed - 59 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities.

SUMMARY

In 59 of 76 cases (or 78% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs. Assessments and services included: caseworker interviews, speech therapy, monitoring of academic performance, special education testing and services, caseworker conferences with school teachers and attending IEP meetings.

Seventeen of the cases (or 22%) were rated as needing improvement.

- In 13 cases, initial and/or ongoing assessments were not made of children's educational needs.
- In 3 cases, information was gathered to determine educational services were needed but they were not provided.
- In one case, concerted efforts were needed to locate the child on the run.

Other Information relevant to Well-Being Outcome 2

Information in this section should be read in conjunction with Hawaii's most recent APSR.

Recognizing the unique needs of children in foster care, Title I section 1111 (g)(1)(E) of the Elementary and Secondary Education Act (ESEA) as amended by the Every Student Succeeds Act (ESSA) outlines new protections for foster children in an effort to increase educational stability, academic outcomes, and collaboration between public child-serving agencies. The spirit of the legislation emphasizes collaboration between the DOE and DHS including a shared vision, shared policy-making effort, and shared financial expenditures in order to increase access and reduce barriers created by the two systems functioning independently of each other.

CWSB, DOE, and other shareholders worked collaboratively to develop streamlined procedural guidelines with regard to servicing foster children in the educational system. Through federal guidance and a shared vision of positive student outcomes for foster youth, DOE and CWSB established an unprecedented and meaningful collaboration in order to efficiently provide services and greater insight into the lives of foster children whom the agencies have in common.

Additionally, CWSB and DOE are in the process of implementing an electronic data collection mechanism into its online student information system in an effort to accurately capture possible indicators, such as student achievement on assessments, graduation rates, discipline, school attendance, enrollment, transfers, and preschool and college enrollment for students in foster care. Such data is also critical to raise public awareness about the unique educational needs of youth in foster care.

Item 17: Medical and dental health of the child/youth

83 Cases Reviewed - 68 STRENGTHS, 15 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 68 of 83 cases (or 82% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. PPE's were common. In many cases, resource caregivers, unit aides and assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. Assessments and services included: physical and dental exams, pre-placement exams, well-baby check-ups and immunizations, EPSDT, vision exam and glasses, physical therapy, TB tests, transportation to medical appointments, medication management, Easter Seals, and Kapiolani Medical Center services.

Fifteen of the cases (or 18%) were rated as needing improvement.

- In 11 of these cases, there was no medical or dental appointment for the children after their initial appointment at the time of placement.
 - In several of these cases, documentation and lack of medical records in the file was a factor; newly assigned caseworkers did not know about the child's physical/dental health.
- In 1 case, monthly quality contacts may have helped to assure that the children's medical and dental needs were met.
- In 5 cases, the child's physical health was assessed, but services were not provided.
- In 2 cases, the child's medical health needs were addressed but the dental health needs were not.
- In 4 cases, appropriate agency oversight of prescription medications was needed.

Item 18: Mental health assessments and services for the child/youth

82 Cases Reviewed - 54 STRENGTHS, 28 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 54 of 82 cases (or 66% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed greatly in setting up appointments and transporting children. Assessments and services included: caseworker interviews, psychological evaluations, individual therapy, family therapy, contact with service providers, cognitive therapy, substance abuse treatment, Department of Health services, psychiatric services, therapy to address sexual abuse, and Early Intervention Services.

Twenty-eight cases (or 34%) were rated as needing improvement.

- In 17 cases, assessments were not provided but were necessary for children who experienced abuse and/or neglect, or who exhibited a need for mental health screening.
 - Two of these cases involved confirmed victims due to domestic violence exposure.
 - Seven of these cases were in-home.
- In 1 case, there was no contact and no efforts made to contact the child so that ongoing assessments could be made.
- In 4 cases, agency oversight was needed for administering of the child's psychotropic medication. In this case, regular communication with the child's resource caregiver was needed.
- In 5 cases, concerted efforts were needed for the caseworker to communicate with the mental health provider and or resource caregiver about the child's mental health.
- In 10 cases, mental health services were needed for the youth in foster care. In these cases, there was acknowledgement for the needed services; however, it was not provided.

Other Information relevant to Well-Being Outcome 3

Information in this section should be read in conjunction with Hawaii's most recent APSR.

Medical and Dental Health

The slight increase of strengths in this area compared to the previous year is an encouraging indicator that caseworkers are better addressing the foster youth's physical and dental health

needs. To continue improvement in this area, the caseworkers will continue to work collaboratively with the CWSB aids, CWSB assistants, and resource caregivers to ensure these needs are met.

To better assist caseworkers with inputting information into CPSS, including the children's dental and medical visits, caseworkers have recently been provided laptops to allow them a more easily accessible opportunity to update the children's information while in the field.

In 2014, the Safe Family Home Report template was revised to include a section specifically addressing the children's dental needs which serves as a reminder to caseworkers to report on the children's dental health.

Mental Health Assessments and Services

CWSB procedures require that foster children are referred for a mental health assessment or screening within 45 days of placement. Confirmed child victims of abuse or neglect, and children served in their homes must be referred within 60 days of the intake or sooner, if appropriate.

CWSB continues to improve awareness and practice by providing information on children's mental health needs to the sections. For example, in September 2015, *Supporting Youth in Foster Care in Making Healthy Choices*, a companion guide to *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care* was circulated to serve as a resource, promote awareness, and increase communication. Following their case review in January 2016, West Oahu Supervisors also recently completed a refresher training on the monthly face to face worker contact record and on the mental health requirements including the need of psychotropic medication oversight.

Some caseworkers have expressed an interest in revising the monthly face to face worker contact record to include a review and discussion of psychotropic medication oversight; revisions are underway. This form includes a variety of topics and information to review, discuss, and address during monthly visits with children, parents, and resource caregivers to assess safety, permanency, and wellbeing outcome items.

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children’s Bureau Web site at <http://www.acf.hhs.gov/programs/cb> <https://www.acf.hhs.gov/cb/resource/round3-cfsr-procedures-manual>), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.
2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state’s most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.
3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).
4. Include the sources of data and/or information used to respond to each item-specific assessment question.
5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

Hawaii assesses its statewide information system as a strength.

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

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files consist of data extracted from CPSS. AFCARS data quality reports show the number of records with missing information. The Department's FFY 2015A, 2015B, and 2016A AFCARS submissions had no elements with error rates above 10%, which is the threshold for an AFCARS penalty. The FFY 2016B data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

- FC-06 Date of Birth: 0 missing records
- FC-07 Sex: 3 missing records (0.14% failing)
- FC-08 Race: 0 missing records
- FC-09 Hispanic Origin: 0 missing records
- FC-18 First Removal Date: 0 missing records
- FC-20 Last Discharge Date: 0 missing records
- FC-21 Latest Removal: 0 missing records
- FC-41 Current Placement: 27 missing records (3.97% failing)
- FC-42 Out of State: 0 missing records
- FC-43 Most Recent Goal: 58 missing records (2.99% failing)

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

To further assess the accuracy of the information in CPSS, Hawaii collected and examined data during the State's annual case reviews in calendar year 2016. All children that were selected as part of the foster care sample for the case reviews were also included in this targeted review process. Reviewers compared the data from the designated field in CPSS to other available information (e.g., physical case file notes, records, and reports; court reports; interviews with staff; narrative data in CPSS logs of contact; etc.). Reviewers documented their findings on a review tool that was then verified by CQI staff. The CPSS data was determined accurate when the information was consistent with narratives, interviews, or documentation in the child's case file; the CPSS data was determined inaccurate when it was inconsistent. The review results were:

a. Date of birth:

Of the 65 foster care cases that were reviewed statewide, 65 cases (100% of the cases) were confirmed accurate. No cases were deemed inaccurate.

b. Sex:

Of the 65 foster care cases that were reviewed statewide, 65 cases (100%) were confirmed accurate. No cases were deemed inaccurate.

c. Race:

Of the 65 foster care cases that were reviewed statewide, 61 cases (94%) were confirmed accurate. Four cases (6%) were deemed inaccurate.

d. Ethnicity:

Of the 65 foster care cases that were reviewed statewide, 59 cases (91%) were confirmed accurate. Six cases (9%) were deemed inaccurate.

e. Latest (most recent) removal date:

Of the 65 foster care cases that were reviewed statewide, 57 cases (88%) were confirmed accurate. Eight cases (12%) were deemed inaccurate.

f. Most recent address:

Of the 65 foster care cases that were reviewed statewide, 53 cases (82%) were confirmed accurate. Twelve cases (18%) were deemed inaccurate. In these cases, although the address field in CPSS was not current, the child's most recent address and current caregiver information could be readily and accurately identified in other screens of the child's electronic file in CPSS, or in the Safe Family Home Report.

g. Most recent placement type (relative or non-relative):

Of the 65 foster care cases that were reviewed statewide, 59 (91%) were confirmed accurate. Six cases (9%) were deemed inaccurate.

In January 2017, Hawaii conducted a special targeted review for accuracy of permanency goals and legal statuses. A random sample of 65 children who were in foster care as of December 31, 2016 were selected. Reviewers compared the data from the designated field in CPSS to other available information (e.g., physical case file notes, records, and reports; court reports; interviews with staff; narrative data in CPSS logs of contact; etc.). Reviewers documented their

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

a. Most recent permanency goal:

Of the 65 foster care cases that were reviewed statewide, 58 cases (89%) were confirmed accurate. Seven cases (11%) were deemed inaccurate.

b. Legal status:

Of the 65 foster care cases that were reviewed statewide, 61 cases (94%) were confirmed accurate. Four cases (6%) were deemed inaccurate.

Moving forward, Hawaii has incorporated the targeted reviews into its annual case review process.

Although the Division's Management Information and Compliance Unit was decimated during a major Reduction in Force in late 2009, numerous staff and new processes have worked to fill the gap, ensuring the quality of data. The Department's Office of Information Technology creates hundreds of data reports that are distributed regularly (some monthly, some quarterly, some annually) to CWS supervisors and administrators to assist in data corrections and accuracy. The Department's Audit, Quality Control, and Research Office (AQCRO) analyzes trends and meets with CWS Branch and Program Development administrators monthly to identify and discuss data issues of concern. Over the past couple of years, State auditors, CWS administrators, supervisors, and CQI staff have identified specific data issues that Hawaii has been able to resolve through adding new logic into CPSS.

New CWSB employees receive CPSS training as part of New Hire Training requirements. New Hire Training includes education on critical data elements required by AFCARS to be accurately documented in CPSS, such as case goals, legal status, review type, special needs, etc. Hawaii provided an AFCARS refresher training course in March 2015 to all eight geographic sections (four on Oahu, one in Hilo, one in Kona, one on Maui, and one on Kauai). The refresher training was well received by staff, including Section Administrators, unit supervisors, caseworkers, and support staff. Since the refresher training held in March, Hawaii has worked to finalize a process to track disabilities and behavioral issues in foster children. Hawaii plans to continue annual AFCARS refresher training for all CWSB sections. In addition, some units/sections receive targeted refresher trainings if the administrator, who is designated to regularly review AFCARS data, identifies it as having challenges with data accuracy.

In 2004, in preparation for the development of the Comprehensive Child Welfare Information System (CCWIS), CWSB had an external consultant analyze Hawaii's CWSB practice and identify areas for growth. The goal was to design the new CCWIS to support and record best practices and eliminate outdated or flawed procedures and routines. CWSB took the consultant's feedback seriously and in 2014 and 2015 created a set of initiatives that focused on five areas: assessment, child protection, permanency, family engagement, and organizational empowerment. These initiatives were brought together under the umbrella of one project, *Pono*

for Families (PFF). The Hawaiian word *pono* translates into English as “uprightness, balance, wellbeing, prosperity, goodness, or morality.” The work on PFF has involved over 100 people, including CWSB direct service staff, community partners, foster youth, resource caregivers, and sister agencies. This effort demonstrates Hawaii’s commitment to data quality and improvement, especially in how it relates to serving children and families.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

Hawaii has assessed identified involvement of parents in case plan development as an area needing improvement.

In Hawaii, the combined Safe Family Home factors and the service plan or permanent plan is referred to as the case plan, and is defined in Hawaii Administrative Rules 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4. The rule requires that all children and families under the jurisdiction of the department and assessed as needing ongoing child welfare casework services have a written case plan, which must be developed with the family sometime after the day of the receipt of the report of abuse or neglect or an out-of-home placement, but no later than 60 days from the date the child was removed from the home. The Safe Family Home Report (SFHR) discusses each of the safe family home factors that are applicable to each family and, unless otherwise ordered by the court, must be filed, along with the service plan, with the petition for jurisdiction and within 15 days of the scheduled return hearing, periodic review, permanency hearing, and termination of parental rights hearing, HRS 587A-18.

Hawaii has two methods to assess whether each child has a written case plan that is developed jointly with his/her parents; both generate statewide data. Through the statewide case review process, the reviews determine whether efforts were made to engage both parents and children in the case planning process. The second method is a targeted review that assesses whether children had a current written case plan and that it was jointly developed with each parent.

Hawaii's case review data for SFY 2016 shows the following:

- The percentage of cases in which concerted efforts were made to actively involve the mother in case planning (Item 13, B) was 66%, or 44 of 67 applicable cases.
- The percentage of cases in which concerted efforts were made to actively involve the father in case planning (Item 13, C) was 56%, or 31 of 55 applicable cases.

To further assess whether case plans were developed jointly with parents, additional data was collected and examined as part of the State's annual case review during SFY 2016. All children selected as part of the foster care sample were included in this targeted review process. Reviewers had to first determine if there was a current case plan in the child's file. Reviewers then had to determine if that child's parents (if applicable) were involved in case planning through evidence documented in the case file, narratives, or interviews. They documented their findings on a review tool, which was then verified by CQI staff.

The targeted review results for SFY 2016 were:

- a. Of the 53 applicable cases, 46 cases files (87%) contained a current Safe Family Home Report. The remaining cases did not contain a case plan.
- b. Of the 49 applicable cases, 29 case plans (59%) were developed with the mother.
- c. Of the 38 applicable cases, 17 case plans (45%) were developed with the father.

Hawaii has incorporated this targeted review into its ongoing case review process.

Some staff have identified that high caseloads and turnover are barriers to effectively engaging parents in case planning and developing written case plans timely.

Written case plans are not coded in CPSS or in the Court's database; however, it is in Hawaii's long-term plan to include this tracking function in CCWIS. Also, the Family Court's Child Protective Act benchbook includes judicial inquiry into whether parents understand and agree with their service plan, but the benchbook does not include inquiry into whether the case plan was prepared jointly with the parents. To help ensure that parents understand and agree with their case plan, the Family Courts began sanctioning parties who submitted late court reports in SFY 2016, which ensures that parents and their attorneys have adequate time to review and respond to a proposed SFHR before their court hearing.

In an effort to gain further insight as to the reasons for success and struggles regarding case plan engagement with parents, CWSB surveyed caseworkers statewide. Approximately two thirds of all caseworkers statewide responded. Sixty-eight percent of those who responded to the survey said that they either "usually" or "always" develop case plans jointly with the parents. Many stated in the comments that it was often hard to find and meet with parents in order to create the plan together, or that parents are sometimes unwilling to engage with the worker. Several other comments implied that some workers do not have a clear understanding of how to develop the case plan jointly with parents. This data informs how CWSB may be able to improve in this area, pointing to methods, such as mentoring or coaching caseworkers, that may be successful here.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

Hawaii identifies the case review system pertaining to periodic reviews as a strength.

Periodic reviews are conducted by Family Court at least once every six months, pursuant to federal and Hawaii statutes. This requirement is also memorialized in the Judiciary's Child Protective Act Benchbook, which all Family Court judges receive and have access to through the Judiciary's internal website. Family Court judges, judicial clerks, CWSB's attorneys (DAGs), guardians ad litem (GALs), court appointed special advocates (CASAs), parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

During a November 2016 interview about the timeliness of periodic review and permanency hearings, the State's supervisor for Deputy Attorneys General assigned to Child Protective Act cases stated that deputies are instructed to request periodic reviews within five months, in order to ensure that the six month maximum is not exceeded. The lead judge for Oahu's juvenile division stated that, at the end of each periodic review hearing, he requests that his court clerk set the next hearing date for a maximum of five months out, to ensure timely occurrence of these hearings. Short-setting these hearings allows time for unexpected scheduling conflicts and continuances, without exceeding the six month maximum.

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

- the child's receiving appropriate services and care,
- proper implementation of the case plan,
- the Department's work toward permanent placement for the child,
- the child's current safety,
- the necessity of continued out-of-home placement,
- the extent to which each party has complied with the case plan,
- the family's progress in making the home safe for the child,
- the family's progress in resolving the problems that caused the child to be harmed or threatened with harm, and
- a projection of a likely date for reunification or permanent out-of-home placement.

Hawaii's Adoption and Foster Care Analysis and Reporting System (AFCARS) data, which is extracted from CPSS, has been reviewed. The last three submissions for AFCARS Data Element 5, Date of Last Periodic Review, show no missing data and that 98% of all children receive a periodic review once every six months (2016A submission 0.88% failing; 2015B submission: 2.08% failing; 2015A submission: 0.82% failing).

Hawaii also conducted a targeted review of a statewide sample of cases to assess if periodic reviews were occurring no less frequently than every six months. The State's Family Court statistician extracted cases from all circuits. In each case, the child's date of entry into foster care occurred between September 1, 2015 and November 1, 2015. A total of 81 cases statewide were reviewed. Court Improvement Project staff reviewed court hearing data in physical court files and calendars and, when available, electronic copies of court orders. Of those cases reviewed, 74 cases (or 91%) had a periodic review court hearing within six months of the child's date of entry into foster care. One-hundred percent (100%) of these cases had a periodic review within six months of the first periodic review. The median number of days to the first periodic review hearing was 130, 145 to the second review hearing, and 87 to the third review hearing. The mean number of days was 130, 119, and 100 for the first, second, and third reviews, respectively.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

Hawaii identifies the case review system pertaining to permanency hearings as a strength.

The same circumstances described in Item 21 for periodic reviews pertain to permanency hearings, except for their timing, which for permanency hearings is within twelve months after a child's date of entry into foster care, and every six months for children in permanent custody. After the initial permanency hearing, permanency hearings are usually held simultaneously with periodic reviews.

Hawaii conducted a targeted review of a statewide sample of cases to assess if permanency hearings were occurring no less frequently than twelve months from the date the child entered foster care, and no less frequently than every twelve months thereafter. The State's Family Court statistician extracted cases from all circuits. In all cases, with the exception of five neighbor island cases, the child's date of entry into foster care occurred between September 1, 2014 and November 30, 2014. A total of 101 cases statewide were reviewed. Court Improvement Program staff reviewed court hearing data in physical case files, court calendars, and electronic court documents, when available. Of those cases reviewed, 86 cases (85% of cases) had a permanency hearing within twelve months of the date the child entered foster care and no less frequently than every twelve months thereafter. 100% of reviewed cases had a second permanency hearing within twelve months. The median number of days from date of entry into foster care to the first permanency hearing was 334 and 169 to the second permanency hearing. The mean number of days from date of entry into foster care to the first permanency hearing was 328 and 177 to the second permanency hearing.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

Hawaii assesses this systemic factor as a strength. The timelines for filing a motion for TPR are set forth in HRS §587A-31 and HAR §17-1610-36.

In addition to the data provided by the Hawaii State Judiciary (Judiciary), Hawaii CWSB has two additional methods, case reviews and a targeted review, to assess whether the filing of TPR proceedings occur in compliance with the required provisions. The case review and targeted review focus on a slightly different time period. While the case review considers the filing or joining of TPR before and during the PUR, the targeted review focuses on performance during the PUR only.

In case record reviews, whether motions for TPR are timely filed is evaluated using the OSRI in Item 5 and represent cases from all circuits in the State. The filing of TPR motions is tracked by the UH Maui College HCWCQI Project via case reviews. Since Hawaii began using the Online Monitoring System (OMS) for case record reviews in SFY 2015, qualitative data is more easily extracted. In SFY 2016, reviews of Items 5d, 5e, 5f, and 5g show that of all the cases reviewed, 25 children had been in foster care for at least 15 of the most recent 22 months. Of those 25 children, the agency filed or joined a motion for TPR for 14 children or 52%. Of the remaining 11 children, a judicial exception to the requirement to file or join a motion for TPR existed regarding two of the children or 18%, resulting in 64% of the children reviewed meeting the ASFA requirements (16 of 25 children either had a filed TPR or an approved exception in their case).

Hawaii conducted a targeted review during the State's annual case reviews in SFY 2016 to further assess its performance in timely filing of motions to TPR. All children that were selected as part of the foster care sample for the case reviews were also included in this targeted review process. This review targeted children where a motion to TPR was filed or joined during the PUR. Of the 23 applicable children, 78% (18 children) were filed timely or documented a compelling reason.

Although the CWSB statewide information system, CPSS, is currently unable to calculate whether motions for termination of parental rights are timely filed, the Judiciary tracks and shares this data with CWSB at least annually. Data in CPSS and the Judiciary's reporting system do not provide the detailed information necessary to determine whether an appropriate judicial exception, such as CWSB documenting a compelling reason not to file a motion for TPR, was made if a motion for TPR was not filed. To assess whether the appropriate judicial exception was granted, a reviewer would have to read the SFHRs in individual cases. CWSB plans to enhance its capabilities to track this data by creating a code to document the filing

dates for motions for TPR, and include provisions in the design of its CCWIS for interfaces with the Department of the Attorney General and the Judiciary.

To address cases for which a compelling reason not to file for TPR was undocumented, CWSB will be working with their attorneys at the DAG to ensure motions are filed timely or that compelling reasons, when appropriate, are documented in the SFHRs. The State's next permanency planning training will include clarification on the circumstances under which motions for TPR should be filed or joined, and necessity of the documentation of compelling reasons, when appropriate.

Also, Family Court judges, court clerks, DAG attorneys, and CWSB staff receive training on statutory deadlines in dependency cases, and the Child Protective Act Benchbook also includes this information.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

Hawaii identifies the case review system ensuring notice of hearings and reviews to caregivers as an area needing improvement. Applicable laws regarding the right of resource caregivers to notice of hearings include:

- a. HRS §587A-14(b) states that “the child’s current resource family shall be served written notice of hearings no less than forty-eight hours before a scheduled hearing...”
- b. Hawaii Family Court Rule 5.1 provides that notice to resource caregivers must be in writing.
- c. HRS §587A-14(c) provides that a hearing cannot “be held until the child, the child’s current resource family, and all other parties are given notice of the hearing or are served[.]”
- d. HRS §587A-14(d) states that “The child’s current resource family is entitled to participate in the proceedings to provide information to the court, either in person or in writing, concerning the current status of the child in their care.” There is currently no means for evaluating whether resource caregivers are given an opportunity to be heard during court hearings. DHS will, therefore, explore adding a question to the annual resource caregiver survey (see discussion regarding Partners in Development Foundation (PIDF) annual survey, which follows) regarding whether caregivers felt “were they given an opportunity to be heard.”

DHS contracted provider, PIDF, annually administers a resource caregiver survey requesting information and feedback on several areas pertinent to the role of a resource caregiver. As part of this survey, data is collected on whether resource caregivers received notices of review hearings regarding children in their care and how that notice was provided. Over 900 resource caregivers are queried statewide. In 2013, 25% of resource caregivers participated in the survey, in 2015, 29% participated, and in 2016, 33% participated. The survey shows that a high number of resource caregivers are given verbal notice by the worker or the GAL, or are receiving written notice. The survey further showed that of the 247 resource caregivers who responded to a question regarding court hearing notification in the 2016 survey, 73.7% received notice.

How were you notified or invited to attend the 6-month review court hearings? (Please check all that apply):

| -- | 2013 | 2014-2015 | 2016 |
|------------------------------------|------------|-------------|------------|
| Number of families surveyed | 970 | 971 | 1051 |
| Number of respondents | 238 | 284 | 346 |
| By letter | 94 (47.5%) | 120 (50.2%) | 81 (41%) |
| Verbally by the worker | 99 (50.0%) | 56 (23.4%) | 129 (66%) |
| By the GAL | 67 (33.8%) | 120 (50.2%) | 79 (40%) |
| By the Court at a previous hearing | 43 (21.7%) | 69 (28.9%) | 57 (29%) |
| Not notified | 32 (16.2%) | 47 (19.7%) | 65 (26.3%) |
| <i>answered question</i> | 198 | 239 | 196 |
| <i>skipped question</i> | 40 | 45 | 150 |

Please note: The table above shows a duplicated count of the methods by which notice was provided.

Independent of PIDF's annual resource caregiver survey, resource caregivers were surveyed again in December 2016 to gain more insight into this issue. In this smaller and targeted survey, 115 caregivers responded, and 68% of applicable respondents indicated that they had received notice of a court hearing in the past year. Of those that received notice, 45% received the required written notice.

This targeted survey also asked resource caregivers if they were aware that they had a right to be heard at family court hearings involving children in their care, and also if they were given the opportunity to be heard, if applicable. Of the December 2016 survey respondents, 63% were aware of their right to be heard at court. Of those who attended court hearings, 68% stated that they were given the opportunity to be heard.

Consistent with applicable Hawaii laws and court rules, CWSB Procedures Manual, Part III, Sections 4.8.3., and 4.10.3.H. require that resource caregivers be given notice of court hearings. Notices of hearings and reviews to resource caregivers are sent by the assigned Child Welfare Services unit by letter, and a hard copy of the notice is kept in the case file. A log of contact is entered by the caseworker indicating that the notice was given. Although these methods support the notice of hearings to resource caregivers, data for such activities is just starting to be collected. Beginning in November 2016, the HCWCQI is checking case files for copies of the notices to caregivers and asking caregivers, during case review interviews, if they recall receiving written notice of hearings; the results of these inquiries will be included in future case review reports.

In addition to these efforts, CWSB is collaborating with the Department of the Attorney General to ensure that proper notice of court hearings is being given to resource caregivers. Starting in

early 2017, CWSB will require all caseworkers to submit documentation to court of caregiver hearing notices, and judges will add a finding to the court order regarding whether or not formal notice of the hearing was properly provided to the resource caregiver.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

Hawaii assesses its Quality Assurance System as a strength. The Department of Human Services Child Welfare Services' quality assurance (QA) and continuous quality improvement (CQI) system meets the five requirements in the following ways:

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

A. Overview of Foundational Administrative Structure

Hawaii's QA and CQI system is centrally administered and operating in all jurisdictions of Hawaii. In 2015, Hawaii made vast improvements in the foundational structure and administrative oversight of its CQI system by expanding its contract with the University of Hawaii, Maui College (UHMC), which had previously been administering the State's child welfare case reviews. Understanding the importance of standardizing and operationalizing its QA and CQI efforts and activities, CWSB newly contracts with the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project from UHMC to conduct targeted reviews of CWSB's procedures and services, as well as regularly reviewing child welfare contracts.

B. QA Processes

Adherence to the standards set by statute, rule, and procedure is also monitored through quality assurance processes, such as:

- i. 48-Hour Tracker Meetings occur bi-weekly with CWSB administrators and supervisors to facilitate timely responses to active CWSB intakes;
- ii. 5-Day Tracker Meetings occur bi-weekly with VCM providers to facilitate timely responses to active VCM intakes;
- iii. Branch Administrators and Section Administrators Meetings occur monthly, Management Leadership Team Meetings (that include CWSB supervisors, administrators and CQI staff) occur quarterly, Unit Morning Briefings occur daily, and Unit Staff Meetings occur approximately bi-monthly; these allow for communication about case, contract, and targeted review results;
- iv. Court hearings, including periodic reviews and permanency hearings, where judges review all aspects of the service plan to ensure that

- reasonable efforts are being made to resolve issues pertaining to child safety, permanency and well-being;
- v. Data reports are provided to administrators at all levels and supervisors statewide to provide information on application of measured standards; some reports are provided weekly, some monthly, some quarterly, and some annually;
 - vi. Committee on Projections and Expenditures (COPE) meetings occur monthly that include representatives from DHS Fiscal Management Office, Research and Statistics Staff, and Social Services Division Administrators to review funding allocations and expenditures, and aggregate data measures over time, including the number of children entering and exiting foster care and placement types;
 - vii. Administrative review hearings of appealable reports when the confirmed perpetrator requests a hearing;
 - viii. Outcome-Based Management Reports compiled by each Section Administrator monthly and submitted to Branch Administrators;
 - ix. Performance Appraisal System (PAS) for every employee, at least once per year, and Corrective Action Plans for employees with areas in need of improvement;
 - x. Reviews of all contract compliance and service delivery, timed with procurement schedules, and as needed, and Corrective Action Plans for contractors with areas in need of improvement;
 - xi. Case Reviews that are modeled after the CFSR, are conducted in each Section statewide, once per year;
 - xii. Targeted Reviews are conducted as needed on application of practices and procedures; and,
 - xiii. Continuous Quality Improvement Council Meetings (that include DHS and non-DHS statewide members) occur quarterly to review CFSR-related data, including case review findings. CQI Council plays a crucial role in community partnering and cross-agency engagement and has been used as a forum to gain insight into CWSB's strengths and areas in need of improvement.

C. CQI and QA Staff

CWSB has one staff position within Program Development designated to cover CQI/QA duties. In addition, CWSB contracts with the HCWCQI Project from UHMC to conduct case reviews to promote consistency in the quality of practice and adherence to practice standards. The HCWCQI serves all jurisdictions across the State of Hawaii. It also engages in other QA projects as needed and requested by CWSB. The project has grown over the past year and now has nineteen staff of which twelve are assigned to Child Welfare CQI and seven are assigned to the SPAW (Title IV-E Waiver initiative, "Safety, Permanency, and Wellbeing" program). Of the CQI staff, two are managers; two work solely on the CFSR/CQI Case Review process and provide reviewer and DHS new hire training; two are assigned to targeted reviews and data analysis of practice, procedures and systems; two focus on QA work with the Social Services Division's POS unit and CWSB Program Development unit regarding CWSB's contracts and providers; and the three other staff provide data collection, analysis, and administrative support.

D. HCWCQI Additional Activities

In order to strengthen Hawaii's QA/CQI efforts, CWSB enhanced UHMC-HCWCQI Project's contract in SFY 2015. In addition to the work described above, the Project has also been involved in the following activities:

- i. Integrating the new federal CFSR requirements into Hawaii's CFSR system;
- ii. Implementing the new federal requirements;
- iii. Increased CWSB POS contract monitoring;
- iv. Tracking and gathering feedback on the consistent implementation of new CWSB initiatives and forms; and
- v. Enhancing the case review process by adding new areas of inquiry, such as notice to resource caregivers.

2. Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

A. Written Policies

CWSB has written procedures for all program areas from intake to permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Case Review procedures were updated in 2016. Procedures are also written for some QA processes. Case reviews, contract reviews, and targeted reviews processes have been developed or updated in SFY 2016. Also, all standard community service provider contracts include requirements for ongoing QA, mandating that providers commit to using formal measurement tools, specific frequency of QA activities, and follow-up plans.

3. Identifies strengths and needs of the service delivery system

CWSB identifies strengths and needs through conducting administrative reviews, implementation reviews, targeted reviews, contract reviews, case reviews, and ongoing analysis of process and outcome data. These promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals.

A. Administrative Review Processes

Administrative Review Panels and Licensing Review Panels are held as needed when unusual and challenging situations arise on active cases. A team approach is taken to promote learning, consistent application of policies and procedures, clinical assessment, and good practice. These panels involve formal processes: requesting a panel be convened, providing relevant documents in advance to all panel members, and submitting a results report to capture agreements and decisions.

B. Implementation Reviews

Regular workgroup meetings for new programs, services and initiatives, that include design members, occur to ensure fidelity to models and contracts. In SFY 2016, these meetings occurred for programs such as SPAW, Wrap, CRT, IHBS, Maili Receiving Home, and Project First Care. This provides an opportunity for unexpected problems to be resolved quickly.

C. Targeted Reviews

The purpose of a targeted review is to gather data to address a specific need, issue or problem. The cycle of a targeted review begins with identifying a need, issue, or problem and defining the current situation. The cycle continues with assessing and analyzing the problem using various methods of data gathering to identify the root causes of the problem. In SFY 2016, the HCWCQI Project led several targeted reviews, including ones on placement stability in foster care and rates of re-entry into foster care.

D. Contract Reviews

Contract reviews are conducted on a regular basis throughout the year to gather information on:

- i. Provider conformance with contract requirements;
- ii. Successful approaches currently used by agencies to effectively engage and deliver services to families;
- iii. Challenges and barriers that impact effective engagement and service delivery to families;
- iv. Achievement of desired outcomes for families; and
- v. How to improve contract requirements and service delivery processes to families.

The cycle of a contract review begins with the Department identifying the service area or contract to be reviewed, the review team, the purpose of the review, any areas of concern, and a timeline with dates and geographic locations. Although the Department may initiate a contract review, a calendar has been created to ensure that all contracts statewide are regularly monitored with this process. The review team is led by the HCWCQI staff. Preparation for the review includes reading the contract, reviewing expenditure reports, creating a review instrument, and establishing an interview schedule. A case/client selection methodology is chosen and the contract provider is notified of the cases selected and the review schedule. Once the review is completed, an exit conference is held with the provider's agency. A Summary of Findings Report is sent to the Provider within 10 working days. The HCWCQI staff then develops a final report, in consultation with the review team.

Representatives from Purchase of Service and Program Development are part of the review team, whenever possible. Section administrators and supervisors from the respective geographic areas attend contract site reviews, whenever possible, as they are able to inform the review team about current practices.

E. Case Reviews

The case review process was developed in collaboration with the National Resource Center for Organizational Improvement in 2005 and is modeled after the federal CFSR, utilizing the same review instrument and sampling methodology.

The HCWCQI staff attends DHS trainings related to procedure and practice as well as other pertinent trainings and conferences that are offered to DHS staff, to stay abreast of changes to child welfare procedures and practice. The CQI staff also participates in CWSB workgroups, which facilitates sharing of information gathered in the CQI reviews. In addition, in SFY 2014 staff from both the HCWCQI and CWSB participated in JBS International's CQI Training Academy. Also, in 2016, new HCWCQI Project staff began

participating in the CQI Training Academy. The HCWCQI participate in webinar trainings and other related trainings offered in the community.

i. What is Reviewed and How Often

Onsite case reviews are conducted once every fiscal year in seven Child Welfare Services sections across the state; these Sections cover all jurisdictions in Hawaii. ROSES Systems Solutions, LLC, a consultant to DHS Support Services Office, produces a random sample of cases corresponding to the identified sampling period. Cases from Child Welfare Services and Voluntary Case Management programs are represented. In preparation for the CFSR Round 3, updates were made to Hawaii case sampling process in late 2016. A total random sample of 99 cases is selected, following criteria documented in Hawaii case review procedures.

ii. Review Teams

For each CWSB section review, six or eight review teams are recruited; each review team consists of two reviewers. A balance of Child Welfare Services Branch staff and Child Welfare community partners are utilized as reviewers. In addition to strengthening the CQI review process, using community reviewers helps create awareness among community partners who serve CWSB families and children/youth. Reviewers attend a one-day training to prepare for the onsite review. Review trainings incorporate CWSB Practice Model values. The HCWCQI staff provides leadership, QA, and support to all the review teams, throughout the case review process.

iii. Case Preparation and Selection

Approximately six weeks before the on-site review, the HCWCQI staff begins preparing cases to ensure that all the information and workers needed for the review are available during the review. In 2016, the case selection methodology was updated, in consultation with the Children's Bureau. While onsite, cases are rated based on activities that occurred during the identified period under review. The identified time period coincides with the corresponding AFCARS submission period.

iv. Collecting Quality Data and Sharing/Documenting Findings

In SFY 2016, Hawaii began using the Online Monitoring System (OMS). The onsite case reviews include interviews with key participants. Interviews with workers, supervisors, parents, resource caregivers, children, service providers, GALs, and other key case participants are an integral part of the review process. Review findings incorporate the feedback of these participants in addition to the information documented in the case file. The HCWCQI staff provides on-site coordination and assistance. They also review and approve all case review instruments to ensure accuracy and

completeness. Each review team debriefs the cases they reviewed to assure consistency in ratings. Reviewers are asked to note effective case practices as well as concerns, as they review the cases. More effort and attention is being placed on capturing strategies used in cases that lead to strength ratings. Information gathered is shared with the Section under review as well as with other Sections.

A general overview of preliminary results is offered to the Section Administrator on the last day of the review, as time allows.

F. Ongoing Analysis of Process and Outcome Data

As discussed above in *1.B. QA Processes*, there are numerous meetings and forums where data trends are discussed, and where the teams develop plans to address emerging needs and build on agency and community strengths to adapt to the changing child welfare landscape. A couple of examples are provided below.

During COPE meetings, in SFYs 2015 and 2016, when Division staff noticed an increase of children in foster care, Research and Statistics staff analyzed the data to help the team better understand the rise. They found that the rise was largely due to an increase in newborns entering care in East Hawaii and on Maui Island whose parents were using substances. This fueled Hawaii to hone substance abuse services and early intervention services in those regions.

During the HCWCQI POS contract reviews, reviewers noticed some challenges and inconsistencies with providers offering interpreter services to all families. Once this was detected, Division and Branch staff re-disseminated Limited English Proficiency (LEP) resources, information, and policies to the contracted providers. CWSB is also collaborating with community partners to bring interpreter training to service provider staff.

4. Provides relevant reports

The Hawaii DHS is open with its data. On DHS' website, CWSB posts several data-rich reports, including the APSR and CFSP. <http://humanservices.hawaii.gov/ssd/home/child-welfare-services/> In addition to making data publicly accessible in this way, CWSB Administrators disseminate data to stakeholders and community partners at committee and workgroup meetings. As CWSB uses data to inform the decision-makers before policies are written, data is presented at many meetings and conferences. CWSB shares AFCARS, NCANDS, and HCWCQI Case Review data reports with the CQI Council, Court Improvement Project Advisory Committee, and the Citizens' Review Panel, to name a few. Reports to inform QA and CQI processes are developed and distributed for internal and external use. Examples of reports include:

A. Case Review Section Reports and Annual Reports

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

All of the data that is collected from the on-site case reviews is incorporated into a written report of findings for each CWSB Section. This report provides aggregate statewide data, as well as data specific to each Section. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report format includes charts with ratings over a period of time for each Section. This creates perspective, given the small samples, and a visual for identifying trends and growth/decline for each performance item.

B. CPSS Report of Investigations without Dispositions

Because of this tool, supervisors are able to work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort.

C. CPSS Report of Children's Length of Stay in Foster Care

This list helps to guide supervisors in their work with staff to meet ASFA guidelines, move cases more quickly to permanency, and help staff stay on top of all of their cases, so no case is overlooked.

D. CPSS Report of Workers' Caseload

These lists help supervisors maintain balanced workloads. They also guide all individual supervision meetings, where the worker reports progress and challenges with each case.

E. CPSS Data on All Children in Foster Care

DHS' research staff, ROSES Systems Solutions, LLC, a consultant to DHS Support Services Office, and CWS PD staff collaborated to create a user-friendly monthly list of all children in foster care. The data file contains lots of useful information about the children in care. This data is easy to sort. Supervisors and administrators are able to manipulate the file to gather data to manage practice within their units and sections. Examples of use include monitoring referrals to appropriate services, ensuring timely case closure, and targeting community outreach.

5. Evaluates implemented program improvement measures

DHS evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, review of administrative data, and contract and targeted review processes. Regular workgroup meetings, as mentioned above, utilize data reports to assess performance and progress, and make modifications to initiatives, as the data suggests.

Based on case review findings and other available information, Section Administrators, with technical assistance from the HCWCQI staff, develop action plans to address key areas needing improvement. These action plans are developed 45 – 60 days after the Section's case review ends. The creation of the section-specific action plans begins at the results conferences, post-case review. (Time allowing, on the last day of a case review, HCWCQI staff meet with the Section Administrator and Section Supervisors for a debrief from the case reviews. Within 30

days of the last day of the case review, a fuller results conference is held with all of the Section's staff, CWCQI review team, and Branch Administrators.) These action plans and progress are overseen by the Section Administrators. In SFY 2016, progress on action plans did not have regular oversight of Branch Administrators; however, to rectify this situation, beginning December 2016, at monthly Branch meetings, attended by Branch and Section Administrators, case review findings and action plan development and progress are discussed. This new system allows not only for greater, systematic Branch-level oversight of the section action plans, but also creates a peer-learning environment among Section Administrators who share similar challenges.

In SFY 2016, 100% of Sections had action plans developed following their case reviews. Due to the timing of their reviews, the Sections are at different stages of progress with their action plans. As an example, Maui Section identified two strategies to improve their timely achievement of permanency for children in foster care: 1) review the federal laws and timeframes for reunification, guardianship and adoption in weekly Section Morning Briefings with all staff, and 2) in case management and monthly supervision, develop and utilize a chart to monitor progress towards permanency for foster children. These strategies have been implemented. To assure progress, the Section Administrator facilitates discussions at weekly all-staff Section Morning Briefings and in supervisor conferences. This Section Administrator is also able to review Outcome Reports that drill down to Section-level performance to monitor progress on the achievement of timely permanency. Another example is East Hawaii's efforts to improve the frequency of worker contact with parents. East Hawaii Section has implemented a strategy for supervisors to track monthly worker visits with parents, using unit calendars to ensure that they are visited on a monthly basis. Progress, including barriers, is discussed and addressed in supervisor conferences. The Section Administrator has assured implementation and facilitates discussions as needed at monthly all-staff meetings.

In the recent past, through CQI efforts, Kauai found out that their percentage of children in foster care placed with relatives was significantly below the State average. The Kauai Section administrator and supervisors discussed the issue with their staff and came up with numerous strategies to increase their relative placement numbers. In less than three years, the percentage of foster children on Kauai's placed with relatives rose from 23% to 66%.

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

Based on the results of a targeted review on the placement stability of children in foster care in SFY 2016, several sections were successfully able to clean up data regarding the coding of foster placements. More significantly, the results of the review gave CWSB staff insight into which types of children are experiencing multiple placements, allowing CWSB to hone efforts to increase stability, with focus on placement matching and support to resource caregivers. The results showed that some young children who were initially placed with relatives ended up moving to a non-relative placement, because of behavior issues. This finding helped Hawaii provide the necessary training, information, and support to relative resource caregivers to stabilize placements. Although there is some positive anecdotal evidence, these efforts are too

new to have data to indicate if new placement stability efforts have been systematically successful.

Feedback Results – Guiding Collaborative and Administrative Efforts

DHS administrators, who have the authority to make decisions about changes in policy and practice, regularly attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other State agencies. CWSB ensures that the data and information gathered reaches people with the ability to create true change, and that those people take appropriate action. Hawaii CWSB understands that this is essential to quality assurance.

CWSB is a dynamic, not a stagnant, system, where the only constant is change. The feedback and adjustment loop is perpetual.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response

Hawaii has assessed its new hire training system to be a strength.

CWSB New Hire Training is mandatory statewide for all newly employed CWSB staff and contracted community-based Differential Response System (DRS) staff, and is optional for all current CWSB staff. For this item, DRS staff refers to Voluntary Case Management (VCM). In addition, staff refers to those who have case management responsibilities, including supervisors. Hawaii CWSB expects all new employees to be trained through New Hire Training within six months of their hire date. During SFY 2016, trainings were held in July 2015, October 2015, January 2016, and April 2016.

Along with a team of community experts, Staff Development (SD) provides New Hire Training on a quarterly basis. New Hire Training teaches the basic skills and necessary information for staff to do their jobs and achieve CWSB goals and objectives. The New Hire Training covers six broad categories necessary for the administration of the child welfare program: referrals to services, ongoing assessments, preparation for and participation in judicial determinations, placement of the child, development of case plans, and case management. Within each of these categories, topics of trainings include: intake; assessing and managing safety and risk; working with families experiencing domestic violence; motivational interviewing; assessing and addressing the children's mental health; permanency; family law; CFSR overview and CQI in Hawaii; and, parent-child and sibling Ohana Time (visitation).

The following data was collected about the participation of staff (caseworkers and supervisors) in New Hire Training.

- In SFY 2016, there were 17 new hires, or staff who were promoted, to case management positions. Of the 17 caseworkers who should have received New Hire Training, 14 (82%) completed New Hire Training, pursuant to the established curriculum

and time frames. All three staff who did not complete New Hire Training were caseworkers who had been internally promoted from support staff positions. Upon further inquiry, it was discovered that their supervisors were unaware of the need to send promoted staff to New Hire Training. All supervisors have been made aware of this requirement for future promotions.

- In SFY 2016, there were 17 new hires for VCM. Of the 17 new hires, 10 (59%) completed New Hire Training pursuant to the established curriculum and time frames. There were various reasons for this, all of which have since been addressed: 1) Due to insufficient CWSB training capacity, CWSB staff were prioritized for training and VCM staff were not invited to attend New Hire Training prior to October 2015, which delayed staff in being trained in a timely manner. This has been resolved, as now all VCM staff are being invited to attend New Hire Training. 2) For neighbor island VCM staff, funding to fly staff to Oahu for the training was also a barrier. DHS Program and Purchase of Service staff is currently working with the neighbor island VCM supervisors to resolve this issue. 3) The provider held back staff from training due to a lack of coverage for the unit. New Hire Training being mandatory has been reinforced to all VCM supervisors statewide. Those who did not attend the training in SFY 2016 are already scheduled to attend New Hire Training to begin January 2017.
- In total, of the 34 newly hired or promoted employees, 24 (71%) attended New Hire Training in accordance with CWSB policy.

It is the responsibility of Section Administrators to ensure new staff complete required training. In order to further improve Hawaii's tracking of training data and information, in collaboration with UH Maui College's HCWCQI and SHAKA, a new database has recently been developed to electronically store training records for new hire training, mandatory trainings, and optional trainings. Data is recorded for all CWSB staff and VCM caseworkers and supervisors. Since the database stores a comprehensive list of active CWSB employees, including staff's assigned program area, there are mechanisms to identify attendance and non-attendance at mandatory trainings, compliance with the annual training requirement, and training completion at both an aggregate and individual level. Reports for each of these categories are accessible in real-time.

All staff are able to access their own records. Supervisors and administrators are able to access their employees' records. The database has been tested, and was implemented on November 30, 2016. Some features of the system continue to be refined.

For many years, Staff Development has gathered feedback from training participants through the use of evaluations. This information has allowed trainers to modify the training sessions as necessary.

In January 2016, at the request of DHS, HCWCQI implemented a quality assurance (QA) process to assess whether New Hire Training is providing staff with the basic skills and knowledge required for their positions. Data from this QA process is provided to Staff Development on an ongoing basis, so continuous improvements and changes can be made.

During SFY 2016, the July, October, January, and April cohorts who completed New Hire Training participated in a moderated debrief session and/or survey to determine how well this

initial training program addressed basic skills and knowledge they needed to carry out their duties. Participants' rating of key items are summarized below.

- **My learning was enhanced by the knowledge of the facilitators.**

Participants rated this item on a scale of 1 (not enhanced) to 5 (very enhanced). The average score was 3.9.

- **I am satisfied with the current New Hire Training curriculum/content.**

Participants rated this item on a scale of 1 (very dissatisfied) to 5 (very satisfied). The average score was 3.29.

- **As a result of completing New Hire Training, I feel my knowledge base of CWS has increased.**

Participants rated this item on a scale of 1 (no increase) to 5 (significantly increased). The average score was 3.9.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

Hawaii has assessed its ongoing staff training system as a strength.

Ongoing Case Management Training

Each year, all CWSB staff and contracted community-based Voluntary Case Management (VCM) staff with case management responsibilities and their supervisors are required to complete 15 hours of training relevant to their job duties. This is accomplished through a combination of mandatory and optional training and conference opportunities offered through a collaborative network of State agencies, and national and community organizations, including DHS, University of Hawaii School of Law, University of Hawaii Maui College, Judiciary, Casey Family Programs, EPIC Ohana Inc., Catholic Charities Hawaii, Partners in Development Foundation, and Family Programs Hawaii.

CWSB staff trainings are coordinated through the Social Services Division (SSD) Staff Development (SD) office. Staff Development announces numerous training opportunities by email to CWSB units statewide. Most events allocate a set number of seats per agency or organization, and all require attendees to register and check in to receive credit for attendance.

In SFY 2016, mandatory trainings included: *Permanency Values* (Safety, Permanency, and Wellbeing meetings – SPAW); *Assessing for Strengths and Needs of Children and Youth* (Child/Adolescent Needs and Strengths assessment – CANS); *Minor Human Trafficking*; *LGBTQ Awareness*; *Reasonable and Prudent Parenting, and Normalcy*; and, *Family Engagement* (Family Wrap Hawaii, Homebuilders). Non-mandatory trainings offered during

SFY 2016 included: *Understanding Trauma & Assessing Progress in Child Welfare; Interfacing with the Deaf Population; Youth Engagement; and, Family Engagement through Hawaiian Cultural Practices* (Hoololi Transformation). In addition, many CWSB staff attended the annual *Institute for Violence and Trauma* conference in March 2016 that covered a variety of topics relevant to child welfare, including intimate partner violence, adult/family trauma, and trauma in military personnel, veterans, and their families. Staff also attended the *Child Welfare Law Update* in August 2015, which featured a presentation by Dr. Ira Chasnoff on *Prenatal Alcohol Exposure and the Vulnerable Child*, as well as a panel of former foster youth discussing the new Prudent Parenting and Normalcy law.

At the end of November 2016, CWSB surveyed CWSB and VCM case managers and supervisors statewide. There was a 71% response rate, 101 staff (80 CWSB and 21 VCM) responded out of a possible total of 143 staff (111 CWSB and 32 VCM). Of those who responded and attended in-service trainings, 91% replied that “the ongoing trainings address skills and knowledge that they need to carry out their CWS/VCM duties” “very well” or “somewhat well.”

CWSB Section Administrators are responsible for ensuring that CWSB staff meet the annual training requirements and receive trainings specific to their individual needs. To assist Section Administrators with tracking staff training attendance and related information, a database was developed in collaboration with UH Maui College’s Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI) and the State of Hawaii Automated Keiki Assistance system (SHAKA) to electronically store training records for new hire training, mandatory trainings, and optional trainings. Data is recorded for all CWSB staff and VCM caseworkers and supervisors. The database stores a comprehensive list of active CWSB employees and their assigned program area, and there are mechanisms in place to identify attendance and non-attendance at mandatory trainings, compliance with the annual training requirement, and training completion at an aggregate and individual level. Reports for each of these categories are accessible in real-time. Supervisors and administrators have access to their employees’ records, and staff can access their own records. The database has been tested and was implemented on November 30, 2016. Some features of the system continue to be refined.

Statewide data for caseworkers and supervisors, employed for the duration of SFY 2016, show that in SFY 2016:

- 111 CWSB staff had case management responsibilities. Of the 111 staff, 104 (94%) met the annual hours requirement and time frame for ongoing training.
- 32 Voluntary Case Management (VCM) staff had case management responsibilities. Of the 32 staff, 31 (97%) met the annual hours requirement and time frame for ongoing training.
- A total of 143 CWSB and VCM staff had case management responsibilities, and 135 (94%) met the annual hours requirement and time frame for ongoing training.

Ongoing Supervisory Training

CWSB supervisors and administrators participate in quarterly Management Leadership Team (MLT) Meetings. MLT meetings provide a venue for sharing information, including case review findings, data trends, available services, upcoming initiative details, and current research of

CWS best practice. Leadership uses this opportunity to collaborate on measures to accomplish Child Welfare priorities and goals. Supervisors also participate in Supervisor Quarterly Convenings, where trainings are identified and delivered specific to the unique CWS supervisor role. During SFY 2016, there were four MLT meetings and four Supervisor Quarterly Convenings.

In SFY 2015, a workgroup of CWSB line staff, supervisors, and administrators met with community partners to address issues of CWSB organizational empowerment. The workgroup prioritized supervisor training as a crucial need. CWSB supervisor training was then developed over several months through the HCWCQI contract with University of Hawaii Maui College. The contracted instructor researched national models of training and integrated concepts that would meet Hawaii’s needs into the new supervisor training, including the National Child Welfare Workforce Institute’s Leadership for Supervisors (LAS). Supervisors were also queried through individual or group interviews, surveys, and large group meetings. The training was rolled out in SFY 2016. Nine training modules were offered to CWSB Supervisors, Section Administrators, and Branch Administrators during SFY 2016, as described below:

| | | |
|----------|--|-------------------------|
| Module 1 | Strength-Based Supervision: the Big Picture | September 2015 |
| Module 2 | The Challenge of Change: “Super Worker” to Supervisor | October 2015 |
| Module 3 | Best Practice Approaches | November 2015 |
| Module 4 | Courageous Conversations | December 2015 |
| Module 5 | Coaching Through the Best Practice Approaches | January & February 2016 |
| Module 6 | Coaching and Diversity | March 2016 |
| Module 7 | Using CQI Data and the Performance Evaluation for Improvement | April 2016 |
| Module 8 | Leadership & Self-Care (for Administration, Program, and CQI/evaluation) | May 2016 |
| Module 9 | Transfer of Learning: Conclusion & Wrap-Up | June 2016 |

Each module was a full day of training, approximately 6 hours. These modules covered a variety of topics, including: Strengths Perspective; Functions of Supervision (Administrative, Educational, Supportive, Leadership); Styles of Supervision (Task-Centered and Reflective Supervision); Parallel Process; Adult Learning; Learning Styles (Visual, Auditory, Kinesthetic); Collaborative Communication; Motivational Interviewing; Solution-Focused Approach;

Courageous Conversations; Conflict Resolution Styles; Coaching: CLEAR Model; Cultural Humility and Diversity; Prevention and Preparation: Crisis and Emergencies; Using CQI Data for Improvements; Using PAS for Staff Growth and/or Problems; Leadership and Self-Care; and Transfer of Learning.

Supervisors have the same training requirement as other staff, 15 hours per year. Thirty-four supervisors were employed in the period that the training was offered (September 2015 through June 2016). All supervisors (100%) completed five or more modules. In other words, each supervisor completed a minimum of 30 supervisory training hours, which exceeded the training requirement. Nine out of thirty-four supervisors completed the full training course, equaling 54 training hours. CWSB supervisors and administrators were unable to attend all sessions due to schedule conflicts, such as the need to attend a court hearing or handle crises. Supervisors who missed a module(s) will participate when the module is offered again in 2017.

Feedback from supervisory training participants was gathered at the conclusion of the training and will be used in the development and delivery of the next supervisor training in 2017. The supervisors completed a written survey after each of the nine modules to determine to what extent the training met the stated objectives. These objectives were identified with their feedback during the design phase of the training. The supervisors' rating of the objectives are summarized below.

- **Recognize components of transfer of learning**
The supervisors rated this item on a scale of 1 (Needs Improvement) to 5 (Excellent).
The average score was 3.85.
- **Consider strategies for strengthening application of training for new-hire training**
The supervisors rated this item on a scale of 1 (Needs Improvement) to 5 (Excellent).
The average score was 3.70.
- **Practice coaching**
The supervisors rated this item on a scale of 1 (Needs Improvement) to 5 (Excellent).
The average score was 3.89.

The method used to track Supervisor training is the same as that used to track staff training: the Staff Development Office maintains a comprehensive record of CWSB staff attendance at all trainings; and the Section Administrators are responsible for ensuring that all staff complete the training as required.

Item 28: Resource Caregiver and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide 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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Hawaii identifies the caregiver training system as a strength.

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

1. Pre-Service Training for Resource Caregivers

H.A.N.A.I. Training.

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

The H.A.N.A.I. curriculum was developed through the collaborative effort of CWSB staff, stakeholders, providers, cultural consultants, and University of Hawaii partners. In August 2009, H.A.N.A.I. training replaced the PRIDE training program, and since then, trainings have become more accessible and curriculum is more consistent across all sites. The collaboration seeks to

increase cultural sensitivity awareness in the curriculum to provide appropriate and relevant training to Hawaii's multi-ethnic community.

H.A.N.A.I. training is composed of six training sessions (total of 15 hours) consisting of: 1) three face-to-face classroom sessions (each session is three hours long) with a Trainer and Co-Trainer; and 2) three self-directed learning sessions on DVDs (total of six hours) to be completed at home.

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

- Understanding the DHS
- The Role of a Resource Family
- Medical and Dental Needs
- Impact of Child Abuse and Neglect
- Human Development
- Separation, Loss, and Grief
- Attachment and Bonding
- Appropriate Discipline and Positive Caregiving Strategies
- Working with Birth Families
- Family Interaction and Contact – Visitation
- Personal and Cultural Identity Development
- Reunification and Permanency; and
- Transition (includes independent living information, resources, and providers)

A comparison of the number of families who started the training and the number that completed the program shows that the completion rate varied by provider. PIDF had an 86% completion rate, 166 families out of an initial 193 families completed the training. CCH had a completion rate of 52%, 215 families out of an initial 413 families completed the training.

Participants complete evaluation forms after each H.A.N.A.I. training session and an additional survey at the very end, to provide feedback on the entire H.A.N.A.I. training. These surveys permit participants to review the training site, training methods, trainers' approach, and effectiveness in teaching the material. Results are compiled and reviewed annually with PIDF

and CCH staff. The results for all presentations were overwhelmingly positive as shown in the table below:

OVERALL SATISFACTION RATING FOR H.A.N.A.I. (Statewide)

| | Excellent | Good | OK | Poor | Very Poor | Blank | TOTAL |
|------|------------------|-------------|-----------|-------------|------------------|--------------|--------------|
| PIDF | 200 (76%) | 52 (20%) | 3 (1%) | 0 | 0 | 7 (3%) | 262 |
| CCH | 269 (74%) | 82 (23%) | 3 (0.8%) | 1 (0.2%) | 0 | 8 (2%) | 363 |

*Note: Each individual Hui H.A.N.A.I. participant submits an evaluation.

Independent of these evaluations, CWSB electronically surveyed resource caregivers by email (addresses provided by PIDF) and active on-call shelter (licensed facility) staff in December 2016 regarding their initial training. Approximately 25% of those emailed responded, or 117 individuals. 96% of respondents said that the initial training they received addressed the skills and knowledge needed to care for children in foster care “very well” or “somewhat well.”

2. Ongoing Training for Resource Caregivers

Effective January 1, 2013, DHS initiated a mandatory annual training requirement for all licensed resource families. After the initial licensing year (post-H.A.N.A.I. training), a minimum of six training hours per family is required annually or 12 hours over a two-year licensing period. Ongoing training covers an array of topics and is primarily targeted at CWSB resource and permanency families, but CWSB staff, Judiciary, and other service providers, such as on-call shelter (licensed facility) staff and other partners, can also attend. The Partners in Development Foundation-Hui Hoomalu Program (a collaboration of PIDF, FPH, and CCH) partners with local and statewide collaborations, such as the Foster Care Training Committees (FCTCs) on each island, to provide the majority of ongoing training for resource families.

Attendance for Ongoing Trainings:

| -- | Resource Caregivers | Adoptive Parents | Legal Guardians |
|---------------------|----------------------------|-------------------------|------------------------|
| Oahu | 43 | 13 | 1 |
| Kona | 5 | 0 | 0 |
| Hilo | 10 | 2 | 1 |
| Maui | 5 | 1 | 2 |
| Kauai | 6 | 0 | 0 |
| Molokai/Lanai | 7 | 1 | 0 |
| Totals Qtr 1 | 76 | 17 | 4 |

Section IV: Assessment of Systemic Factors

| | Resource Caregivers | Adoptive Parents | Legal Guardians |
|---------------------|---------------------|------------------|-----------------|
| Oahu | 29 | 6 | 0 |
| Kona | 2 | 0 | 0 |
| Hilo | 1 | 0 | 0 |
| Maui | 4 | 1 | 1 |
| Kauai | 2 | 0 | 0 |
| Molokai/Lanai | 0 | 0 | 0 |
| Totals Qtr 2 | 38 | 7 | 1 |

| | Resource Caregivers | Adoptive Parents | Legal Guardians |
|---------------------|---------------------|------------------|-----------------|
| Oahu | 14 | 2 | 0 |
| Kona | 0 | 0 | 0 |
| Hilo | 12 | 3 | 1 |
| Maui | 0 | 0 | 0 |
| Kauai | 10 | 1 | 0 |
| Molokai/Lanai | 6 | 0 | 0 |
| Totals Qtr 3 | 42 | 6 | 1 |

| | Resource Caregivers | Adoptive Parents | Legal Guardians |
|---------------------|---------------------|------------------|-----------------|
| Oahu | 86 | 6 | 1 |
| Kona | 27 | 1 | 0 |
| Hilo | 30 | 1 | 1 |
| Maui | 26 | 2 | 1 |
| Kauai | 28 | 2 | 1 |
| Molokai/Lanai | 1 | 0 | 0 |
| Totals Qtr 4 | 198 | 12 | 4 |

In SFY 2016, a total of 406 unduplicated families received training, compared to 424 families in SFY 2015, a decrease of 4%.

To ensure that resource caregivers complete the required ongoing training hours, licensing workers maintain a training log in each resource caregiver's file. Licensing workers update logs with each training and review logs during regular three-month checks. If there are outstanding training requirements, the licensing worker reminds the resource caregiver and explains how to fulfill requirements. In addition, resource caregivers receive notice of outstanding training requirements in recertification letters approximately two months before the resource home's license is set to expire. A home may not be recertified if resource caregivers do not meet requirements. Attached to the letter is the mandatory training packet that shows various trainings and credit hours, along with the telephone number to the Warm Line where resource

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

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

Following are descriptions of ongoing training opportunities:

Hui Hoomalu Training Highlights

In SFY 2016, Hui Hoomalu helped to plan and implement numerous resource family trainings, including: *Bridging the Gap*, presented by Denise Goodman, Ph.D., ACSW, LISW, on the benefits of building and maintaining relationships with birth families; and *Addiction in Foster Care*, presented by Bernie Strand, MSW, LCSW, CSAC, and the Bobby Benson Center, which addressed addiction as a disorder through a medical standpoint and offered practical solutions for interacting with those suffering from addiction.

Quarterly Trainings

In SFY 2016, three quarterly trainings were provided in six locations statewide (East Oahu, West Oahu, East Hawaii, West Hawaii, Maui, and Kauai). Families provide input on planning and implementation to maximize participation. Quarterly trainings are held in locations most convenient for resource caregivers, in the evening or on weekends, when caregivers are most often available, and are delivered in a family-friendly atmosphere, providing child care, meals, and other incentives.

SFY 2016, 1st quarter trainings

The Uphill Battle of the Missed Diagnosed, presented by Gigi Davidson, addressed FASD. She shared personal experiences of an adoptive mother of a child with FASD. Attendees also viewed a documentary, *Moment to Moment* by Dr. Ira Chasnoff, about the effects of prenatal exposure to alcohol on children and how to help.

Oahu families were offered a training presented by Scream, Run, and Tell, a non-profit organization that helps parents, teachers, and children break the chains of sex abuse.

SFY 2016, 2nd quarter trainings.

Giving Grief Guidance: Navigating Loss and Trauma, presented by Cynthia Rollo-Carlson, MSW, MA, LCSW, LADC, CT, addressed grief, loss, and trauma. She shared personal experiences of losing her husband and the recent loss of her eldest son. The training focused on: 1) The types of experiences considered as childhood trauma, loss, and how grief and loss are connected to various types of loss; 2) Environmental stressors that may exacerbate childhood trauma; 3) “What parents can do” tools to help foster children process and navigate their own grief; 4) Understanding responses to loss, how behaviors can be adaptive to trauma, and how caregivers can react differently to challenging behaviors; 5) Enhancing family well-being and resilience through grief education and support to foster children; and 6) Techniques to enhance the psychological safety of caregivers, their children, and foster children during transition.

SFY 2016, 4th quarter trainings.

Bullying and Suicide: Implications for Prevention, presented by Dr. Deborah Goebert. This training focused on: 1) different types of bullying; 2) supporting families from the adversities of bullying; 3) resources on bullying; 4) suicide in Hawaii; and 5) suicide prevention.

Molokai and Lanai Annual Trainings

Annual trainings were conducted on Molokai and Lanai in SFY2016. DHS hopes to provide greater access to trainings by providing material online and through other means.

Annual Molokai Training, August 2015.

The Uphill Battle of the Missed Diagnosed, presented by Gigi Davidson, addressed FASD. She shared personal experiences of an adoptive mother of a child with FASD. *The Connection Between Relationships and Behavior*, presented by Karin Watanabe Choi, LCSW, taught families how attachment affects brain development and behavior, how to increase emotional awareness for both the child and caregiver, and practical, creative ways to provide structure and fun. Each training was worth two training credit hours.

Annual Lanai Training, February 2016.

Lanai’s 7th Annual Conference, *Successful Futures: Helping Children, Adolescents, and Young Adults Thrive*, by Dr. Steven Choy, was made possible through Family Programs

Hawaii. It addressed: 1) The effects of trauma on the development of children, adolescents and young adults; 2) Ways to help transition young adults into adulthood; and 3) How to develop an environment that promotes healthy development. In attendance were five families, 10 individual resource caregivers, two service providers, and no children. This training was worth four training credit hours.

Annual Conference for Resource Families

One major annual resource caregiver conference is held each year in five locations statewide, on Kauai (held on April 25, 2016), West Hawaii (held on April 29, 2016), Oahu (held on April 30, 2016), Maui (held on May 4, 2016), and East Hawaii (held on May 5, 2016). It is not economically practicable to provide a conference on Molokai and Lanai because the number of resource caregivers on these islands is very low. However, DHS offers travel stipends to families to attend conferences on neighboring islands. Attendees can earn six training credit hours for this conference.

Learning by Doing: Encouraging emotional and developmental growth through life experiences, presented by Kimo Alameda, Ph.D. and Laurie Jicha, MSW. Through this conference, attendees learned:

- What “normalcy” and “prudent parenting” means and its importance in the lives of children and young people in foster care;
- How to encourage emotional and developmental growth for children and young people in foster care by creating experiences and opportunities for them to participate in extracurricular, enrichment, and social activities;
- How to expand partnerships with other resource caregivers for support and to maintain the health, safety, and well-being of the child or young person in foster care;
- How to develop strategies to empower caregivers and the child or young person in foster care; and,
- Different perspectives on “Normalcy and Prudent Parenting” from a young person, social worker, and resource caregiver(s) during a panel discussion.

DHS and Family Programs Hawaii collaborate on planning for the Annual Conference, which is held in locations that are easily accessible to families and which include child care, meals and other incentives to encourage participation. The conference is free of costs to all resource,

adoptive, guardianship, and kinship families. The conferences were well received with the following in attendance: 231 families; 331 individual resource caregivers; 336 services providers, and 111 children. The table below provides a breakdown by island/CWS section:

Attendance at 9th Annual Conference – SFY 2016

| -- | # of Resource Families | # of individual Resource Caregivers | # of Service Providers | # of Children |
|---------------|------------------------|-------------------------------------|------------------------|---------------|
| Kauai | 41 | 54 | 31 | 10 |
| West Hawaii | 29 | 44 | 26 | 19 |
| East Hawaii | 46 | 60 | 43 | 16 |
| Maui | 31 | 43 | 37 | 9 |
| Molokai/Lanai | 2 | 2 | 5 | 0 |
| Oahu | 82 | 128 | 194 | 57 |

Teen Day

Teen day is held twice a year at Family Court on Oahu. Teen Day is an event where current foster youth, age 14 and older, come to be inspired and to become excited about their future after foster care. They hear foster youth alumni share their stories and learn about resources available to them now and after foster care. Foster youth “talk story” with Family Court Judges and connect with other foster youth. Resource caregivers, guardians, adoptive parents, and service providers of youth attendees are encouraged to attend.

Ohana is Forever

Ohana is Forever is a foster youth-focused conference for current and former foster youth, their resource families, and their supportive adults, including Family Court judges and court staff, Guardians ad Litem (GALs), Court Appointed Special Advocates (CASAs), Department of Human Services staff, and service providers. Attendees gain inspiration and knowledge to better support youth after hearing foster youth and alumni perspectives on various topics and speakers present on issues related to providing foster care services. Foster youth statewide are invited.

Skills for Success

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

Online Trainings

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

In SFY 2016, 69 individuals (65 new and four continuing enrollments) used the Foster Parent College online trainings, completing a total of 297 training hours. While the number of training hours increased by 11% from SFY 2015, the number of participants decreased by 5%.

Foster Parent College Online Training SFY 2016

| -- | # of individuals that used Foster Parent College | # of new individuals that joined Foster Parent College | # of training hours completed |
|-----------|--|--|-------------------------------|
| Quarter 1 | 11 | 11 | 28 |
| Quarter 2 | 14 | 10 | 66 |
| Quarter 3 | 18 | 18 | 65 |
| Quarter 4 | 26 | 26 | 138 |

In SFY 2016, Family Programs Hawaii began offering training opportunities through the Foster Care & Adoptive Community online training site (www.fosterparents.com) for credit hours.

These trainings provide families with written materials on a variety of topics. After reading the material, resource caregivers take a test to obtain training credits. In SFY 2016, three families (five individuals) signed up for eight courses on fosterparents.com.

Lending Library

In SFY 2016, 79 resource/permanency families borrowed 188 DVDs from the lending library equal to 388.25 training hours. This resulted in a 43% increase in training hours from the prior fiscal year.

Resource Caregiver Lending Library SFY 2016

| | # of families that borrowed from the lending library | # of DVDs borrowed | # of training hours completed |
|-----------|--|--------------------|-------------------------------|
| Quarter 1 | 32 | 70 | 147 |
| Quarter 2 | 15 | 41 | 83.5 |
| Quarter 3 | 15 | 43 | 88.5 |
| Quarter 4 | 17 | 34 | 69.25 |

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

Book Club

It Takes An Ohana (ITAO), a non-Hui Hoomalu program of FPH, hosts a book club for interested resource families with books from the DHS-Approved Ongoing Training List. In June 2016, the book club had 42 members. DHS assigns each book a credit amount depending on the number of pages in the book. Resource caregivers receive training credits by attending meetings in person or through video conference (provided by Partners in Development Foundation) if living on neighboring islands, reading the books, and completing the DHS Training Verification Form. Meetings are scheduled when funding is available, ITAO recently applied for a grant to conduct book club activities and is awaiting a response. Nine of eleven registrants attended the most recent meeting. All nine participants turned in the Training Verification Form. ITAO plans to continue using in-person meetings for future book club discussions.

Zero to Three Court workshops

Each month, on the day of Oahu's Zero to Three Court hearings, workshops are held at Family Court for resource caregivers and biological families of children receiving Zero to Three Court services. The workshops are created through a collaboration among CWSB, Family Court, Hawaii Court Improvement Project (CIP), and the University of Hawaii Law School. Each workshop provides families with education on topics related to providing child care and helps resource caregivers to build and maintain communication with biological parents.

Annual Child Welfare Law Update Conference

This conference is also made possible through the collaborative efforts of CWSB, Family Court, Hawaii Court Improvement Project (CIP), and the University of Hawaii Law School. The conference permits caregivers to learn alongside legal professionals about recent case law, statutory changes, agency updates, and new agency and program initiatives.

3. Resource Family Evaluation of Training Efforts

Ongoing Training Evaluation

Family Programs Hawaii surveys families after each training session and compiles the results identifying areas for improvement and future training needs. The results for all presentations were overwhelmingly “Excellent” to “Good”.

The evaluation for the Annual Conference and Quarterly Trainings are presented below.

OVERALL SATISFACTION RATING FOR THE ANNUAL CONFERENCE & QUARTERLY TRAININGS (Statewide)

| -- | Excellent | Very Good | Average | Below Average | Didn't Meet Need | Skipped | TOTAL |
|--|--------------|--------------|------------|---------------|------------------|-------------|-------|
| The Uphill Battle of the Missed Diagnosed | 23 (40%) | 21 (37%) | 4 (7%) | 0 | 0 | 9 (16%) | 57 |
| Giving Grief Guidance: Navigating Loss and Trauma | 35 (56%) | 23 (37%) | 4 (6%) | 0 | 0 | 0 | 62 |
| Bullying and Suicide: Implications for Prevention | 32 (73%) | 12 (27%) | 0 | 0 | 0 | 0 | 44 |
| 9 th Annual Conference: Learning by Doing | 274 (62%) | 151 (34%) | 13 (3%) | 0 | 0 | 3 (0.7%) | 441 |

In addition to the evaluations, in December 2016, CWSB electronically surveyed resource caregivers and on-call shelter staff (described earlier in this section). 96% of respondents said that the initial training they received addressed the skills and knowledge needed to care for children in foster care “very well” or “somewhat well.”

Annual Resource Family Survey

Partners in Development Foundation is responsible for administering the annual Resource Family Survey sent to all licensed families statewide. The results of this survey are compiled and shared in a formal report to DHS and in a meeting with partner agencies, Catholic Charities Hawaii (CCH) and FPH. Part of the Annual Resource Family Survey asks various questions pertaining to the H.A.N.A.I. pre-service training and ongoing training opportunities, such as:

- How helpful was the Pre-Service/Initial Training?

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

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

4. Ongoing Training for On-Call Shelter (Licensed Facility) Staff

CWSB contracts with several providers for on-call shelter services statewide. In SFY 2016, contracted providers included Central Oahu Youth Services Association (COYSA), Salvation Army, and Hale Kipa. These on-call shelters serve teens only. However, there is a community on-call shelter, Maili Receiving Home, available to younger children and their siblings from the Leeward Coast of Oahu. Each contracted provider's staff is required to complete 12 hours of training annually that promotes an understanding of the clients that CWSB serves and good practices. Providers must have a written staff training plan, approved by DHS, that describes how they meet the requirement. As with all provider contracts, on-call shelter contracts are reviewed periodically by DHS in partnership with UH Maui College, HCWCQI Project, to assess compliance with contract conditions. On-call shelters were reviewed in SFY 2014 and SFY 2016. Results show that most staff exceed the training requirement and receive training relevant to their job duties. Follow-up training is provided depending on need. For example, the SFY 2016 review identified "normalcy and prudent parenting standards" as an area of need, so a team of DHS and HCWCQI staff visited on-call shelters statewide to provide that training and facilitate discussion about implementation.

On-call shelter staff have access to most trainings offered to resource caregivers; however, due to conflicting work schedules, it is difficult for many of them to attend. DHS will be more consistent and timely in notifying providers of training opportunities so providers can better plan

for staff to attend trainings. DHS is also willing to provide on-site training to get more staff to participate.

5. Adoption Training and Preparation

Adoptive parents have access to trainings offered to resource caregivers. Adoptive parents would have received many of the trainings as resource caregivers. In addition, adoptive parents receive support through Family Programs Hawaii's Wendy's Wonderful Kids (WWK) program, which uses a comprehensive training and preparation model for adoption. WWK services focuses on: 1) the child or youth to be adopted; 2) the prospective adoptive families; and 3) the team of service providers who work with the child or youth. Utilizing an evidence-based model for adoption preparation, the Wendy's Wonderful Kids program provides a consistent and supportive navigator for all parties involved in the adoption process.

In SFY 2016, WWK served 27 children and youth, 11 of whom were new to the program. 12 children were in "active status," six children were in "monitoring status," and one child was in "inactive status." Eight children were discharged from the program in 2016: two were adopted, one received guardianship, two were removed from the caseload at the social worker's request, two ran away prior to aging out, and one was on the run for a long period of time before sadly taking his own life.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

Hawaii identifies its service array as a strength. In the 2009 CFSP, this item was also rated as a strength. That review found that Hawaii had an array of services in place to assess and address the needs of children and families. Hawaii was also found to provide and maintain an extensive service array through child welfare agency caseworkers, the use of Purchase of Service (POS) contracts, coordination with other State departments, and partnerships with community-based agencies. Since 2009, CWSB has improved its service offerings significantly. Please see the table below which lists numerous statewide services and enhancements since 2009.

Table 1: Examples of Changes in Hawaii's Service Array since 2009

| Service | Changes since 2009 |
|---|---|
| `Aha -- Community Gatherings | Did not exist in 2009 |
| `Ohana Conferencing -- Family Decision Making | Automatic referrals for all children upon entering foster care |
| `Ohana Time -- Supervised Family Visitation | Visitation was redesigned as Ohana Time, a time for parents and their children to do meaningful, everyday activities together, like homework, preparing/eating meals, bath time, attending dance rehearsals and sports practice, etc. |
| 48-Hour Tracker System (for CWS investigations) | Did not exist in 2009 |

| Service | Changes since 2009 |
|---|--|
| 5-Day Tracker System (for VCM cases) | Did not exist in 2009 |
| Child/Adolescent Needs and Strengths Assessment (CANS) | Did not exist in 2009 |
| Child Care Connection Hawaii - - Child Care Assistance | MOU to reduce wait-time for resource caregiver enrollment |
| Comprehensive Counseling & Support Services (CCSS) | Waitlists reduced |
| Criminal History & Background Check Services | Increased staff training on regulations; Preparations for Rapback program |
| Crisis Response Team (CRT) | Did not exist in 2009 |
| DV Services for Families | Did not exist in 2009, funded by CWSB |
| DV Shelter Services | Did not exist in 2009, funded by CWSB |
| Engaging Families Practices and Guidelines | Guidelines did not exist in 2009 |
| Family Connections Services | Automatic referrals for all children upon entering foster care |
| Family Finding Services | Automatic referrals for all children upon entering foster care |
| Family Wrap Hawaii (Wrap) | Redesigned and expanded |
| Human Trafficking Services | Did not exist in 2009 |
| Identifying & Engaging Fathers Practices and Guidelines | Did not exist in 2009 |
| Imua Kākou (Young Adult Voluntary Foster Care Program) | Did not exist in 2009 |
| Independent Living Program Services for Youth (ILP) | Merged with Imua Kākou; Statewide Collaborator began |
| Intensive Home Based Services (IHBS) | Homebuilders model adopted |

| Service | Changes since 2009 |
|--|---|
| Legal Services for Immigrants Experiencing DV | Did not exist in 2009 |
| Legal Services in DV Shelters | Did not exist in 2009 |
| LGBTQ Efforts | Did not exist in 2009 |
| MedQUEST Health Insurance | Extended coverage to age 26 without re-enrollment for young adults who emancipated from foster care |
| Mental/Behavioral Health Services | Improved collaboration between CWSB and the Department of Health, Child and Adolescent Mental Health Division |
| Notification to Relatives of Children in Foster Care | New system: a contracted community provider finds family members and mails the notifications. Notification letters have increased more than ten-fold. |
| On-Call Shelter Services for Children (ESH) | Movement on Hawaii Island, Maui, and Kauai toward on-call resource homes in place of shelters |
| Parent Education | More in-home services, hands-on opportunities, and culturally-based options for families |
| Permanency Support Services | Standardization; statewide expansion; inclusion of services before permanency is achieved |
| Resource Caregiver Training | Has been updated |
| Safety Permanency and Wellbeing Meetings (SPAW) | Did not exist in 2009 |
| Vocational Assessments | Greater collaboration between CWSB and the Department's Vocational Rehabilitation Program |
| Women, Infants and Children (WIC) | Improved tracking of foster children receiving these benefits; increased use among resource caregivers |

In addition to 17 service improvements, Table 1 demonstrates that there are eight new services, as well as seven new service-related initiatives, since 2009.

The Department's policy and commitment is to ensure that appropriate and effective services are available to families throughout the State. On the frontline, CWS and VCM caseworkers assess family needs and identify appropriate services and supports to reduce risk of harm so children can safely remain in the family home or be reunified with parents when children are placed out of the family home. The strengths and needs of each client is further assessed through the client and provider's collaborative development of the Individualized Program Plan (IPP). The IPP is unique to each client and is a contractual requirement for each service

contracted by CWS. Progress on the IPP is reported to CWS on a regular basis and adjustments are made as necessary.

The Department supports appropriate and effective services statewide through the collaborative efforts among the Department, other State agencies, POS providers, and community. Department representatives receive ongoing feedback regarding services from staff, stakeholders, community members, and provider agencies through meetings, convenings, workgroups, councils, conferences, committees, and caucuses held daily on various CWS-related topics throughout the State. CWS Sections and Program Development (PD) staff also meet regularly (minimally quarterly) with their local State and community partners statewide to identify existing and needed resources to support families and improve service provision and the service array.

Another part of the continual assessment of the efficacy of the service array is data-focused meetings. In an effort to ensure that CWSB staff are making data-informed decisions at all levels, CWSB has made a commitment to include data discussions at all regular CWS meetings: monthly Branch Meetings (with statewide administrators), quarterly Management Leadership Team Meetings (with statewide supervisors and administrators), monthly Brain Trust Meetings (with Branch Administrators and CQI Project Director), and monthly Title IV-E Waiver Demonstration Project Meetings. The Department's Audit, Quality Control, and Research Office (AQCRO) analyzes trends and meets with CWS Branch and Program Development administrators monthly to identify and discuss data issues. All of these data discussions inform the decisions CWSB makes regarding service array adjustments. For example, when CWSB noticed a steady rise in children in foster care statewide, staff examined the data further to evaluate the trend. With data analysis help and support of AQCRO, CWSB discovered that the majority of the rise was due to newborns with substance-using parents in two specific regions of Hawaii (East Hawaii and Maui Island). Armed with this knowledge, CWSB's Program Development (PD) staff set forth to enhance and tailor substance abuse services and early childhood services in those regions.

Additional review of the service array is also provided by the Social Services Division (SSD) POS Unit. The PD and POS staff examines the provision of services by reviewing quarterly provider reports for service delivery numbers and client outcomes for each contract. HCWCQI Project, PD and POS staff also conducts contract reviews, including periodic site visits with agencies to assess contract performance. This process involves input from CWS staff at all levels and the service providers themselves to address individual and systematic issues on an ongoing basis. When appropriate, clients are also interviewed as part of the review. In collaboration with PD and POS staff, the HCWCQI Project created a calendar of contract reviews to ensure that every CWS contract is reviewed at least once every three years, through this formal, comprehensive process.

All of the methods discussed above, summarized here:

- Feedback from staff, stakeholders, community members, and provider agencies at meetings, convenings, workgroups, councils, conferences, committees, caucuses, and hui;
- Collaborative efforts among DHS, other State agencies, and POS providers;

- Meetings among CWS Administrators and local community partners to evaluate the service array;
- Data-focused meetings;
- Reviewing contract reports; and
- Contract reviews, including client interviews

are used to systematically examine the changing needs of Hawaii’s children and families and to adjust resources, as indicated. Examples of those adjustments are provided in Table 1 above.

In SFY 2016, CWS’ CQI Council, representing stakeholders statewide, convened to provide feedback on the strengths and gaps in Hawaii’s service array. The Council assessed that Hawaii provides an array of services and resources that:

1. Assesses the strengths and needs of children and families and determines other service needs;
2. Addresses the needs of families as well as the individual children in order to create a safe home environment;
3. Enables children to remain safely with their parents when reasonable; and
4. Helps children in foster and adoptive placements achieve permanency.

Refer to Table 3, a chart of statewide services for families, which shows how services fall into the four categories above.

Focus groups were conducted to gather feedback on the strengths and gaps in Hawaii’s service array. Service array feedback from the CQI Council and a December 2016 survey of CWS and VCM staff (with 101 respondents) has been discussed and compiled by CWS Administrators, the UH School of Law, and UH Maui College HCWCQI Project. The major trends that were identified are listed in Table 2.

Table 2: Strengths and Gaps/Challenges in Hawaii’s Service Array

| Hawaii CWS Service Array: Strengths | Hawaii CWS Service Array: Gaps/Challenges |
|---|--|
| <ul style="list-style-type: none"> • All primary services are available in all geographic areas of the State • Providers are located in the communities that they serve • Extensive collaboration among providers • Training on new and emerging social service issues is provided statewide to providers • Resources are shared among service providers • Client feedback surveys are overwhelmingly positive • Providers are open to feedback and service modifications • Services are regularly modified to meet | <ul style="list-style-type: none"> • For some services, providers must fly into Molokai and Lanai (Hawaii’s islands with the lowest populations), and therefore the providers are not members of the local community. • Fewer choices of service providers in rural communities • Maintaining adequate funding for services • Obtaining funding for rigorous research to help establish evidence-based, culturally-enriched services for the Native Hawaiian community • Reliable and valid evaluation of outcomes for the services provided • Service accessibility in rural areas, due |

| Hawaii CWS Service Array: Strengths | Hawaii CWS Service Array: Gaps/Challenges |
|--|--|
| <p>the changing needs of the target population</p> <ul style="list-style-type: none"> • Community members are active advisors for service providers • Referrals to services are generally timely • Local community awareness of available services • A great variety of social services available to children and families throughout the State • Respect and collaboration among providers • Strength-based and trauma-informed service provision • Service providers' commitment to the health and safety of their communities • Multidisciplinary approaches to working with families | <p>to factors such as, high gas prices, long distances, and little or no dependable public transportation</p> <ul style="list-style-type: none"> • Maintaining program staffing in rural areas, due to the cost of housing, the uncertainty of ongoing funding, and lack of qualified applicants • Identifying and utilizing appropriate existing community resources (non-contracted by CWS) • Waitlists for some services • Substance abuse programs for youth are limited • Insufficient placement options for youth with serious behavioral or mental health issues • Lack of affordable housing |

DHS is using the information gathered to refine and improve Hawaii's services to families. For example, during the Request for Information (RFI) contract meetings in January and February 2017, Hawaii CWSB is exploring these gaps and challenges with community stakeholders and providers to identify collaborative solutions to address these challenges. In response to the challenge of finding qualified staff for services in rural areas, DHS has revised the mandatory qualifications to allow greater opportunities for relevant experience to replace formal education, so that talented community members are able to fill the vacant positions more easily. At a January 2017 RFI meeting for a Drop-In Center on Kauai, DHS staff invited community providers to submit written feedback and suggestions regarding minimum qualifications for staff and volunteers for consideration to be incorporated into the Request for Proposal (RFP) and contract.

The following are examples of services provided statewide, unless otherwise indicated. Please note that some of the services easily qualify to be listed in several categories, but are listed only once below.

1. Assesses the strengths and needs of children and families and determines other service needs

a. CWS Assessment Tools

Tools are utilized by CWS caseworkers in their initial and ongoing assessments of children in their family homes and in foster care. These tools assist in evaluating the needs and strengths of the family. Some examples are:

- *Child Safety Assessments* are completed at critical junctures for children in their family homes.
- *Safety of Placement Assessments* are completed quarterly for children in foster care.
- *Comprehensive Strength and Risk Assessments* are completed for children in their family homes.
- *Child and Adolescent Needs and Strengths (CANS)* tool is used for SPAW and WRAP cases on Oahu and Hawaii Island.

b. CWS Face-to-Face Visits

CWS caseworkers meet with every child, parent, and resource caregiver on their caseloads regularly. A key component of these meetings is the ongoing assessment of everyone's needs. In addition to the tools mentioned above, Hawaii CWS has a *Monthly Face-to-Face Worker Contact Record* that guides the worker to ensure that safety, permanency, and wellbeing issues are being assessed at every child visit.

c. Psychological Evaluations and Mental Health Assessments

Psychological Evaluations and Mental Health Evaluations/Assessments for children and parents are available statewide from private providers, other State agencies (including Department of Health, Child and Adolescent Mental Health Division), and CWS contracted providers. Mental health screenings are mandatorily completed for foster children within 45 days of entering foster care. When indicated, psychological evaluations are provided to all biological parents in foster care cases statewide, at no cost to the parent.

d. Medical Evaluations

- Pre-placement examinations are medical evaluations that are completed before a child's placement in any foster home.
- EPSDT (Early and Periodic Screening, Diagnosis and Treatment) provides Medicaid-eligible infants, children and youth with quality comprehensive health care through primary prevention, early diagnosis and medically necessary treatment of conditions.

e. Vocational Assessments

These assessments are provided statewide by Department of Human Services, Division of Vocational Rehabilitation to parents who are experiencing barriers to employment due to a physical or cognitive disability.

f. Domestic Violence Family Services Initial Assessment

Domestic Violence contracted providers complete initial assessments before services are provided to the client.

g. Shelter Entry Assessment

On-call Youth Shelter services are provided to youth who need short-term shelter due to unexpected placement disruption or other emergency situations. An initial assessment occurs upon the youth's entry into the shelter to address his/her immediate safety, risk and well-being needs.

h. CWSB Policies, Procedures, and Protocols

CWSB has numerous policies, procedures, and protocols to codify ongoing quality assessments. One example is CWSB's Unidentified Perpetrator Protocol. This protocol was implemented statewide in late 2014. The protocol helps CWSB staff to focus on addressing the harm and behavioral changes, instead of focusing on admission by the alleged perpetrator. The protocol supports staff efforts to gather information, understand the family, complete formal assessment tools, analyze the need for in-home services, determine appropriate services, create safety and service plans, identify measurements for behavioral change, and monitor parents' progress in services.

2. Addresses the needs of families as well as the individual children in order to create a safe home environment

a. Comprehensive Counseling and Support Services

These family-centered, strength-based services focus on addressing risk factors and safety issues for CWS families. Services include: in-home parenting support and education, counseling for parents and children, communication coaching, behavior management assistance, crisis intervention, role modeling, parent life skills building, and group classes.

b. Home Visiting Services

These services are available to serve CWS families with children ages 0-3 in need of individual parenting support and education through home visits. Provider staff includes paraprofessionals, nurses, and clinical specialists, who help families understand early childhood development, assist with obtaining community resources, and promote violence-free family interactions.

c. One Board, One Stone in Every Home

This Native Hawaiian, culturally-based, hands-on parenting education program is available through Keiki o ka 'Aina Family Learning Centers on Hawaii Island, Oahu, Maui, Kauai, and Molokai.

d. Family Advocacy Program (FAP)

FAP is provided by the military to active duty members and their families. It is offered with or without CWSB involvement, which helps for continuity of services after case closure. FAP offers a great range of services to families, including parenting support, substance abuse education, counseling, family advocacy, stress reduction, and violence prevention.

e. Healthy Mothers, Healthy Babies

This community, non-profit agency offers workshops, a care line, and free health care text messages statewide to parents and moms-to-be.

f. Comprehensive Case Management and Disability-related Services

These services are provided through the Department of Health, Developmental Disabilities Division to clients with developmental disabilities who meet criteria. CWSB clients with Fetal Alcohol Spectrum Disorder and Autism diagnoses are often able to receive these support services.

g. Women, Infants, and Children (WIC)

The Department of Health provides WIC services and resources statewide to low-income families and to resource caregivers to help ensure the health and wellbeing of infants and toddlers.

h. Federal Lifeline Assistance

This community service is available through cellular companies statewide. Low-income families can receive one free cellular phone with 350 minutes of phone service and 350 minutes of texting each month. Applicants must have valid photo identification and proof of being a recipient of a low income benefit, such as SNAP benefits, Section 8 housing, Federal Lunch Program, etc.

i. Early Intervention Services

These helpful services address developmental delays in toddlers, through federal IDEA Part C.

j. Language Interpreter Services

For adults or children with LEP, free interpreters and translators are provided statewide for all State services and for all court-related matters.

k. Transportation Assistance

The DHS provides older foster youth and CWS-involved parents with bus passes or taxi vouchers to assist them in getting to necessary services and/or visitations. In addition, resource caregivers can be reimbursed for mileage for transporting foster children to appointments.

l. Substance Abuse Treatment

Day treatment programs are available statewide. Residential programs are only available on some islands. Funding is often available to assist individuals to travel to a neighbor island for residential treatment if needed.

m. Domestic Violence Shelter Services

Shelter services are provided to victims affected by domestic violence and their children. Shelters have a no-turnaway policy; motel vouchers are offered, if the shelter cannot accommodate the family for any reason. All shelters statewide offer enriched programming in the shelters to support healing from domestic

violence, as well as addressing the concrete and immediate needs of the survivors, e.g. clothing, medical attention, or restraining order application.

n. **Salvation Army Relief**

This community non-profit offers disaster relief services; children and youth programs; and services for the aging, homeless, and/or poverty stricken population.

o. **Healthy Youth Programs**

The Department of Human Services, Office of Youth Services provides prevention programs and supportive services statewide for youth who are at risk for truancy, teen pregnancy, delinquency, substance use, dating violence, and gang membership. Services aim to maximize opportunities for youth to become productive, responsible citizens.

3. Enables children to remain safely with their parents when reasonable

a. **In-Home Safety Plans**

When a threat to a child's safety has been identified, the CWSB caseworker develops this plan jointly with the family, to allow the child to remain safely in the family home.

b. **Crisis Response Team (CRT)**

This is a Title IVE Waiver Demonstration Project service. CWSB CRT responds within two hours to reports of abuse and neglect for children who are at risk of being removed from their family homes on Oahu and Hawaii Island. By sending a trained CWS caseworker out to engage the family in the time of crisis, the worker is often able to assess the situation and determine that removal is unnecessary, sometimes by arranging for immediate in-home services.

c. **Intensive Home-Based Services (IHBS)**

This service is part of Hawaii's Title IV-E Waiver Demonstration Project. It offers the Homebuilders model of IHBS to Oahu and Hawaii Island families to help keep children safely in the family home, when they are at high risk for removal.

d. **Women's Way** on Oahu, and **Aloha House** on Maui

These are both residential substance abuse treatment facilities where mothers can live with their young children. These services provide mothers with parenting classes in addition to traditional substance abuse treatment services.

e. **Homeless Shelter**

These shelters are available for families with short-term housing challenges.

f. **Multi-Systemic Therapy (MST)**

The Department of Health, Child and Adolescent Mental Health Division (CAMHD) offers in-home therapists statewide to families with children with

diagnosed mental health challenges. These therapists follow the MST model, working to stabilize the family unit and its behavioral responses.

4. Helps children in foster and adoptive placements achieve permanency

a. `Ohana Conferences

These family meetings are facilitated and structured to ensure the family's voice is fully reflected in the case plan and that parties are working collaboratively toward achieving a common goal. Extended family, friends and community supports attend these conferences. At these meetings, family members determine among themselves who could best care for the child(ren) short-term and long-term, and who can support the parent(s) in the reunification process. Parents often report great satisfaction with the conference process, and understanding more fully what they need to do to have their children returned home to them.

b. Safety, Permanency, and Wellbeing meetings (SPAW)

This intervention, modeled after Casey Family Programs' Permanency Roundtables, is a Title IV-E Waiver Demonstration Project service, available on Oahu and Hawaii Island. SPAW facilitates the development of permanency plans and busts systemic barriers that may have been blocking movement toward permanency. In SFY 2016, a total of 71 SPAW meetings were held on Oahu and Hawaii Island.

c. Resource Caregiver Training

Training is available statewide through contracted provider Partners in Development Foundation (PIDF), e.g. Skills for Success (soft skills training) for foster youth 14 to 18 and their resource caregivers.

d. Department of Health, Child and Adolescent Mental Health Division (CAMHD)

CAMHD is a State agency that provides direct mental health services, therapeutic and residential treatment services, oversight, and care coordination to youth with a qualifying mental health diagnosis. CAMHD provides services to families of the youth to enhance their skill level specific to the child's needs.

e. Independent Living Program Services (ILP)

ILP provides case management, life skills assistance, some financial assistance, and housing support for foster youth over age 14.

f. Opportunity Passport

This Annie E. Casey program is available statewide. Molokai and Lanai applicants must travel to Maui to attend Financial Literacy classes in order to qualify. This program matches savings for foster youth and allows them to learn how to earn, save, and spend money wisely.

g. `Ohana Time

Meaningful family time with foster children and their parents, siblings and family members are coordinated facilitated by DHS staff, contracted providers, and resource caregivers, as arranged by the caseworker. Regular, meaningful visits are key to maintaining connection and a smooth reunification.

h. Project Visitation

This program provides fun, structured group activities in a supervised environment for siblings in foster care who are placed separately.

i. Family Finding

This work begins the moment a child enters foster care and does not end until the child exits care. Hawaii embraces family finding work, not only to help CWSB locate relatives that may be interested in fostering or adopting, but also to aid in the creation and maintenance of lasting family connections and supports.

j. Youth Circles

These youth-centered meetings provide a supportive group process for youth to plan for their transition from foster care into successful adulthood.

k. MedQuest to 26

This medical coverage allows youth exiting foster care to maintain medical insurance to age 26, without having to re-apply.

l. Adoption/Matching Hui

This is an active and resourceful group of social workers from various community agencies and CWSB who meet monthly to match children in need of permanent homes with prospective adoptive homes.

m. Wendy's Wonderful Kids

This project provides adoption services tailored to the individual needs of foster youth in long-term care.

n. Permanency Support Services

These contracted community services are offered to families both before and after adoption and guardianship. The purpose is to solidify the permanent placement and ensure its success.

Table 3: Hawaii's Service Array Organized into the Four Primary CFSR Service Categories

| Service | Service Category: <i>Assess Children & Families and Determine Services</i> | Service Category: <i>Address needs to create a safe home</i> | Service Category: <i>Enable children to remain safely with parents</i> | Service Category: <i>Help children achieve permanency</i> |
|--|---|---|---|--|
| Aha -- Community Gatherings | | X | X | |
| Ohana Conferencing -- Family Decision Making | X | | X | X |
| Ohana Time -- Supervised Family Visitation | X | | | X |
| 48-Hour Tracker System (for CWS investigations) | X | | | |
| 5-Day Tracker System (for VCM cases) | X | | | |
| Adoption Home Studies | | | | X |
| Adoption Incentive Payments | | | | X |
| Child/Adolescent Needs and Strengths Assessment (CANS) | X | | | |
| Child Care Connection Hawaii -- Child Care Assistance | | X | X | |
| Child Safety Assessment Tool | X | | | |
| Child Safety in Placement Tool | X | | X | X |
| Community Development to Strengthen Families | | X | X | |
| Comprehensive Counseling & Support Services (CCSS) | X | X | | |
| Comprehensive Strengths & Risk Rating Tool | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Service Category: <i>Assess Children & Families and Determine Services</i> | Service Category: <i>Address needs to create a safe home</i> | Service Category: <i>Enable children to remain safely with parents</i> | Service Category: <i>Help children achieve permanency</i> |
|--|---|---|---|--|
| Criminal History & Background Check Services | X | X | X | X |
| Crisis Intervention (e.g. assessment and counseling) | X | X | X | |
| Crisis Response Team (CRT) | X | X | X | |
| Differential Response System Services (VCM & FSS) | X | X | X | |
| DV Services for Families | X | X | X | |
| DV Shelter Services | X | X | X | |
| Education and Training Vouchers (ETV) | | | | X |
| Engaging Families Practices and Guidelines | X | X | X | X |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | X | X | | |
| Family Connections Services | | X | X | X |
| Family Finding Services | | | X | X |
| Family Preservation & Support Services (i.e., case management) | X | X | X | X |
| Family Wrap Hawaii (Wrap) | X | X | | X |
| Forensic Exams -- Hospital or Clinic | X | | | |
| Hawaii Foster Youth/Young Adult Advisory Council | X | | | X |

Section IV: Assessment of Systemic Factors

| Service | Service Category: <i>Assess Children & Families and Determine Services</i> | Service Category: <i>Address needs to create a safe home</i> | Service Category: <i>Enable children to remain safely with parents</i> | Service Category: <i>Help children achieve permanency</i> |
|---|---|---|---|--|
| HI HOPES (Foster and Former Foster Youth Advocacy Group) | X | | | X |
| Higher Education Stipends | | | | X |
| Home Visiting Program (fka Enhanced Healthy Start) | X | X | | |
| Human Trafficking Services | X | X | X | X |
| Identifying & Engaging Fathers Practices and Guidelines | X | X | X | X |
| Imua Kakou (Young Adult Voluntary Foster Care) | | | | X |
| Independent Living Program Services for Youth (ILP) | | | | X |
| Individual, Group, and Couples Counseling | X | X | X | X |
| Information & Referral Services | | | X | |
| In-Home Safety Plans | | X | X | |
| Intensive Home Based Services (IHBS) | X | X | X | |
| Interstate Compact on the Placement of Children (ICPC) | X | | | X |
| Interstate Compact on Adoption and Medical Assistance (ICAMA) | | | | X |
| Intra-Familial Sex Abuse Treatment & Services | X | X | | X |

Section IV: Assessment of Systemic Factors

| Service | Service Category: <i>Assess Children & Families and Determine Services</i> | Service Category: <i>Address needs to create a safe home</i> | Service Category: <i>Enable children to remain safely with parents</i> | Service Category: <i>Help children achieve permanency</i> |
|--|---|---|---|--|
| Legal Services for Immigrants Experiencing DV | | X | X | |
| Legal Services in DV Shelters | | X | X | |
| LGTBQ Efforts | X | X | X | X |
| Medical Consultations -- KCPC | X | X | X | X |
| MedQUEST Health Insurance | | X | | |
| Mental/Behavioral Health Services | | X | X | X |
| Notice to RCG & Youth about Court Hearings | | X | | |
| Notification to Relatives of Children in Foster Care | | X | | X |
| On-Call Shelter Services for Children (ESH) | X | X | | |
| Parent Education | | X | X | |
| Post-Permanency Support Services | | | | X |
| Pre-placement Exams -- Hospital or Clinic | X | | | |
| Psychological Evaluations | X | | | |
| Resource & Adoptive Family Recruitment & Retention | | X | | X |
| Resource Caregiver Home Studies | | X | | |

Section IV: Assessment of Systemic Factors

| Service | Service Category: <i>Assess Children & Families and Determine Services</i> | Service Category: <i>Address needs to create a safe home</i> | Service Category: <i>Enable children to remain safely with parents</i> | Service Category: <i>Help children achieve permanency</i> |
|--|---|---|---|--|
| Resource Caregiver Training | | X | | |
| Supplemental Nutrition Assistance Program (SNAP) | | X | X | |
| Safety Permanency and Wellbeing Meetings (SPAW) | | X | | X |
| Substance Abuse Assessment & Monitoring Services (SAAMS) | X | | | |
| Teen Dating Violence Education & Prevention Services | | | | X |
| Transportation or Transportation Assistance | | X | X | |
| Vocational Assessments | X | | | |
| Women, Infants and Children (WIC) | | X | X | |
| Youth Circles | X | | | X |

Color Key:

| |
|---|
| Statewide |
| Oahu & Hawai'i Island Only (Title IV-E Waiver Activities) |
| Not available on Molokai & Lanai |
| Batterers' Services are not available on Molokai |

Table 4: Regional Availability of Services in Hawaii’s Service Array

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers’ Services are not available on Molokai |
|--|---|---|---|--|
| Aha -- Community Gatherings | X | | | |
| Ohana Conferencing -- Family Decision Making | X | | | |
| Ohana Time -- Supervised Family Visitation | X | | | |
| 48-Hour Tracker System (for CWS investigations) | X | | | |
| 5-Day Tracker System (for VCM cases) | X | | | |
| Adoption Home Studies | X | | | |
| Adoption Incentive Payments | X | | | |
| Child/Adolescent Needs and Strengths Assessment (CANS) | | X | | |
| Child Care Connection Hawaii -- Child Care Assistance | X | | | |
| Child Safety Assessment Tool | X | | | |
| Child Safety in Placement Tool | X | | | |
| Community Development to Strengthen Families | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers' Services are not available on Molokai |
|--|---|---|---|--|
| Comprehensive Counseling & Support Services (CCSS) | X | | | |
| Comprehensive Strengths & Risk Rating Tool | X | | | |
| Criminal History & Background Check Services | X | | | |
| Crisis Intervention (e.g. assessment and counseling) | X | | | |
| Crisis Response Team (CRT) | | X | | |
| Differential Response System Services (VCM & FSS) | X | | | |
| DV Services for Families | | | | X |
| DV Shelter Services | X | | | |
| Education and Training Vouchers (ETV) | X | | | |
| Engaging Families Practices and Guidelines | X | | | |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | X | | | |
| Family Connections Services | X | | | |
| Family Finding Services | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers' Services are not available on Molokai |
|--|---|---|---|--|
| Family Preservation & Support Services (i.e., case management) | X | | | |
| Family Wrap Hawaii (Wrap) | | X | | |
| Forensic Exams -- Hospital or Clinic | X | | | |
| Hawaii Foster Youth/Young Adult Advisory Council | X | | | |
| HI HOPES (Foster and Former Foster Youth Advocacy Group) | X | | | |
| Higher Education Stipends | X | | | |
| Home Visiting Program (aka Enhanced Healthy Start) | X | | | |
| Human Trafficking Services | X | | | |
| Identifying & Engaging Fathers Practices and Guidelines | X | | | |
| Imua Kakou (Young Adult Voluntary Foster Care) | X | | | |
| Independent Living Program Services for Youth (ILP) | X | | | |
| Individual, Group, and Couples Counseling | X | | | |
| Information & Referral Services | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers' Services are not available on Molokai |
|---|---|---|---|--|
| In-Home Safety Plans | X | | | |
| Intensive Home Based Services (IHBS) | | X | | |
| Interstate Compact on the Placement of Children (ICPC) | X | | | |
| Interstate Compact on Adoption and Medical Assistance (ICAMA) | X | | | |
| Intra-Familial Sex Abuse Treatment & Services | X | | | |
| Legal Services for Immigrants Experiencing DV | X | | | |
| Legal Services in DV Shelters | X | | | |
| LGTBQ Efforts | X | | | |
| Medical Consultations -- KCPC | X | | | |
| MedQUEST Health Insurance | X | | | |
| Mental/Behavioral Health Services | X | | | |
| Notice to RCG & Youth about Court Hearings | X | | | |
| Notification to Relatives of Children in Foster Care | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers' Services are not available on Molokai |
|--|---|---|---|--|
| On-Call Shelter Services for Children (ESH) | | | X | |
| Parent Education | X | | | |
| Post-Permanency Support Services | X | | | |
| Pre-placement Exams -- Hospital or Clinic | X | | | |
| Psychological Evaluations | X | | | |
| Resource & Adoptive Family Recruitment & Retention | X | | | |
| Resource Caregiver Home Studies | X | | | |
| Resource Caregiver Training | X | | | |
| Supplemental Nutrition Assistance Program (SNAP) | X | | | |
| Safety Permanency and Wellbeing Meetings (SPAW) | | X | | |
| Substance Abuse Assessment & Monitoring Services (SAAMS) | X | | | |
| Teen Dating Violence Education & Prevention Services | X | | | |
| Transportation or Transportation Assistance | X | | | |

Section IV: Assessment of Systemic Factors

| Service | Regional Availability of Service: Statewide | Regional Availability of Service: Oahu and Hawaii Island only – Title IV-E Waiver | Regional Availability of Service: Statewide, except Molokai and Lanai | Regional Availability of Service: Statewide, except Batterers' Services are not available on Molokai |
|-----------------------------------|--|--|--|---|
| Vocational Assessments | X | | | |
| Women, Infants and Children (WIC) | X | | | |
| Youth Circles | X | | | |

Table 5: Service Array by Service Type for Kauai, Oahu, Molokai, Lanai, Maui, and Hawaii.

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Aha -- Community Gatherings | X | X | X | X | | X | X | X |
| Ohana Conferencing -- Family Decision Making | X | X | X | X | | X | | X |
| Ohana Time -- Supervised Family Visitation | X | | X | | | X | | |
| 48-Hour Tracker System (for CWS investigations) | X | X | | | | | | |
| 5-Day Tracker System (for VCM cases) | X | X | | | | | | |
| Adoption Home Studies | X | | X | X | | | | X |
| Adoption Incentive Payments | | | | X | | | | X |
| Child/Adolescent Needs and Strengths Assessment (CANS) | X | X | X | | | X | X | |
| Child Care Connection Hawaii -- Child Care Assistance | X | X | X | X | | X | | X |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Child Safety Assessment Tool | X | X | X | | | X | | |
| Child Safety in Placement Tool | X | | X | | | | | |
| Community Development to Strengthen Families | X | X | | | | X | | |
| Comprehensive Counseling & Support Services (CCSS) | X | X | X | | X | X | | |
| Comprehensive Strengths & Risk Rating Tool | X | X | X | | | X | | |
| Criminal History & Background Check Services | X | X | X | X | | X | | |
| Crisis Intervention (e.g. assessment and counseling) | X | X | X | X | X | X | | X |
| Crisis Response Team (CRT) | X | X | | | X | | | |
| Differential Response System Services (VCM & FSS) | X | X | | | | X | | |
| DV Services for Families | X | X | X | X | | X | | X |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| DV Shelter Services | X | X | | X | | X | | X |
| Education and Training Vouchers (ETV) | | | | | | | X | |
| Engaging Families Practices and Guidelines | X | X | X | X | X | X | X | X |
| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) | X | X | X | X | | X | | X |
| Family Connections Services | | | X | X | | | | |
| Family Finding Services | | | X | X | | | | |
| Family Preservation & Support Services (i.e., case management) | X | X | X | X | | X | X | X |
| Family Wrap Hawaii (Wrap) | X | X | X | | | X | | |
| Forensic Exams -- Hospital or Clinic | X | X | X | | | | | |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Hawaii Foster Youth/Young Adult Advisory Council | X | X | X | X | X | X | X | X |
| HI HOPES (Foster and Former Foster Youth Advocacy Group) | X | X | X | X | X | X | X | X |
| Higher Education Stipends | | | | | | | X | |
| Home Visiting Program (aka Enhanced Healthy Start) | X | X | X | | X | X | | |
| Human Trafficking Services | X | X | X | X | X | X | X | X |
| Identifying & Engaging Fathers Practices and Guidelines | X | | X | | | X | | |
| Imua Kakou (Young Adult Voluntary Foster Care) | | | | | | | X | |
| Independent Living Program Services for Youth (ILP) | | | | | | | X | |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|---|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Individual, Group, and Couples Counseling | X | X | X | X | | X | X | X |
| Information & Referral Services | X | X | X | X | X | X | X | X |
| In-Home Safety Plans | X | X | | X | X | X | | X |
| Intensive Home Based Services (IHBS) | X | X | | | X | | | |
| Interstate Compact on the Placement of Children (ICPC) | X | | X | X | | | | |
| Interstate Compact on Adoption and Medical Assistance (ICAMA) | | | | X | | | | X |
| Intra-Familial Sex Abuse Treatment & Services | X | X | X | X | | X | | X |
| Legal Services for Immigrants Experiencing DV | X | X | X | X | | | | X |
| Legal Services in DV Shelters | X | X | X | X | | | | X |
| LGBTBQ Efforts | X | X | X | X | X | X | X | X |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Medical Consultations -- KCPC | X | X | X | | | X | | |
| MedQUEST Health Insurance | | X | X | X | | | | X |
| Mental/ Behavioral Health Services | X | X | X | X | X | X | X | X |
| Notice to RCG & Youth about Court Hearings | | | X | | | | X | |
| Notification to Relatives of Children in Foster Care | | | X | | | | | |
| On-Call Shelter Services for Children (ESH) | X | | X | | | | X | |
| Parent Education | X | X | X | X | X | X | | X |
| Post-Permanency Support Services | X | X | | X | X | | | X |
| Pre-placement Exams -- Hospital or Clinic | X | | X | | | | | |
| Psychological Evaluations | X | X | X | X | | X | X | X |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|--|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Resource & Adoptive Family Recruitment & Retention | X | | X | X | | | | X |
| Resource Caregiver Home Studies | X | | X | | | | | |
| Resource Caregiver Training | X | | X | | X | | | |
| Supplemental Nutrition Assistance Program (SNAP) | | X | X | X | | X | X | X |
| Safety Permanency and Wellbeing Meetings (SPAWE) | X | | X | X | | | | |
| Substance Abuse Assessment & Monitoring Services (SAAMS) | X | X | X | | | X | | |
| Teen Dating Violence Education & Prevention Services | X | X | X | X | | | X | X |
| Transportation or Transportation Assistance | | | X | X | | | | X |

Section IV: Assessment of Systemic Factors

| Service | Service Type: Safety | Service Type: Child in home | Service Type: Child in foster home | Service Type: Child in adoptive home | Service Type: Intensive In-home | Service Type: Reunification | Service Type: Independent Living | Service Type: Post Adopt |
|-----------------------------------|----------------------|-----------------------------|------------------------------------|--------------------------------------|---------------------------------|-----------------------------|----------------------------------|--------------------------|
| Vocational Assessments | | X | X | X | | X | X | X |
| Women, Infants and Children (WIC) | | X | X | X | | | | X |
| Youth Circles | | | X | X | | | X | X |

All eight types of services in Table 5 (safety services, services for children remaining in the family home, services for children in adoptive homes, intensive in-home services, reunification services, independent living services, and post-adoption services) are provided on all six of the major populated islands of the State of Hawaii: Kauai, Oahu, Molokai, Lanai, Maui, and Hawaii.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

Hawaii assesses this systemic factor as a strength.

As discussed in Item 29, CWSB continually monitors its service array to assess how well services meet the needs of children and families statewide and within each region. As needs change within each population, CWSB makes the necessary adjustments to ensure that the system continues to function well.. In addition, Hawaii CWSB's services are organized to ensure that each child and family receives a service program that is tailored to their needs.

Section Administrators in each geographic region of the state hold regular meetings (either monthly or quarterly, depending on the region and need) with local service providers to discuss trends, resolve communication issues, and modify services, as appropriate. Meetings on the island of Hawaii resulted in changing the physical location and service focus of Title IV-B-2 contracted services in that region.

As described in Item 29, CWSB Administrators view, analyze, and discuss data regularly. Based on the data analysis and related discussions, CWSB makes decisions about modifying contracts and reallocating resources to best serve families in each region of the State. For example, Hawaii's foster care data shows that approximately half of all children in foster care are Native Hawaiian or part Native Hawaiian, which is disproportionate to the general population. After examining and discussing statewide and regional foster care ethnicity data, Hawaii CWSB invested in Native Hawaiian culturally-based parenting programs, Native Hawaiian cultural awareness trainings for staff, and directing resource caregiver recruitment efforts to Native Hawaiian communities. CWSB Administrators are also working with the Capacity Building Center for States, along with local entities, on getting to the heart of the

Native Hawaiian disproportionality issue, so that CWSB can serve all its families in a culturally appropriate and enriched fashion without bias.

The services provided by Hawaii's statewide service system are designed with the goal of providing services to every individual according to his/her strengths and needs. Despite significant challenges, the service delivery system has demonstrated the ability to individualize services to meet the needs of children and families.

To ensure that children and families receive appropriate services, each client served by CWS is provided with two levels of individualized service planning based on the agency's assessment, contacts with the family, and other relevant information.

- The first level of individualized service planning is the Family Service Plan (FSP), which is developed jointly with the family and the CWS caseworker. The service plan and agreement is used with families receiving voluntary services and those under the jurisdiction of the Family Court. The service plan and agreement is the legal contract between the family and the Department. The caseworker and client create the service plan and agreement based on information that is available when the plan is drafted, such as psychological evaluations, input from the Multi-Disciplinary Team, personal contact with family members, and recommendations from community providers. The service plan and agreement consolidates and explains to clients the services the Department believes will resolve the safety issues in the home.
- The second level of individualized service planning is the Individualized Program Plan (IPP). A separate IPP is created for each service the individual participates in, which becomes part of the original FSP and agreement. IPPs are created by program staff in collaboration with the individual participating in the program after reviewing the FSP and agreement, consulting with the assigned CWS caseworker, and reviewing any assessments, evaluations, or other information available when the case is referred to the program. The IPP identifies for the client the specific program goals, objectives, and desired outcomes. IPPs are used to facilitate and focus service delivery, and to assess progress.

For example, CWS' Home Visiting program, which provides home-based parenting education, also provides child developmental screenings. This service dovetails nicely with the Department of Health's Early Intervention Services. Many infants and toddlers in foster care are referred to these essential DOH services.

The State also takes steps to ensure that services are provided in a client-friendly manner by providing a comprehensive service array that is seamless and varying in intensity to better meet the service needs of individuals. This means that a client need only be referred once to a comprehensive service. Thereafter, depending on the client's progress or needs, services can be provided by different components within the overall program. This method of service delivery has proven to have the following benefits:

- Confidentiality within the comprehensive program is not a barrier to service transition, as would be the case if a client transferred from one service provider to another during the duration of their services.
- Receiving a variety of services under one umbrella reduces confusion for the client.
- Transition between different services within a program is accomplished in a more client-friendly manner because program personnel can communicate easily and collaborate on planning for smooth transitions.
- The State and providers can work together on adjustments to services and funding within the program to meet emerging service needs and to maximize funding availability.
- In Hawaii, the consolidation of services has led to a system of collaboration and cooperation between service providers. Providers will often form "hui" or partnerships to submit proposals for services that include several providers under one organization that are able to focus on the services they provide best.

Statewide examples of these comprehensive, bundled services are: Comprehensive Counseling and Support Services, Home Visiting, Intensive Home-Based Services, and Domestic Violence Services for Families.

Hawaii CWS has had success in meeting the multi-linguistic needs of the population by encouraging the hiring of bilingual staff and by maintaining robust contracts with interpreters who are available 24 hours a day. Interpreters for the following languages are available: Japanese, Cantonese, Mandarin, Vietnamese, Tagalog, Ilocano, Chuukese, American Sign Language (ASL), Yapese, Visayan, Portuguese, Russian, French, German, Spanish, Hawaiian, Korean, Marshallese, Tahitian, Samoan, Tongan, Maori, Hiri Motu, Italian, Fijian, Chamorro, Pohnpeian, Kosrean, Malay, Khmer, Hindi, Urdu, and Thai. In looking at interpreter data from the primary service offered to families statewide with children in foster care (Comprehensive Counseling and Support Services), approximately 103 families took advantage of interpreter

services in SFY 2016. This represents 10-15% of all families receiving this service. Among the families who received interpreter services, the five most commonly used languages were, in order of highest volume: Chuukese, Mandarin, Tagalog, Ilocano, and Cantonese.

Hawaii CWSB maintains successful partnerships with key agencies and programs like the Department of Health, Developmental Disabilities Division; DHS, Division of Vocational Rehabilitation, Services for the Blind Branch, Deaf Services Section and Disability Determination Branch; the Arc of Hilo, Disability Services; and Learning Disabilities Association of Hawaii. Representatives from these agencies are part of CWSB workgroups, are invited speakers at CWSB Management Leadership Team meetings, and function as consultants to CWSB on relevant cases. CWSB's relationships with these key partners help to ensure that appropriate resources and services are available for clients with a variety of disabilities and challenges. CWSB caseworkers can respond to individuals with disabilities and other special needs by tapping into the statewide resources listed above.

The delivery of culturally appropriate services in Hawaii is uniquely complicated. CWSB acknowledges the duty to acknowledge and honor an individual's cultural identity and his/her need to maintain ties and connections to those cultures. Part of Hawaii CWS' Practice Model is providing culturally-competent services to families in a collaborative, child-centered, and family-focused manner. These values are concretely manifested through services in some areas of Hawaii, but not all. Such services include the Kamalama Parenting Program, Aha, Keiki o ka Aina Family Learning Centers, and EPIC Ohana's Men's Circles. Because many families in Hawaii are multi-cultural, it is not sufficient to merely refer a child or family to a service that has a cultural label such as Hawaiian, Samoan, Filipino, or any of the many cultures here in Hawaii. There is also the need to ensure that those culturally specific services are able to positively and effectively link those services with Hawaii's universal or "local" culture. The "local" culture binds Hawaii's community together; it is based on, and blends elements from the many different cultures that have contributed their diversity to Hawaii. To address the complexities, CWSB has included in contracts for procured services the requirement of providing culturally-based services, unique to the needs of each family. This means that despite the number of providers and services that have become and are becoming more available in Hawaii, the agency must ensure that children and families receive services that acknowledge, prioritize, and promote an individual's primary cultural identity.

Hawaii has a service delivery system that is capable of providing individualized, appropriate, and culturally-relevant services to children and families. There have always been challenges

and a constant need to reassess and revise the service array, but CWSB is committed to ongoing improvements to its service delivery system.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, 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, objectives, and annual updates of the CFSP?

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, 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, objectives, and annual updates of the CFSP.

State Response:

Hawaii assesses this item as a strength. Community partnership has been a focus and strength of CWSB, especially since the first CFSR/PIP. Hawaii engages in ongoing consultation with youth, parents, families, staff, service providers, resource caregivers, juvenile court, and public and private child welfare agencies and integrates their ideas and concerns into programs and policies, as well as the CFSP and APSR. Additionally, when children are identified as having Native American ancestry, ICWA is followed and Hawaii has ongoing consultation with the appropriate tribes. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all of its initiatives and ongoing processes. CWSB engages its stakeholders and community partners at all levels of decision-making. Full collaboration is not only CWSB's policy, it is the priority of CWSB's practice.

CWSB's collaborators include the following:

- Aloha Care Center
- Blueprint for Change
- Boys and Girls Club
- CASAs
- Castle Medical Center
- Catalyst Group
- Catholic Charities Hawaii (CCH)
- Central Oahu Youth Services Association, Inc.
- Child and Family Service (CFS)
- Children's Justice Centers (CJCs)
- Coalition for a Drug-Free Hawaii (CDFH)
- Committee on Lesbian, Gay, Bisexual, and Transgender Youth in the Juvenile Justice System
- Consumers (birth parents, relatives, youth, and resource families)
- Court Improvement Program (CIP)
- Domestic Violence Action Center (DVAC)
- EPIC Ohana, Inc.
- Faith-based Community Organizations
- Family Advocacy Programs (military social services)
- Family Court Attorneys
- Family Court Judges
- Family Drug Court
- Family Programs Hawaii (FPH)
- Filipino Community Representatives
- Fostering A Dream (FAD)
- Guardians Ad Litem (GALs)
- Hale Kipa
- Hawaii Children's Trust Fund
- Maui Family Support Services
- Maui Youth and Family Services (MYFS)
- MedQuest Division (state health insurance provider)
- Mental Health America of Hawaii
- Micronesian Community Representatives
- Molokai Community Service Council
- Native Hawaiian Community Representatives
- Neighborhood Place of Kona
- Neighborhood Place of Puna
- Office of Hawaiian Affairs (OHA)
- Office of Youth Services (OYS)
- P.A.R.E.N.T.S., Inc.
- Parents and Children Together (PACT)
- Partners in Development Foundation (PIDF)
- Project Kealahou, CAMHD
- Project Laulima, CAMHD
- Liliuokalani Trust (LT)
- Safe Spaces Committee, CAMHD
- Samoan Community Representatives
- SAS Services
- State of Hawaii, Department of Education (DOE) (including Hawaiian Charter and Immersion Schools)
- State of Hawaii, Department of Hawaiian Homelands
- State of Hawaii, Department of Health (DOH) (including the CAMHD, the DDD, the Adult Mental Health Division, the

- Coalition & Advisory Council
- Hawaii Coalition Against Domestic Violence
- Hawaii Coalition Against Human Trafficking
- Hawaii Families as Allies
- Hawaii Foster Youth Coalition
- Hawaii Immigrant Justice Center
- Hawaii Pacific Health
- Hawaii Youth Services Network
- HI H.O.P.E.S. (foster youth and former foster youth group)
- Hina Mauka (substance abuse treatment program)
- HMSA (health insurance provider)
- Hope, Help, & Healing Kauai
- Insights to Success
- It Takes An Ohana (ITAO)
- Journey to Success
- Kaiser Permanente
- Kapiolani Child Protection Center
- Kapiolani Medical Center for Women and Children
- Kids Hurt Too, Inc.
- Law Enforcement
- Legal Aid Society of Hawaii (LASH)
- Life Foundation
- Lokahi Treatment Center
- Family Health Services Division, the Maternal and Child Health Branch, the Children with Special Health Needs Branch, and the Alcohol and Drug Abuse Division)
- State of Hawaii, Department of the Attorney General (including the Missing Child Center of Hawaii, Crime Prevention and Justice Assistance Division, Juvenile Justice Information System)
- Straub Medical Center
- The Salvation Army Family Programs
- Tongan Community Representatives
- TriCare Health Insurance
- University of Hawaii, William S. Richardson School of Law
- University of Hawaii, Maui College
- University of Hawaii, School of Social Work
- Waianae Coast Comprehensive Health Center
- Windward Spouse Abuse Shelter
- YWCA of Hawaii Island
- YWCA of Kauai
- Zero to Three Court

Examples of CWSB's agency and community collaborations are discussed below.

1. **Continuous Quality Improvement (CQI) Council. (Statewide)** CWSB's CQI Council serves in an advisory capacity to CWSB administration with the purpose of achieving goals of safety, permanency, and well-being for the children, youth, and families served. There are 27 members of the CQI Council, including CWS administrators, stakeholders (family of former foster children, former foster youth, and resource caregivers), community agency staff, Family Court, and other government agency representatives. Members represent all geographic areas of the State. Members are encouraged to participate in case reviews to gain a rich understanding of the CFSR process, performance items, and outcomes. At meetings, the council provides input

to address CWSB needs, including the CFSP and APSR, by brainstorming solutions and developing initiatives. The Council meets quarterly. In SFY 2016, there were four meetings: 9/9/2015, 12/8/2015, 2/1/2016, and 4/6/2016.

2. **Community Safety Assessment (CSA) Committee. (Oahu-focus, with statewide implications)** Convened by the Family Court of the First Circuit, the goal of the CSA committee is to enhance the safety of families and communities while ensuring perpetrator accountability when intervening in cases involving intimate partner violence. The CSA committee is comprised of 20 members from various government agencies and domestic violence advocacy organizations. The CSA committee systematically examines institutional policies and practice and makes recommendations to enhance the safety of domestic violence victims.
3. **Domestic Violence Fatality Review (DVFR) Team (Statewide).** The DVFR Team was established in 2006 by §321-471, Hawaii Revised Statutes, and has experienced periods of funding deficits, affecting the team's coordinator position. The enacting statute authorizes the DOH to coordinate and conduct multi-disciplinary and multi-agency reviews of DV fatalities to reduce preventable deaths. The DVFR Team has been resurrected in the past year, and CWSB is a key member.
4. **Violence Against Women Act (VAWA) State Planning Committee. (Statewide)** Since 1995, the State Attorney General has chaired the VAWA Planning Committee. The committee is comprised of one CWSB representative and 13 representatives from criminal agencies and non-governmental victim services agencies who work collaboratively statewide to improve the response to victims of DV, sexual assault, dating violence, and stalking.
5. **Hawaii Coalition Against Human Trafficking (HCAHT). (Statewide).** The HCAHT is a partnership of federal, State, and local government agencies and service providers. As a member agency of the HCAHT, DHS collaborates with other agencies to identify, and investigate trafficking cases, provide services to trafficking victims, and increase public awareness of human trafficking.
6. **Family Court of the First Circuit's Response Protocol for Commercially Sexually Exploited Children Work Group. (Oahu)** Convened in January 2015, this workgroup is a collaboration of multiple government agencies, including DHS. The purpose of the workgroup is to establish and monitor an interagency protocol to address sexual exploitation of children on Oahu.
7. **Feedback on Performance from Stakeholders, Community Partners, and Agencies. (Statewide)** CWSB shares various performance data with its stakeholders, community partners, and agencies during numerous workgroups, conferences, committees, boards, teams, surveys, collaborations, meetings, aha, partnerships, councils, and caucuses. Data sharing and meetings allow stakeholders, community services providers, and partner agencies to discuss and help improve CWSB and related systems of care. During meetings, CWSB leadership encourages honest feedback from all participants and creates an environment where all perspectives and experiences are valued. At most meetings, stakeholders and other participants are provided ample time to voice their opinions and perspectives and

propose ideas for resolution. These contributions are given great weight in CWSB's decision making process. Full engagement of all relevant parties to assist in designing new CWSB systems to address problems has become Hawaii's standard practice and is integral to all CWSB policy work.

8. **Employee Forums. (Statewide)** CWSB views its workforce as a key stakeholder and an invaluable resource. DHS provides opportunities for staff to share their concerns and perspectives on agency operations and opportunities for administrators and supervisors to update employees on new projects and policies. Annually, DHS and CWSB key administrators travel to each geographic region of the State and hold open forum meetings with staff at all levels. Quarterly, all CWSB administrators and supervisors statewide gather for Management Leadership Team meetings where CFSP, CFSR, and APSR issues are discussed and addressed, practice challenges are examined, and resources and perspectives are shared. In addition, each CWSB Section has monthly Section meetings with all its staff. Since CWSB's first PIP in 2004, every unit supervisor statewide has held unit-wide briefings once to five times a week to ensure ongoing, meaningful communication, engagement, and consultation. The major issues that are raised in these various staff meetings and employee forums become part of CWSB's plans and goals moving forward.
9. **Pono for Families. (Statewide)** In 2004, in preparation for the development of the Comprehensive Child Welfare Information System (CCWIS), an external consultant analyzed Hawaii's CWSB practice and identify areas for growth. The goal was to design the new CCWIS to support and record best practices and eliminate outdated or flawed procedures and routines. CWSB took the consultant's feedback seriously and in 2014 and 2015 created a set of initiatives that focused on five areas: assessment, child protection, permanency, family engagement, and organizational empowerment. These initiatives were brought together under the umbrella of one project, *Pono for Families*. The Hawaiian word *pono* translates into English as "uprightness, balance, wellbeing, prosperity, goodness, or morality." The work on PFF has involved over 100 people, including CWSB direct service staff, community partners, foster youth, resource caregivers, and sister agencies. Numerous improvements have resulted from PFF work, including a CWSB-wide communication protocol, newly-designed and implemented supervisor training, and a revised protocol with family court.
10. **Timeliness of Initial Responsiveness Tracker and Permanency Case Tracker. (Statewide)** These tracker teleconferences bring together CWSB Program Development, Section Administrators, supervisors, and contracted service providers (DRS and SPAW) to identify and eliminate barriers to timely response of abuse reports. This occurs statewide for initial responsiveness and on Oahu and Hawaii Island for permanency. In SFY 2016, meetings occurred monthly.
11. **Casey Family Programs (Strategic Planning Committee). (Statewide)** Hawaii CWSB hosts ongoing consultation and monthly joint DHS-stakeholder meetings with Casey Family Programs, University of Hawaii Center on the Family, and other stakeholders on the aha and Title IV-E demonstration project interventions to safely

reduce the number of children in foster care, safely reduce the length of stay for children in foster care, and improve safety, permanency, and wellbeing outcomes.

12. **Aha. (Statewide)** Over the past few years, CWSB has been fortunate to access funding provided by Casey Family Programs to hold community gatherings in collaboration with local communities to address issues of mutual concern. On Maui, CWSB and community partners held an aha focused on domestic violence: dynamics, community impact, resources, and services. Oahu CWSB has held several aha partnering with leaders in the Native Hawaiian community to increase understanding and collaboration between the Native Hawaiian community and CWSB.
13. **Independent Living Services Collaborator. (Statewide)** In 2013, over 250 stakeholders statewide (current foster youth and alumni, resource caregivers, IL service providers and other interested community members) participated in surveys, focus groups, and interviews to provide input about IL services. Based on the data gathered, CWSB made several adjustments to its Independent Living Program Services, including contracting for statewide Independent Living Program Services, amendments to the Higher Education Program statute, and the Imua Kakou (Hawaii's voluntary care to 21 program) Collaborator position to assist with the standardization, coordination, and monitoring of these services. The Collaborator contract started on October 1, 2015.

Even though CWSB identifies this item as a strength, CWSB staff and stakeholders have identified two challenges to engagement and consultation: input and comment by biological parents and ease of access to State procurement staff by community service providers. Hawaii is committed to improving communication with biological parents and will include parents as members of all CWSB workgroups, councils, and panels. CWSB is also considering employing parents as parent partners or mentors and including these professionals in ongoing improvement efforts, as it has done with current and former foster youth. Contracted providers should likewise notice improvements in communication with CWSB as more Purchase of Service staff are hired.

Item 32: Coordination of CFSP Services with other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Hawaii assesses this item as a strength. CWSB continues to collaborate successfully with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. Some examples of statewide collaborations are listed below.

- 1. Free School Lunches Program:** Through an MOU partnership between CWSB and DOE, there is monthly electronic data sharing, which allows children in foster care to be automatically enrolled into the Free Lunches program at their respective schools. This automatic enrollment of foster children for free lunches through electronic data sharing is the first program of its kind in the nation. Each month, approximately 800 foster children are made automatically eligible statewide. Since the onset of this data sharing in late SFY 2014, DHS has not been contacted by any resource caregivers, regarding difficulties with Free School Lunch enrollment for the children placed in their care. Prior to the implementation of this program, CWSB would receive approximately ten queries a month from resource caregivers experiencing challenges with such enrollment.
- 2. Education Stability Project:** Through statewide collaboration with CWSB, DOE, the Judiciary, the CIP, and HCWCQI, there are continuing efforts for foster youth to remain in their home school, after entering foster care. DOE and DHS staff meet bimonthly on this project. The Hawaii CQI case reviews includes a question on whether any placement changes resulted in a change in school for the subject child. In SFY 2016, 54 children/cases in the statewide case reviews were applicable for this item. Of these 54 children, only three experienced a change in school due to foster placement – 94% of the children remained in their school of origin.
- 3. Project Laulima:** After identifying a gap group of children with co-occurring mental health needs and developmental disabilities, CWSB and DOH's Child and Adolescent Mental Health Division and Developmental Disabilities Division partnered to better meet the needs of and provide services to this population of youth, through Project Laulima. Project Laulima is grant-funded through the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Project Laulima has facilitated team problem-solving meetings for specific youth, as well as worked to make systemic changes across agencies to improve services to this population of young people. Although the number of specific cases that have been directly served by this Project is low, anecdotally, Hawaii is able to report success in finding appropriate placements and supports for

several children, due to Project Laulima. Additionally, Project Laulima's development and implementation of a multi-agency release of information form has facilitated communication with families and providers, which further resulted in improved service coordination and management. A CWSB Program Development representative attends monthly Project Laulima meetings.

4. **Project Kealahou:** A DOH intervention, Project Kealahou, focuses on girls who have experienced trauma, and provides three different kinds of services: 1) Direct services to girls (e.g. trauma-informed support groups); 2) Trainings for providers and families; and 3) Macro-level support for organizations. The macro-level work includes cross-agency collaboration, organizational assessments, and policy development to transform organizations to provide trauma-informed services and create trauma-informed service environments. CWSB serves on the Advisory Committee for this Project which meets every other month, and partners with DOH in the Project work. The Project has been successful in bringing a trauma-informed approach to many community social service agencies statewide.
5. **Child Care Subsidies:** CWSB partners with DHS Benefit, Employment, and Support Services Division (BESSD) Child Care Program to ensure that resource caregivers are able to receive financial assistance for childcare, without considering the resource caregiver's income when determining eligibility. Funding for this program comes from the federal Child Care Block Grant. In SFY 2014, 153 foster children benefited from this federal child care subsidy, totaling an annual benefit of \$319,822, and 681 months of child care. In SFY 2015, 214 foster children received this benefit, totaling \$459,586 in subsidies, and 1,036 months of child care.
6. **Head Start:** CWSB ensures that all CWS families and resource caregivers statewide are referred and connected to federally-funded Head Start programs, as appropriate. The Head Start-funded programs in the State have relationships with CWSB workers and administrators to ensure that the application and eligibility determinations are completed easily and timely. Communication via teleconference or email allows this process to run well.
7. **Medicare:** All children in foster care, who are not otherwise covered, automatically become recipients of State-funded and federally-funded medical insurance, upon entry into care. Following the federal Affordable Care Act, Hawaii's MedQuest health coverage automatically extends to age 26 for youth who emancipate from foster care. CWSB's ongoing partnership with MedQuest keeps foster care referrals and enrolment running smoothly and allows related problems to be resolved quickly. In SFY 2016, 97% of children in foster care were covered by MedQuest, 2% were covered by Tricare (military insurance), and 1% remained covered by children's parents' private insurance. One hundred percent (100%) of children in foster care were fully covered by health insurance. Monthly teleconferences between MedQuest staff and CWSB staff help iron out communication issues and application problems.
8. **Zero-to-Three Court (ZTT):** CWSB, CIP, the judiciary, the Governor's Executive Office on Early Learning, and several other early childhood advocates and providers have partnered to create Hawaii's ZTT specialty court on Oahu. This collaborative meets

monthly. The ZTT court focuses on the unique needs of children ages 0-3 in foster care and their parents. ZTT court hearings are more frequent than those for other foster care cases, ensuring that case direction is determined early and movement toward goals is timely, so that these infants and toddlers are in care for the shortest amount of time possible, and early bonding and attachment is disrupted as little as possible. In Calendar Year 2016, ZTT Court on Oahu served 21 families, who consisted of 26 children aged 0-3 in foster care, 13 siblings, and 31 parents. Eighteen children in ZTT were tracked for outcomes from May 2015 through December 20, 2016. Of the 18 children, eight were reunified with parents; five were adopted (three by relatives; two by non-relatives); and one entered legal guardianship with a relative. The remaining four remain in foster care. Three of these four children have projected adoption dates set by the end of March 2017 (two with relatives, and one with a non-relative). For those children who exited care, the average length of stay was 18 months. Although the outcomes for these children are not better than those who are not in the ZTT program, the families that are referred for ZTT tend to be those with greater challenges. Under these circumstances, the outcomes are impressive.

- 9. After School Program (A+):** All elementary-aged children in foster care are able to enroll in a free after-school program, run by DOE, funded by the federal Child Care Block Grant. In looking at data from SFYs 2013 through 2016, 5% - 9% of all children in foster care are enrolled in A+ programs at any given moment. This program runs without active collaborative maintenance, but when problems do arise, administrators from each agency are able to resolve the issues through phone contact.
- 10. Court Improvement Program (CIP):** The federally-funded CIP partners with CWSB on numerous projects and ventures. The CIP Coordinator is an active member of the CWSB's Strategic Planning Committee, CWSB's Title IV-E Waiver Demonstration Project Committee, and CWSB's CQI Council. CWSB and CIP routinely consult to address issues of mutual concern. Additionally, the CWSB Administrator is on the CIP Advisory Committee that meets quarterly. A CWSB representative is also on the CIP's Training Grant Committee to assist in planning informative events that affect all child welfare stakeholders, including judges, attorneys, social workers, and guardians ad litem, e.g. the Annual Child Welfare Law Update and Ohana is Forever conferences. CWSB attends meetings with CIP representatives approximately once a week.
- 11. Women Infants and Children (WIC):** CWSB staff ensures that biological parents and resource caregivers are referred for WIC supports, whenever they are eligible for these federal benefits. In SFY 2014, WIC served 177 unduplicated foster children throughout the State, for an estimated food benefit of \$111,431. In SFY 2015, WIC served 222 unduplicated foster children, for an estimated food benefit of \$140,515.
- 12. DOH, Family Health Services Division (FHSD), Maternal and Child Health Branch Collaborations and Partnerships:** CWSB staff collaborates with DOH, FHSD, Maternal and Child Health Branch by way of membership and involvement on the following statewide DOH statutory initiatives:

- Child Death Review, §321-341
- Domestic Violence Fatality Review, §321-47
- Child Abuse/Neglect Prevention Program, §321-37
- Hawaii Children's Trust Fund, §350B
- Home Visiting Program, §321-327
- Sexual Violence Prevention Program (no statute)

Additionally, the DOH's FHSD is the lead agency in Hawaii for Title V of the Social Security Act, administered by the Health Resources and Services Administration, Maternal and Child Health Bureau. Title V funds support the DOH to develop, deliver, and support comprehensive public health systems and services. Preventing Child Abuse/Neglect is one of Hawaii's Title V priority areas and CWSB staff continue to actively partner with the DOH in its efforts to address this critical issue.

13. Family Violence Prevention and Services Act (FVPSA) Grant: Hawaii CWSB is the administrator for federal FVPSA funds, serving domestic violence victims and their families statewide. In FFY 2016, FVSPA-funded domestic violence shelters statewide served 694 women, 8 men, and 678 children. Non-shelter supportive domestic violence services (e.g. individual and group counseling) were provided to an additional 853 individuals statewide. As a part of the agency's continuous quality improvement process, CWSB has partnered with the University of Hawaii Maui College Hawaii Child Welfare CQI Project to review the domestic violence shelters and services contracts to ensure quality service delivery, contract adherence, and positive outcomes for adults and children. This contract review process has strengthened these federally-funded services by adjusting resources to broaden the geographic availability and breadth of shelter services.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Hawaii rated this item as a strength. Licensing rules apply uniformly to all licensed and approved foster family homes (resource family homes) and Child Caring Institutions receiving Title IV-B or IV-E funds. HAR §17-1625 Licensing of Foster Family Homes for Children (resource caregivers) and HAR §17-1627 Licensing of Child Caring Institutions memorialize Hawaii's licensing requirements. CWSB does not permit waivers of these licensing requirements.

While CWSB does not give waivers or exemptions for a potential caregiver's criminal history, it may grant waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, provided the waiver does not compromise the health and safety of the child. Although waivers can be requested for all homes, space and bed waivers have recently been for only relative placements. In one example of such a waiver, although a relative caregiver lacked a sufficient number of bedrooms, the caregiver arranged for the foster youth to sleep in the living room on a futon and detailed a sleeping arrangement respecting the privacy of the foster youth in his/her sleeping area by refraining from using that area during certain times in the evening. In another example, even though the resource caregiver did not have a sufficient number of beds at the time of placement, CWSB allowed the foster youth to sleep on the couch until the resource family was able to purchase a bed for the youth. A waiver for the bed requirement is often resolved during the home study process as the contracting agency and CWSB assist the resource caregiver to locate additional beds, if cost is an issue.

After an agency completes a home study, it sends a form to CWSB licensing unit, which includes an explanation of circumstances such as those mentioned above. The form may request a space or bed waiver, a description of the situation/circumstances, and what, if anything, is being done to resolve the situation. The waiver request is then approved or rejected by a section administrator. There were six statewide bed or space waiver requests completed from January 1, 2015 to July 30, 2016, and all waivers were for relative placements.

See discussion for Item 34 regarding licensing requirements in Hawaii's IV-E Improvement Plan.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying 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.

State Response:

Hawaii has assessed this item as an area needing improvement.

The Hawaii Administrative Rules that apply to requirements for criminal background checks of foster and adoptive parent licensing are: HAR §17-1625-17 (resource caregivers) and HAR §17-1627 (Child Caring Institutions). All resource caregivers and Child Caring Institution employees must undergo a criminal background check; no waivers are permitted.

CWSB has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care and adoptive placements. Policies and Procedures, Part IV, Licensing, states:

1. The department **shall** deny, revoke or not renew a certificate of approval for a foster home and shall deny approval of an adoptive home if any adult household member has been convicted of any of the following:
 - a. Felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide committed at any time; or
 - b. Felony conviction for physical assault, battery or a drug-related offense that was committed within the last 5 years.
2. For any other convictions or for multiple convictions that indicate a pattern of behavior, consider the type of offense, when the offense occurred, the circumstance surrounding the offense, whether rehabilitation occurred, to determine if the individual poses a risk to the health, safety and well-being of children.
 - a. To determine the relevancy of such information, consider whether the offense is related to the applicant's ability to provide a safe and nurturing home for the foster child. For example, a conviction of "driving under the influence of alcohol" indicates a risk to children if the individual transports children or has an alcohol abuse problem that may interfere with the care of children.

b. Consideration may be given to an individual who shows evidence of being rehabilitated. Examples of such evidence may be a letter from a counselor or therapist, successful completion of past services, statements from individuals attesting to a sustained change in the applicant's behavior, positive conduct in the community or in employment, the successful rearing of children, or time lapse since conviction.

c. Do not consider only a single item as evidence of rehabilitation. Do a thorough assessment of the facts to determine whether the individual poses a risk to the health, safety or well-being of children in care. If necessary, request additional information from the applicant, such as psychological evaluations, substance abuse assessments, etc. The applicant is responsible for any costs incurred.

3. In questionable cases, convene a review panel to review the type of crime committed, when it occurred, the circumstances surrounding the crime, the frequency of the crimes, and whether treatment or rehabilitation took place. It is suggested that the panel include the following members as appropriate: the placement worker and supervisor; the foster home licensing supervisor; the permanency worker and supervisor; and the respective section administrator(s) for the workers involved. Other individuals may be included at the discretion of the section administrator(s). The outcome of the panel shall be documented in the foster home or adoptive home record.

4. When the Department receives information which is cause for denial, revocation or non-renewal of a certificate of approval of a foster home or denial of approval of an adoptive home, discuss the information with the applicant. Follow the procedures in Section 1.13 on denial, suspension, and revocation.

5. Ensure that assessments and decisions are well documented in the foster home or adoption home record and CPSS-LRF for homes that have been approved as well as homes that have been denied, closed or investigated.

Hawaii is currently revising its criminal background check procedures to ensure consistent statewide compliance and to standardize processes and documentation of expectations with federal security requirements and criminal background clearances related to licensing and approving foster care and adoptive placements. Pending full implementation of the new procedures, current checklists help to ensure compliance with the criminal history rules and procedures. For example, the New Application Resource Home Licensing Checklist assists the CWSB worker in ensuring that all forms are submitted and all clearances are completed for a *child-specific* placement. The checklist requires: Hawaii State criminal history (CJIS) check, Child Abuse and Neglect (CA/N) check, sex offender (state and national registries) checks, and the Adam Walsh Consent form. This checklist has been implemented on Oahu, and is pending implementation on neighbor islands. For *general licensed homes*, the Resource Family File Checklist is used, which has the same requirements for criminal records checks prior to licensing a home. Before any home receives an *unconditional* certificate of approval, the supervisor reads the home study and verifies that all supporting documents, including background clearances, were completed. The supervisor ensures that if any criminal or Child Abuse and Neglect (CA/N) history was noted, the licensing worker has reviewed the information and assessed that this history does not pose a risk to the health, safety, or wellbeing of the

child. The supervisor signs off on the home study and authorizes the issuance of the certificate of approval, only after a complete review and verification that all requirements are met.

Hawaii State Criminal clearance is completed for the resource caregiver and all household members annually or biennially depending on whether the home is licensed for one year or two years. Hawaii will be participating in Rapback, which is anticipated to begin in early 2017 to ensure automatic arrest notification on all participants who completed fingerprinting.

As stated above, Hawaii recognizes that improvements are needed. In December 2016, proposed revised procedures were routed to Administrators for comment. Feedback will be reviewed by a team of CWSB staff with licensing expertise and needed revisions will be integrated in early 2017. Beginning December 2017, DHS through the UH Maui College HCWCQI Project, will conduct a statewide targeted review to assess the implementation of procedures and functioning for this systemic factor. Reviews will be conducted annually thereafter.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

A. Overview

Recruitment of foster and adoptive homes is an area of strength for Hawaii. Hawaii has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. CWSB continues to put forth targeted efforts to recruit and license Native Hawaiian resource homes, as the largest ethnic population of children in care continues to be Native Hawaiian. In SFY 2016, 49% of all children in foster care had Native Hawaiian ancestry. Hawaii has also enhanced efforts to partner with other ethnic community leaders to help their families and communities, and to recruit resource families.

CWSB's primary focus continues to be placement with relatives, which is reinforced through legislation, policy and procedural clarifications, trainings, case reviews, enhanced family finding and relative notification efforts, and `Ohana Conferencing. CWSB also has a contract with Partners in Development Foundation (PIDF) Hui Ho`omalua to provide targeted recruitment for Native Hawaiian general-licensed homes, as well as general recruitment for resource caregivers. The contract also provides for licensure trainings and home studies for both general-licensed and child-specific (relative or kin) families. The Hui contract includes support services for CWSB resource families and CWSB permanency families. These contractors also partner with Wendy's Wonderful Kids and other agencies, stakeholders, and community partners for recruitment, trainings, and support services. Hawaii CWSB also continues in its partnership with Casey Family Programs and Native Hawaiian community resources to organize and conduct statewide, Native Hawaiian 'Aha (community gatherings) in targeted locales to provide resources to sustain birth families and support recruitment of Native Hawaiian families.

CWSB understands that maintaining positive relationships with resource caregivers is an important way to reduce turnover.

Although the total number of licensed resource homes statewide has dropped significantly since SFY 2006, the number of children in foster care has also dropped significantly during this period; thus, the decrease in licensed resource homes does not reflect a reduced capacity to properly care for foster youth. One way to know if CWSB is meeting its need for resource caregivers is to directly compare the number of children in foster care to the number of licensed resource homes. If the ratio of the number of children in foster care to the number of licensed resource homes were 1:1 at a particular point in time, that would mean that there was exactly one resource home for every child in foster care. Given that Hawaii generally places sibling groups together in one home, that some youth in foster care need to live in facilities or DOH licensed therapeutic homes, that some resource homes have space for several foster children, and that children enter and exit resource homes throughout the year, Hawaii does not need a 1:1 ratio. During SFY 2016, the monthly average number of children in in foster care was 1,391, and the number of licensed resource caregiver families was 1,317. This yields an excellent foster child to resource caregiver ratio of 1.06:1.

Each month, the State reviews foster care data and related expenditures in its COPE meetings. (For a description of COPE, see Item 25, B.vi.) Each quarter, Hawaii reviews resource caregiver recruitment data in quarterly activity reports from PIDF, and also reviews CWS outcome data, compiled by Department data analysts. Annually, CWSB examines aggregate data in efforts to understand what has happened and what may happen next. CWSB Administrators are continually evaluating data to understand the changes in the foster care population. Once changes are recognized, CWSB shares this information with the contracted recruitment provider to direct the recruitment efforts.

Each year, shortly after PIDF has compiled its annual report, based on surveying all resource caregivers statewide, CWS Administrators meet with PIDF staff to review data jointly and make plans for the coming year. CWS brings data to the meeting regarding children in foster care (ethnicity, geographic areas of removal, special needs, placement stability, etc.) over the past year. Trends, concerns, successes, gaps, and strengths are discussed. Determinations are made regarding where and how to focus efforts and resources. For example, CWS ethnicity

data showed a growing population of Micronesian and Marshallese families in the Hawaii's child welfare system. In order to best serve these children in foster care, CWSB and PIDF examined the data and created plans to recruit resource caregivers from within these communities. Also, when PIDF's survey results indicated that resource caregivers were not receiving enough information about the children upon entry into their homes, CWSB instituted the Child Information Folder which holds documents and important information about each child and travels with the child to the resource home.

In addition to these annual meetings, approximately monthly, CWSB administrators communicate with PIDF staff, through email, phone calls, and live meetings regarding data trends and potential needs for immediate adjustment in efforts. When CWSB was experiencing challenges with its on-call shelters, CWSB reached out to PIDF to recruit families who would be able to take children 24-hours a day to help fill the gap. When the unmet needs of minor victims of human trafficking came to CWSB's awareness, again, CWSB contacted PIDF to jointly come up with a plan to train and recruit specialized resource caregivers to properly support these children and youth.

The strong collaborative relationship between CWSB and PIDF facilitates communication, allowing for resource adjustments with celerity.

B. Resource Caregiver Recruitment Efforts in SFY 2016

Through the continued collaborative work of CWSB, contracted service providers, and community stakeholders, a variety of recruitment efforts took place in SFY 2016, including:

1. Faith-based efforts

Faith-based recruitment continues to be an integral part of the overall recruitment and awareness plan. Staff conduct presentations at churches, request ads to be placed in church bulletins and on bulletin boards, and host information tables at events including missions, conferences, and church services. Staff also maintain relationships with key faith-based contacts in the community and call upon them to assist in publicizing the need for more resource families to their congregation and other needed support, such as supporting foster care events (coordinating donation drives, staffing, etc.) and providing direct support to families in their congregation who foster. This natural support system also provides an effective means of recruitment as other families are able to interact with the

children directly, which can encourage other families to do the same. Harvest Family Life Ministries is one of the key partners in the community whose goal is to recruit and support resource families. As they share their message of support and encourage churches to build ministries around foster care, this group also leads families to become licensed resource caregivers. Other faith-based contacts are also called upon to spread the word about a need for a resource family for a particular child who may need a home in the same geographical area as the church.

2. Native Hawaiian efforts

Considering the great efforts put forth to reach and maintain the current high percentage of Native Hawaiian resource caregivers, and the serious concern about the disproportionality of Native Hawaiians in the foster care system, CWSB has decided to focus on reducing the number and percentage of Native Hawaiian youth in foster care. This is Hawaii's preferred method to help the percentages of Native Hawaiian foster youth and Native Hawaiian resource caregivers come closer to each other.

Staff continues to maintain a regular presence at Native Hawaiian community events and organization meetings. Hosting information booths at annual conferences such as the Council on Native Hawaiian Advancement helps keep a focus on the need for additional Native Hawaiian resource families. Ongoing collaborative relationships with Native Hawaiian community organizations such as Queen Lili'uokalani Children's Center (QLCC) and the Department of Hawaiian Home Lands (DHHL) also provide an avenue for awareness and for general support of families and children involved in foster care. For example, QLCC often opens its facilities for meetings and events, and the DHHL in West Hawaii allowed staff to present and man an information booth at their event.

Partners in Development Foundation's (PIDF) Hawaiian Cultural Specialist also provides recruitment staff with additional and specific cultural guidance by directly working with staff members on their respective islands (including Oahu) to assist them in further developing Native Hawaiian connections in their communities. In addition, he provides quarterly consults through in person meetings, teleconferences or video conferencing.

PIDF staff also attends PIDF's own annual cultural in-service and other community training events to expand their cultural awareness and understanding.

PIDF staff attended a two-day training on targeted recruitment with foster parent recruitment expert Dr. Denise Goodman in August 2015, and monthly consults with PIDF recruitment team and Dr. Goodman have been ongoing. Statewide PIDF targeted recruitment plans include specific goals, objectives and strategies to continue to strengthen our engagement of the Native Hawaiian community in providing foster care.

Denise Goodman, recruitment consultant and trainer, came to Hawaii to work with all PIDF recruiters and staff with a focus on key strategies involved in conducting targeted recruitment. During her training, Ms. Goodman trained staff on utilizing demographic data to determine the need vs. the current resources, and how to address the deficits by developing targeted recruitment plans. PIDF and DHS worked closely to obtain detailed information about the children in care, and the current resource caregiver pool. One outcome of this of this collaboration was a detailed plan, developed by each recruiter, which identified business/organizational/individual contacts within the specific cultural/ethnic community they would engage to help increase the community's awareness of the need for resource caregiver families.

The need for more licensed Native Hawaiian resource caregiver families was also identified as an area for targeted recruitment. Specific strategies identified included: engagement of the recruitment team with the PIDF Cultural Consultant to obtain advice on how best to approach Native Hawaiian churches, and organizations such as Kamehameha Schools, Hawaiian Homelands, and the Office of Hawaiian Affairs; engagement of the John A Burns School of Medicine staff to help identify avenues to communicate with the Native Hawaiian communities through students, and engagement in the Waianae and Waipahu Coalitions to keep key stakeholders in these communities abreast of the need for more families.

The relatively equal percentages of children in care and caregivers of Native Hawaiian heritage is a sign of the success of targeted recruitment efforts to the Native Hawaiian community. This can be seen in the *Multi-Ethnic Report on Children in Foster Care and their Resource Caregivers for SFY 2016*, following this narrative.

3. Utilization of Resource Caregivers, Alumni Foster Youth, and Birth Families

Where appropriate, resource caregivers, alumni foster youth, and birth families are integrated into recruitment and retention efforts, often by sharing their experiences. Resource Caregivers and alumni foster youth presented at foster care information sessions, H.A.N.A.I. Pre-Service training, and other community and faith-based presentations. Resource Caregivers have also participated in various media recruitment efforts, such as: being featured in print ads in community-based newspapers to bring a familiar face to foster care, even providing their own number direct to the resource caregiver; being the voice on radio ads; and sharing their journey in feature stories in the newspaper. They also make follow-up phone calls to families who are interested but might want more specific information on the fostering experience. Whenever possible, former foster youth are also taped for presentations and trainings because of their experience and unique perspective. Including youth and resource caregivers who have had experience caring for teens has been especially important for the specific focus of recruiting more families for teens.

Partners in Development Foundation (PIDF) also has former foster youth and resource caregivers on staff who bring a wealth of experience to their roles as recruiters. In SFY 2015, for the first time, PIDF hired a full-time Family Liaison, who was in foster care as a teenager. Also in SFY 2015, PIDF had two former foster youth recruiters (Oahu) and three resource caregivers with teen experience (West Hawaii and Oahu) on staff in a part-time capacity. In SFY 2016, PIDF expanded so that a majority of the statewide recruitment activities include a former foster youth and/or resource caregiver. The full-time former foster youth Family Liaison and licensed resource caregiver East Hawaii Community Liaison hired in SFY 2015 continue to remain on staff. Additionally, in March 2016, a West Hawaii Community Liaison with resource caregiver experience was added to the staff. Kauai and Maui sites have also engaged resource caregivers in their recruitment team.

In SFY 2016, PIDF began a pilot project in which the Family Liaison, a former foster youth, conducts inquiries by phone and subsequently conducts the initial home visits. This pilot project provides two benefits in a continuity of staff contact through the initial steps of the process, and an opportunity for the Family Liaison to share her personal experiences of

being in care. Overall, using the above mentioned programs and liaisons, in SFY 2016, PIDF has licensed more than 29 families in Hawaii.

PIDF staff are in contact with all HI H.O.P.E.S. boards statewide. This board of former foster youth helps to spread awareness about foster care and shares their vision/goals with the larger community.

4. Word-of-mouth referrals

Word of mouth referrals continue to be one of the highest sources of referrals. The 'Ohana Rewards program that rewards individuals with a \$200 gift card for referring a family that becomes general licensed has exceeded expectations, with most referrals coming from resource families. The program is shared with all groups and individuals with whom PIDF staff have contact, and with an emphasis on current resource caregivers at trainings, support groups, conferences, resource caregiver newsletters, and direct mailing/emailing.

In SFY 2015, PIDF continued to inform individuals of the 'Ohana Rewards program through multiple venues. Presentations, specifically on 'Ohana Rewards, occurred at FPH's Support Groups, quarterly trainings, and the FPH Annual Conference to target current Resource Caregivers. Presentations on 'Ohana Rewards also occurred at several of the resource caregiver training sessions. The quarterly "Building Connections" Resource Advisory Committee newsletter contains information on 'Ohana Rewards in each edition. This newsletter is sent out to all current DHS licensed resource families, CWSB staff and is also posted on DHS' website. Copies of the newsletter are provided to PIDF, FPH and CCH staff for distribution within the community and at various recruitment events. PIDF Family Liaisons and Community Liaisons continue to have information on 'Ohana Rewards available when they are recruiting.

During SFY 2016, PIDF licensed 24 families referred through its 'Ohana Rewards program. Based on this success, PIDF looked to capitalize and expand on the resource caregiver referrals. Accordingly, in SFY 2016, for the first time, PIDF recognized all resource caregivers who referred licensed families at the Statewide FPH Annual Conferences, bringing more attention to this program and encouraging additional referrals from resource caregivers.

5. Web-based media

Another frequent source of referral is internet searches. During SFY 2016, web search continued to be the most common method of referral with 40% of inquiries coming from web search. In response to this, PIDF has made a concerted effort to step up web presence to maximize exposure. Google ads were purchased for the first time to maximize search engine optimization and drive people who searched for any variation of “foster care Hawaii” to [“http://www.pidf.org/programs/hui_hoomalu/about”](http://www.pidf.org/programs/hui_hoomalu/about). Once visitors land at the webpage, they can:

- a. View videos featuring a transitioning teen, a reunified birth family, and a long-time resource family;
- b. Request more information;
- c. RSVP for an information session; and
- d. Start the licensing process by filling out the initial inquiry form.

Social media outlets like Facebook and twitter were also developed to help direct visitors to PIDF’s website, increase exposure, and provide more avenues for information on foster care to potential resource families. These efforts have significantly increased web-based referrals.

6. Recruitment of LGBT Resource Families

PIDF will focus on expanding recruitment within the Lesbian, Gay, Bisexual, and Transgendered (LGBT) communities throughout the State. PIDF will also follow up on LGBT secular and faith-based connections already made in the present contract. There are challenges to finding homes willing to care for LGBT youth and DHS is determined to find homes for this group.

7. Child-Specific Recruitment Based on Ethnicity

One CWSB goal is to have a pool of resource homes that reflects the ethnic diversity of youth in foster care in Hawaii. Refer to the *Multi-Ethnic Report on Children in Foster Care and their Resource Caregivers for SFY 2016*, following this narrative, which provides information for SFY 2016 on the number and percentage of youth in foster care and that of their potential resource caregivers.

Excluding “Unable to Determine,” and “Mixed,” there are 20 ethnic groups listed in the report. Comparison of the percentages in these two populations suggests that Hawaii likely has enough resource caregivers of these ethnic backgrounds to meet the needs of the foster child population. Throughout the year, there were approximately two children in care for each resource caregiver home. Since each child does not stay in care for a year, Hawaii has enough resource caregivers to meet the demand for homes.

There are eight ethnic groups where the percentage of resource caregivers is lower than the percentage of children in care: Chuukese, Kosraean, Hawaiian or Part-Hawaiian, Mixed (not Part-Hawaiian/Not Part-Hispanic), Marshallese, Palauan, Tongan, and Vietnamese. Since most resource homes have more than one child, and children enter and exit care throughout the year, it is definitely possible for a lower percentage of resource caregivers in a particular ethnic category to be able to meet the needs of all the children in care of the same ethnic background, assuming those placements meet the individual needs and best interests of the children.

Regarding children and families of mixed heritage, it is likely that the difference in percentages between children in foster care and resource caregivers is due to how the data is collected (whether one is asked their primary ethnicity or with which ethnic group he/she identifies most versus being asked to state one’s ethnic background). Also, all workers who collect and report this data are certain that many more children and caregivers are of mixed ethnic backgrounds than they report, because so many just choose one. Because of these reasons, CWSB is not currently focusing specific recruitment efforts on this group.

There is some concern about the lack of Chuukese, Kosraean, Palauan, and Tongan resource families. PIDF is making concerted recruitment efforts to these communities, as well as to the Native Hawaiian community and other Pacific Island groups. For example, in regards to the Micronesian community, PIDF recruiters on each island have been working to reach out to the Micronesian populations on their respective islands, and develop relationships with key leaders in the Micronesian community who can assist in sharing information on becoming resource caregivers. In addition, PIDF's recently developed program, We Are Oceania, provides valuable contacts in the community that PIDF can consult with on how to best approach the growing need for additional Micronesian resource caregivers.

Recruiters also developed specific targeted strategies for communities, including teens, large sibling groups, and medically fragile children.

**Multi-Ethnic Report of Children in Foster Care and their Resource Caregivers
For SFY 2016**

| Ethnicity | Children in Foster Care Count | Children in Foster Care Percentage | Resource Caregivers Count | Resource Caregivers Percentage |
|--|--------------------------------------|---|----------------------------------|---------------------------------------|
| Native American | 14 | 0.56% | 12 | 0.91% |
| Alaskan Native | 2 | 0.08% | 2 | 0.15% |
| Black | 76 | 3.03% | 41 | 3.11% |
| Chinese | 10 | 0.40% | 17 | 1.29% |
| Chuukese | 51 | 2.03% | 3 | 0.23% |
| Filipino | 157 | 6.25% | 216 | 16.40% |
| Native Hawaiian or part-Native Hawaiian | 1,225 | 48.80% | 621 | 47.15% |
| Hispanic | 38 | 1.51% | 72 | 5.47% |
| Japanese | 23 | 0.92% | 86 | 6.53% |
| Korean | 4 | 0.16% | 6 | 0.46% |
| Kosraen | 5 | 0.20% | 0 | 0.00% |
| Laotian | 0 | 0.00% | 3 | 0.23% |
| Mixed (Not part-Hawaiian/Not part-Hispanic) | 364 | 14.50% | 38 | 2.89% |
| Marshallese | 21 | 0.84% | 5 | 0.38% |
| Other Pacific Islander | 25 | 1.00% | 30 | 2.28% |
| Palauan | 1 | 0.04% | 0 | 0.00% |
| Pohnpeian | 3 | 0.12% | 2 | 0.15% |
| Samoan | 72 | 2.87% | 50 | 3.80% |
| Tongan | 11 | 0.44% | 2 | 0.15% |
| Vietnamese | 2 | 0.08% | 0 | 0.00% |
| White (Caucasian) | 353 | 14.06% | 454 | 34.47% |
| Unable to Determine | 53 | 2.11% | 37 | 2.81% |
| Total Number (Children/Resource Families) | 2,510 | -- | 1,317 | -- |

*Please note that the percentage total for resource caregivers is over 100%, because if a resource family has two resource caregivers in the home of different ethnicities each ethnicity was counted. If the caregivers in one home were the same ethnicity, it was only counted once.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Hawaii assesses this item to be a strength.

Hawaii has a statewide process for the effective use of cross-jurisdictional resources to facilitate permanent placements. The Interstate Compact for the Placement of Children (ICPC) process generally functions well in Hawaii; Hawaii is an active participant in ICPC. Hawaii's ICPC Administrator is on the staff of CWSB's Program Development Office and Hawaii contracts with Catholic Charities Hawaii to process incoming ICPC requests. Data for incoming and outgoing referrals is collected and deadlines are monitored by the ICPC Administrator.

In SFY 2016, Hawaii processed 81 new requests for placements to other states and completed 74 home studies through ICPC. Thirty-seven Hawaii children were placed with resources in other states while 84 children from other states were placed in Hawaii. Of the 74 home study requests received from other states via the ICPC, 94% were complete or a preliminary home study was completed within 60 days. Challenges to timely completion include missing or pending documentation, and delays due to trials, appeals, and objections from relatives or resource caregivers.

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

the request by the unit with jurisdiction. These courtesies are reserved for children, parents, or relatives residing on different islands, or in different sections on Hawaii Island.

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