

**Hawaii Child and Family Services Review Round 3
Program Improvement Plan**

State/Territory: Hawaii

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Part One: Goals, Strategies/Interventions, and Key Activities

Introduction. In 2017, Hawaii participated in Round 3 of the Child and Family Services Review (CFSR). The CFSR found Hawaii to be out of substantial conformity with all seven outcomes and two of the seven systemic factors.

To develop the Program Improvement Plan (PIP), Hawaii's Child Welfare Services (CWS) engaged its staff, community and stakeholders. In December 2017 and January 2018, after the last CFSR case review, Hawaii conducted "talk story" sessions (similar to stakeholder interviews) with staff in its 8 Sections, with Program Development and Staff Development and with its CQI Council, made of various stakeholders across Hawaii, to identify challenges and root causes of the issues identified in the CFSR and to brainstorm ways the system could improve. Section-specific and Hawaii-wide data from the CFSR was shared at each session. Also, staff feedback was gathered from CQI case review results conferences and other meetings that occurred around the same time period. Information and data from these various meetings helped Hawaii to develop the goals, strategies and activities in this Program Improvement Plan (PIP). In January 2018, a CFSR results conference and statewide CFSR meeting was held with over 100 attendees from across Hawaii representing CWS staff, other state agencies, community partners, former foster youth, birth parents, resource caregivers and service providers, to hear results of the CFSR; small groups were convened to discuss and explore strategies and root causes for program improvement.

In addition to staff and stakeholder input, CFSR and case review data guided the development of this plan as did Hawaii's state data from targeted QA reviews on specific practice areas. Through studying stakeholder and staff input and analyzing case review and other CWS outcome data, Hawaii identified four primary cross-cutting themes to improve outcomes for CWS-involved children and families:

1. Supervision,
2. Safety,
3. Engagement, and
4. Permanency.

Within the cross-cutting theme of Supervision, Hawaii has two main strategies: 1) reduce the workload of supervisors, so that they have more time to spend guiding and coaching their caseworkers; and, 2) develop and implement guidelines and structure for supervision. Hawaii is optimistic that these efforts will provide the needed case support and oversight, and will also improve staff retention.

In the Safety realm, there are four main strategies: 1) revise the risk and safety curriculum; 2) train the new curriculum; 3) assure maltreatment reports are appropriately investigated (i.e., reports that formerly resulted in a log of concern or in a second complainant being added to an existing complaint will now be assessed); and 4) use SHAKA trackers for timely initial investigations and for monthly face-to-face visits between caseworker and child. Success in these strategies will result in improved decision-making among CWS staff, case plans that target the necessary behavioral and/or environmental changes, reduced re-entry rates, and less time in foster care.

Hawaii's three Engagement improvement strategies are: 1) train and coach staff to authentically engage parents; 2) use SHAKA tracker for monthly face-to-face visits with parents; and, 3) improve use of `Ohana Conferencing. With enhanced engagement of parents, case plans will be appropriately tailored to parents' needs, children and families will regularly have a voice in their case plan, and children will reunify more often and faster.

In the Permanency arena of this PIP, Hawaii has identified three main strategies: 1) employ early concurrent planning; 2) implement case staffing meetings; and 3) partner with Family Court. With these targeted permanency efforts, children will reach permanency faster.

Cross Cutting Theme 1: Supervisors are empowered and supported to lead and strengthen practice that will improve safety, permanency, and well-being outcomes for children. (Systemic Factor: Staff and Provider Training)

Supervision & Workforce. Hawaii has 22 supervisors statewide. Supervisors oversee 8-15 staff each; in most units, around half are caseworkers (investigators and permanency) and half are support staff (secretaries, assistants and aides). Because they are supervising staff with varying functions, effective supervisors must have a wide range of expertise. As of today, about half of Hawaii's supervisors have been in their roles for less than 3 years. This dynamic contributes to difficulty in building expertise and in creating a work environment for caseworkers that supports learning.

The Department has seen high staff turnover in CWS units across Hawaii, although some units and Sections have found stability recently. Over several years, there have been at least 3 units that have been mostly stable; these units have had the same supervisor. These supervisors are described as having strong organizational skills, are supportive in nature, and are highly knowledgeable about child welfare practice. (These supervisors will serve as our champions in Supervision Goal 1, Strategy 2). Feedback from staff's exit interviews and existing staff surveys is that there is generally inadequate supervisory support for shared decision-making. Also, caseworkers see that supervisors are overwhelmed and feel guilty about asking supervisors for their time. This lack of support combined with a feeling of constantly being overwhelmed not only contributes to staff turnover, but creates a work environment that is negative and does not promote trusting work relationships.

Hawaii does not have procedures or tools in place to support or monitor the frequency or quality of supervision. Supervision was regularly provided in 2005 with the use of a QA tool that facilitated discussions between the supervisor and caseworker about specific practice areas. Over time, this practice became compliance-driven and, therefore, not a valued and effective method of supervision. Quality assurance and oversight did not occur to evaluate and adjust the supervision approach. Regular supervision was eliminated by most. Currently, just a few supervisors regularly conduct monthly supervisory conferences without the use of the QA tool. These supervisory conferences are pre-scheduled and, when appointments are not kept, they are re-scheduled; supervisors who do not have regular supervision do not have a system of pre-scheduling supervisory conferences. The reason that regular monthly supervision does not occur for many supervisors is that there is not enough time due to their own caseloads, supporting caseworkers with case-related crises that arise during the day, and program/community meetings that they attend. Others have not conducted monthly supervision regularly for so long, if ever, and don't understand the value and benefits that can be gained. In the absence of regular monthly supervision, caseworkers are provided with direction when requested, in real-time during crises, and in response to incidents, circumstances or complaints. Also, many supervisors often accompany staff to Court hearings or case-related meetings when there is contention or a need for support. Supervisory support is also provided by some supervisors through daily or weekly staff meetings (referred to as "morning briefings") used to leverage time and support that can be offered to those staff who need help.

Supervision that does occur, either regularly or irregularly, is usually for crises or administrative in nature – reviewing the caseworker's assigned caseload including client activity and services, tracking worker activity in relation to requirements, discussing problems with case-related processes, and ensuring compliance with business processes. Some supervisors use the WS12 (caseworker's caseloads) as a guide and prompt for reviewing updates on cases. Clinical supervision and professional development are recognized as important, but are not regularly provided. This is believed to be a result of the lack of training and support for this type of supervision.

Building on lessons learned from 2005, supervision can occur only when supervisors have the time to supervise and have the support to learn and transfer that learning to their staff. Supervisors must be supported to fully engage and integrate supervisory skill set. Required supervisor support includes an adequate skill set with specific tools to guide the work, a uniform way to supervise, clear roles and expectations of supervision and a manageable workload.

Training for Supervisors. Prior to 2012, Hawaii's partnership with the School of Social Work allowed for access to supervisor training specific to child welfare. Currently, ongoing supervisory training for existing supervisors is offered by the State's Personnel office and non-profit organizations that is not specific to child welfare. While clinical supervision is not covered, trainings cover worker performance through supervision and professional development. Ongoing professional development is key as half of the Child Welfare workforce will be eligible to retire within 5 years (Source: APSR, 2017). These offered trainings are rarely accessed by supervisors because supervisors do not know about them and do not have the time to attend.

In 2017, a group of new supervisors in Hawaii were the first participants in a leadership training with a coaching component provided by Hawaii's CQI Project. This cohort met monthly for 10 months for supervisory training, modeled after the Leadership Academy for Middle Managers (NCWWI), and had coaching sessions with the trainer between training modules that focused on the application of learned skills. The feedback of the supervisors in this cohort has been overwhelmingly positive, reporting that the lessons, coaching and peer support helped to provide a positive experience in their early careers as supervisors. The plan for ongoing supervisory support is for the cohort to meet quarterly and for coaching to continue. This leadership training with coaching sessions began again in September 2018 for CWS's newest supervisors and will be provided each year thereafter for new supervisors.

Other workforce improvements have received official approvals and are in various stages of development, including a pilot to re-assign oversight of some administrative functions to an administrative supervisor, in Sections that have the highest foster care populations. This will support supervisors in being able to focus on the supervision of practice instead of business functions. In addition, Hawaii will pilot a unit in which staff can be mobilized to Sections that are facing temporary challenges and needing support, such as with responding timely to a high volume of new intakes or completing CPSS screens to close a backlog of inactive cases. Also, as a pilot, a supervisor-level position will be added in each large Section to help with the transfer of learning and support the application of what is learned in trainings. All three pilot activities are expected to be implemented in 2019.

Retention. Staff retention has been impacted by high caseloads. When asked about barriers to better practice, staff first identifies high workload as the cause. Hawaii's ability to assess size and equity in caseloads on an ongoing basis is hindered by the large volume of inactive cases pending case closure and manual adjustments are needed for a more precise count. High workload and cases not being closed timely is in part a result of turnover. In an effort to distribute workload, supervisors sometimes assign cases to new caseworkers after they have provided some on-the-job training and shadowed peers, but before they attend New Hire Training. In addition, case closures are not actively monitored. Turnover often occurs due to caseworkers not feeling adequately supported to carry out their job responsibilities.

Other Supervision & Workforce Activities. Supervision will be a primary focus of Hawaii's PIP and, as such, supervision is integrated into practice improvement efforts in other areas of this PIP to address safety, permanency and engagement outcomes. In addition, efforts are already underway outside of this PIP to pilot workforce improvements in the Sections with the greatest challenges, according to data reports.

These activities are described here:

- Hawaii began work with the Praed Foundation in late 2018 to streamline Hawaii's various assessment tools, including safety, risk, and Child And Adolescent Needs and Strengths (CANS) tools, by eliminating the potential for unnecessary and redundant information collection and data input activities. This work is intended to organize and reduce redundancy in the assessment process and to support staff decision-making. This work will continue into 2019.
- In partnership with Casey Family Programs, Hawaii is working with an external contractor to conduct an assessment on its organizational structure, business processes, and procedures. It is anticipated for this work to be completed and recommendations received by the end of 2018. The outcome of this assessment will further inform the kind of workforce improvements that Hawaii will undertake.

Goal 1: Enhance supervision by providing direction, supports, and infrastructure to empower supervisors to act as change agents, to facilitate continuous quality work and to aid in retention. Supervisors are empowered and supported to lead and strengthen practice that will improve safety, permanency, and well-being outcomes for children.

Strategy 1: Reduce the workload of supervisors, so they can focus on supervising and supporting case workers.

Key Activities:

1. Branch, Section Administrators and supervisors will review supervisors' caseloads; evaluate and assess the reasons for those case assignment; and, determine and implement a strategy to significantly reduce and/or eliminate supervisor caseloads. (Q1)
2. Guidelines based on Section staffing and CFSR Item ratings considerations will be developed and implemented that describe and clarify rare exceptions and circumstances under which a supervisor may be assigned a case. (Q1)
3. Branch and Section Administrators will oversee review and closing of inactive cases that have been inactive for more than 90 days. (Q1)
4. Branch and Section Administrators will develop and disseminate guidelines to maintain timely case closures and guidelines to transfer cases when staff exit employment or will be absent for extended leave. (Q1)

Strategy 2: Develop and Implement Guidelines and Structure for Supervision.

Key Activities

1. Program Development and Staff Development in collaboration with at least 3 high-performing supervisors will develop guidelines for mandatory monthly supervision specific to formal, monthly supervision; informal (as needed to answer staff questions, provide support, respond to crisis situations, shared decision making) supervision; and, coaching/shadowing/mentoring. (Q2)
2. Program Development and Staff Development in collaboration with at least 3 high-performing supervisors will develop a formal monthly supervisory tool that guides supervisors through supervision and includes the following (Q2):
 - a. Quality initial and ongoing risk and safety assessments
 - b. Engagement of both parents using methods including timely 'Ohana Conferences
 - c. Timely and quality monthly visits with children and parents, specifically addressing the inclusion and authentic engagement of non-custodial and incarcerated parents
 - d. Appropriate needs assessments and service planning linked to safety and risk and case plan goals
 - e. Timely permanency and concurrent planning
 - f. Efforts toward safe reunification and conditions for return
3. Staff and/or Program Development Train supervisors on use of supervisory tool. (Q2)
4. Staff Development and CQI will train Section Administrators and supervisors to coach and develop staff, focusing on the specific CFSR PIP items, namely safety, engagement and permanency with rollout based on CFSR PIP data. (Q2)
5. Hawaii will evaluate technical assistance from the Capacity-Building Center for States, Casey Family Programs, or Action Child Protection on the guideline and tool development, implementation, and quality assurance of activities described in Supervision Goal 1, Strategy 2. (Q2)
6. Branch Administrator and CQI will implement supervisory support modeled after Leadership Academy for Middle Managers, which provides monthly trainings and coaching for new supervisors; this training began in September and will continue with this supervisory group throughout the 12-month period ending August 2019. In the following year, another supervisory group will begin the year-long training. (Q1-Q8)
7. Branch and Section Administrators will monitor completion of the formal monthly supervision and the supervisory tool and progress toward improved supervision by:
 - a. Monthly monitoring of calendars to ensure monthly worker supervision is occurring and monthly review of a random sample of the supervisory tool to assess the use of the tool. (Q3-Q8)
 - b. Quarterly caseworker surveys developed by CQI and targeted supervision observations to assess the quality of supervision rolled out by section based on CFSR Item data. (Q3-Q8)
 - c. Branch and Section Administrators will discuss results of the monitoring during quarterly meetings to evaluate and adjust the process based on need. (Q3-Q8)

Cross Cutting Theme 2: High quality risk and safety assessments are consistently conducted and integrated into case planning. (Safety Outcome 1, Safety Outcome 2)

Safety & Risk Assessments. Hawaii's case reviews have shown positive outcomes when concepts supported by the safety model are applied in practice. The following contributing factors are evident in cases producing desired safety outcomes: 1) adequate observation and gathering of information about the abuse/neglect, the child's vulnerability, and the family's protective capacities; 2) documentation and application of the safety framework when making case decisions; and, 3) engagement through regular caseworker contact with children and their family in their homes. In cases that are rated as strengths for safety items in case reviews, there is clear logical reasoning, analysis, and decision-making of safety and risk.

These above-mentioned factors are frequently observed in case consultations and case reviews in cases handled by several of Oahu's specialized caseload units – the Crisis Response Team (CRT), sex abuse, and serious harm with unknown perpetrators. According to IV-E Waiver Evaluation, 85% of children serviced by CRT in 2016 on Oahu had a completed Initial Safety Assessment; that's an improvement from 57% in 2014. There are similarities in how these cases are handled. Each of these case types has additional clear procedures. Caseworkers assigned to these specialized caseloads are provided with additional training, coaching and supervision. Also, CRT, sex abuse, and serious harm cases that meet certain criteria require case consultations with a Multi-Disciplinary Team or other special consultants. Such supervision and consultation has created a learning environment that supports caseworkers to ensure adequate gathering of information and to support application of the safety framework. The resulting decision-making is evident in their documentation – tools or logs – and in their oral presentation of their assessment. In addition, team implementation meetings were held for CRT and serious harm with unknown perpetrator cases to support fidelity and to work through unexpected issues and barriers. Hawaii will use these program strengths and expand them statewide by adding coaching, mentoring, additional trainings to all staff.

Hawaii's safety framework exists in procedures. Instructions are clear and tools are available to guide decision-making. Hawaii's safety model is derived from the original SAFE model, designated by the Children's Bureau as a promising practice. However, case reviews' qualitative data reveal that information collection is primarily focused on the allegation of abuse/neglect – not the overall safety of the child – and that there is inconsistent application of the safety framework in practice. Reviews of cases and discussions with staff and court partners indicate that the concepts that support Hawaii's safety framework are not fully understood. Safety is often confused with risk, and in-home safety plans that include immediate actions to address imminent dangers or threats to child safety (such as a protective caregiver in the home when the children are present, a public health nurse visits daily to assess the health of the child, removal of the offending parent/caregiver from the home, providing children breakfast and lunch at school and a neighbor brings dinner to the family) are either not developed or are written as case service plans that include services that address long-term needs such as UA's, substance abuse assessments, and parent skill building. A contributing factor is that the completion of safety and risk assessment tools are widely perceived as compliance measures rather than for its actual value to ensure child safety.

To explain the quality of assessments, staff describes inadequate staff and supervisor training on safety assessment and decision-making through the life of a child welfare case and a lack of ongoing supervision to support this. One day of training on safety and risk assessments is provided for newly hired staff during their 3 weeks of training where all aspects of child welfare are covered. When caseworkers return to their units, they are dependent upon their supervisors and colleagues for the transfer of learning. A poll of Hawaii's supervisors revealed that while many supervisors offer an open-door policy for workers to initiate consultation, only a few supervisors provide regular monthly

supervision. The frequency and quality, including topics covered, length of time for supervision, location, and approach, of supervision varies. Frequency and quality of supervision will be included in a PIP strategy related to Supervision. The responsibility for their on-the-job training and application of the safety framework lies with their unit supervisor, many of whom are still learning themselves since more than half of Hawaii's supervisors have been in their positions for less than three years and some of these in child welfare for less than five years. In addition, some supervisors have limited experience in conducting safety and risk assessments as required by today's procedures and are often learning from others. Refresher trainings on the safety model are offered irregularly to existing staff and was last offered in 2011 and 2014. Specific supervision and consultation related to safety and risk assessments and decision making at key points in the life of a case has been defined in the Crisis Response Team model. The practice has improved consistency on the application of the safety framework in casework practice and will be further explored in the safety action strategies.

The most commonly reported reason given by staff for why safety and risk assessments are not completed is high caseload. In March 2018, three of the seven Sections' caseworkers were each assigned between 27 and more than 40 foster children; the other four Sections' caseworkers were each assigned 15-26 foster children. These caseworkers also have in-home cases, but capturing this specific caseload data is challenging due to cases not being closed for months and sometimes years. Lack of caseworker visits with children hinders the ability to assess, engage, and plan for safety, permanency, and well-being. While children are visited, coordination and communication between workers are a challenge and this has caused some confusion about the responsibilities of the assigned caseworker. Related data show that of the cases reviewed for the CFSR in 2017, 55% had monthly visits with children. Challenges were most prevalent among in-home cases (18%) as compared to foster care cases (48%) and with ongoing assessments (41%) as compared to initial assessments (68%). Case reviews show a relationship between caseworker visits and case outcomes. However, although caseload sizes vary greatly by Section, even in Sections with smaller caseloads, case reviews show a lack of safety and risk assessments and irregular contact with children. Staff report some challenges in making monthly caseworker visits for children living outside of Hawaii, as when children are placed in residential facilities or when children are Court-ordered to be placed outside of Hawaii before ICPC approval.

The rise of the number of children in foster care has contributed to higher caseloads. Statewide intake data shows a 10% increase in cases referred to CWS for investigation from SFY 2014 to SFY 2018. The monthly average number of children in foster care has increased 42% from SFY 2012 to SFY 2018 – from a monthly average of 1,078 children in SFY 2012 to a monthly average of 1,533 children in SFY 2018. Also, children are currently remaining in foster care an average of 9.6 months longer than they were in SFY 2015.

The accuracy of Hawaii's caseload count is complicated by cases not being updated and closed timely; the reason for this is again high caseloads. Staff reports that closing inactive cases are less of a priority than responding to new intakes. Meanwhile, when logs of concern are received on open cases, workload is compounded, as caseworkers are required to make contact again with the family.

Case review data from Round 3 CFSR shows that in 96% of cases, maltreatment allegations were formally reported or formally investigated/assessed. However, new reports of safety or harm were frequently added to existing reports as a subsequent complainant often several months or years after the initial report was accepted. CWS procedures describe the required process for calls received on open (active) cases. Essentially, if information meets the criteria of a new allegation or concern, after 60 days, a new intake is issued. However, because of the structure of Hawaii's CPSS database, the practice is to add a subsequent complainant to existing VCM intakes. That way, for new families to CWS, any VCM history can be merged with the CWS case. Case reviews observed the adding of subsequent complainants, within and outside of the 60-day timeframe. Additionally, it was observed that logs of concerns are issued for a wide variety of reasons –

sometimes for safety or risk concerns (both, new or previously reported) and other times to record non-urgent case information. Response times varied, but as of May 30, 2017, there is a required response within 5 days for logs of concern on open CWS cases. The 5-day response is also required for VCM cases effective January 1, 2018.

Trackers for Timeliness of Initial Response and Contact with Children. Hawaii's case reviews show statewide performance for Item 1 at 77.8% in SFY 2013, 88.6% in SFY 2015, and 74.1% in SFY 2017 (includes CFSR data). Hawaii implemented statewide use of a management tool in SHAKA which tracked Intake response times in real time. Data was entered by line staff and reviewed by supervisors and administrators on a regular basis. In addition, weekly statewide meetings were facilitated to discuss challenges in practice, brainstorm solutions, and clarify procedures. Staff widely acknowledge that this provided an opportunity for learning and support. Through this, Hawaii saw an improvement in performance. In 2016, statewide meetings ceased because data targets were met and management of the SHAKA Intake Tracker was shifted to the Sections and Providers. The Tracker calls provided the opportunity for learning and problem-solving around initial contact. This learning was transferred to workers through Section meetings, morning briefing, and other tracking methods. The information continues to be tracked in most sections, however, the frequency and method may vary and discussions regarding challenges to contact and brainstorming strategies may not occur consistently. One Section has maintained 100% strength ratings in each case review since SFY 2015 and this Section reports continued use of SHAKA Intake Tracker as a management tool. The SHAKA Intake Tracker shows consistent data entry by VCM statewide but inconsistent data entry by CWS and overall decreased performance since the shift. Recognizing the progress made through the tracker call as a method for tracking as well case ongoing learning and transfer of knowledge, Hawaii will revisit this strategy with revisions to the prior model to promote the utilization of the tracker and discussion/learning opportunity within each Section with participation of the Section Administrators, supervisors and workers as opposed to the statewide venue with only Section Administrators. Clear guidelines related to Tracker use, frequency of data input and review, participants, and discussion items, facilitation and topics/strategies for discussion will be defined and these changes will improve upon an already tested method of increasing performance; the additional clarification and structured oversight will permanently integrate this change in Hawaii's practice. Guidelines provide clear expectations for sustained consistent use. In addition, the data gathered by the Sections will be reviewed and discussed at Branch meetings which will help sustain the tracker utilization and integration into practice.

As the Intake Tracker helped improve outcomes related to initial contact, a similar monitoring tool will be implemented to track and review monthly visits on all active cases between caseworkers and children and between caseworkers and parents. The purpose is to improve Hawaii's regular contact with families. These new trackers will pull data directly from contact logs that have been inputted into CPSS – logs which are currently entered as part of documentation. No new or additional documentation will be necessary. The implementation of these monthly visitation trackers will incorporate lessons learned from the Intake Tracker and include:

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

CWS staff report drift from using SHAKA Intake Tracker because of competing priorities. They also describe a number of other factors that contribute to current performance in this area. The volume of assigned CWS intakes has slightly increased since SFY 2013, up 6.8% from

2220 to 2383 in SFY 2017 while VCM intakes have increased 13.6% from 1375 to 1592. On Oahu, a gap in services associated with a contracted VCM provider change in July 2017 resulted in intakes being assigned to CWS caseworkers with already full caseloads and CWS not being able to transfer any cases to VCM. This issue has since been resolved effective May 29, 2018, as Oahu VCM is accepting all new intakes and CWS case transfers. Also, on Oahu, the Court's requirement for caseworkers to attend all Temporary Restraining Orders (TROs) Court hearings whether or not they are child abuse cases take much time away from other duties. While strategies are currently being explored by CWS administrators to designate casework positions to TRO cases, strategies to enhance CWS's partnership with the Court and to address workload including, review and closure of inactive cases, will be addressed respectively in the Permanency and Supervision/Workload section of this PIP.

Goal 1: High quality risk and safety assessments are consistently conducted and integrated into case planning.

Strategy 1: Strengthen the quantity and quality of risk and safety assessments and integrate information into the case planning process.

Key Activities

1. Staff Development will revise the safety and risk curriculum for new hire training and existing staff training and incorporate the supervisor's role in the following areas: (Q1)
 - a. information gathering;
 - b. safety threshold – safety vs. risk;
 - c. safety decision-making at critical junctures: – removal, reunification case closure;
 - d. in-home safety planning and safety services;
 - e. assessment – use of risk and safety tools, in-home safety analysis;
 - f. conditions for return; and
 - g. safety services matching.
2. Staff Development, CQI and a small group of supervisors will review the changes to the curriculum and provide feedback to Staff Development, who will make changes to the curriculum. (Q1)

Strategy 2: Provide training to strengthen the quantity and quality of risk and safety assessments and integrate information into the case planning process.

Key Activities:

1. Staff Development will provide training to CWS and VCM caseworkers, supervisors, and Section Administrators on CFSR Item targeted practice areas (safety and case planning) to Section Administrators, supervisors, and then caseworkers. Supervisors and Section

Administrators will be trained first before caseworkers, and Section Administrators and supervisors will also attend caseworker trainings and be incorporated into the training as coaches. The order in which Sections will be trained will be made with consideration to Section staffing and CFSR PIP Item ratings. All training will be completed in all sections and with all staff. (Q2)

2. Staff Development will conduct coaching, mentoring, and shadowing of caseworkers modeled after success from the Crisis Response Team such as specified content for consultation and documentation (consistent consultation log for remove/in-home safety plan/no action). (Q3-Q8)
 - a. Coaching, mentoring, and shadowing: new workers will be assigned and shadow highly-skilled seasoned worker, supervisors, or designated coach prior to working on their own.
 - b. Specific focus of coaching will include key questions regarding safety concerns, safety services, and conditions for return (also reviewed during monthly supervision with the monthly supervision tool).
3. CQI will conduct targeted reviews on safety assessments, in-home safety plans, and safety-related decision-making in practice. (Q4, Q6, Q8)

Strategy 3: Assure maltreatment reports are appropriately investigated (Use of Log of Concern and 2nd Complainant).

Key Activities

1. Program Development will clarify the distinction between reports of maltreatment that meet the criteria for investigation/response and calls of information/concern and clarify the agency's response (vs. log w/information only) to address reports on active cases and 2nd complainants, including:
 - a. Reviewing and updating procedures on process and response requirement, as appropriate. (Q1)
 - b. Informing all staff about revisions in training series, rolled out by section beginning with intake. (Q2)
2. Sections Administrators and supervisors will implement practice after training is provided. (Q2-Q6)
 - a. Section Administrators or supervisors, as assigned will review all logs of concern and 2nd complaints on active cases and determine whether a new report will be made.
 - b. At monthly Branch meetings, Branch and Section Administrators will discuss changes, strengths and challenges in practice, workload, and system challenges, make necessary adjustments and advise the field.

Goal 2: Enhance monitoring processes to improve timely response of investigations and caseworker-child visitation.

Strategy 1: Reinstate use of SHAKA Trackers.

Key Activities

1. Improve timely response to investigation through the use of the Intake Tracker.
 - a. Program Development will develop clear guidelines and written protocols for implementation at the section level and with state oversight for Intake tracker use, frequency of data input and review, participants, and discussion items, facilitation and topics/strategies for discussion to complete and monitor initial response. (Q1)
 - b. Section Administrators will re-instate the consistent use of SHAKA Intake Tracker statewide to track initial contact, using unit-level and Section-level reports. (Q1)
 - c. Section Administrators will conduct section briefings/meetings using unit-level reports at Section meetings to facilitate discussions about strengths and challenges in practice, workload, and systems. (Q1-Q8)
 - d. Branch meetings will be conducted using Section-level reports to facilitate discussions about strengths and challenges in practice, workload, and systems. (Q2-Q8)

2. Improve caseworker visits with children through the use of the Caseworker-Child Monthly Contact Tracker.
 - a. Program Development will develop clear guidelines and written protocols for implementation at the section level and with state oversight for Monthly Contact tracker use, frequency of data input and review, participants, and discussion items, facilitation, and topics/strategies for discussion to complete and monitor monthly face-to-face caseworker contacts with children. (Q1)
 - b. Section Administrators will support the consistent use of caseworker-child monthly contact tracker statewide to track face-to-face caseworker contacts with children, using unit-level and Section-level reports. (Q2)
 - c. Section Administrators will conduct section briefings/meetings using unit-level reports at Section meetings to facilitate discussions about strengths and challenges in practice, workload, and systems. (Q2-Q8)
 - d. Branch meetings will be conducted using Section-level reports to facilitate discussions about strengths and challenges in practice, workload, and systems related to monthly face-to-face caseworker contacts with children. (Q3-Q8)

Cross Cutting Theme 3: Children, youth, families and resource caregivers are engaged and have an equal voice in case planning, from initial contact to case closure. (Permanency Outcome 2, Well Being Outcome 1, Well Being Outcome 2, Well Being Outcome 3)

Parent & Youth Engagement in Case Planning. Hawaii has a strong foundation from which to build, but there is a gap between procedure and practice. The procedure, outlined in Hawaii's Family Partnership and Engagement Practice Model, defines how CWS, families, and community partners collaboratively engage children and families in developing and delivering services and assistance to meet the unique needs of the children and families.

Case review data for CFSR Round 3 showed that in 61% of the cases reviewed, children were engaged in case planning, whereas the findings for engaging mothers and fathers in case planning were 55% and 43% respectively. For monthly contact, in 42% of cases reviewed, there was sufficient frequency of contact with mothers and fathers. This affected parent-child visitation in that children had sufficient visits with their mother in 54% of cases reviewed and with their father in 30% of the cases reviewed. Some sections were notably higher than others in these performance areas. Staff and stakeholders report that there is a range of skillsets amongst Hawaii's workforce that influences caseworkers' ability to engage families. It is observed that caseworkers that are able to engage families well have interpersonal skills that support relationship-building, have an innate and deep value for strength-based practice, and/or receive or seek out quality supervision or team/peer support. Specialty units and specialty courts have these supports built in to their processes, where caseworkers are part of a larger team that share in either providing services or consulting on the case. Also, specialty courts tend to have more frequent hearings (monthly or weekly) that allows for better communication with families.

Many cases were rated poorly because, although parents' whereabouts were known, efforts were not made to contact and engage them. When non-custodial parents, usually fathers, were not actively involved with their children, the level of effort to engage that parent varied, but most often, there were insufficient attempts to engage them. Additionally, some caseworkers report feeling frustrated with ongoing efforts to engage parents who appear not interested and needing to direct their time to parents who show initiative in completing their case plan. Caseworkers have openly reported that they have shifted their focus to children as a means of prioritizing the work on their high caseloads. Some staff understand that this has been approved and even encouraged by CWS leadership. Also, while it is believed that staff shares in the value of family-focused practice, perspective plays a tremendous role in how families are engaged, and some staff can't independently see how their approach is not supportive of engagement. While staff have not regularly received the clinical supervision and coaching needed to shape their practice, administrators have seen shifts in practice for some staff after they have attended trainings with birth parent panels and trauma-informed care practices that focus on parents' experiences and encourage empathy.

According to survey and focus group data, staff's continuous state of feeling overwhelmed by competing priorities, which for some is burnout and compassion fatigue, makes it difficult to be present and listen actively when meeting with families. Visits with families therefore lack quality and are routine in nature. There is also some confusion about the role of the caseworker; some caseworkers perceive their role as the children's caseworker or advocate rather than family's caseworker, so engagement of the parents isn't prioritized. Currently, responsibilities, not roles are addressed in initial and ongoing engagement trainings.

Lastly, there has been a lack of clarity and understanding regarding required parent engagement efforts when working toward guardianship without TPR and toward APPLA. Procedures do not clearly address the need for continued parent engagement when permanency goals shift from reunification. Clarification on this topic was provided to staff in the APPLA trainings that were held in December 2018 and January 2019. Further clarification will come through the concurrent planning trainings that are planned as part of this PIP. (Please see Cross-Cutting Theme 4, A.3.)

‘Ohana Conferencing. ‘Ohana Conferences, by EPIC (contract provider), have been an important part of Hawaii’s engagement practice for many years. Hawaii has long recognized ‘Ohana Conferences as a promising practice in engaging families. One ‘Ohana Conference has the potential to address 11 CFSR items across safety, permanency, and well-being outcomes. Case reviews findings show that ‘Ohana Conferences contribute to a more complete understanding of children and parents’ needs in foster care and in-home cases. Both staff and families believe that ‘Ohana Conferences and other similar forums like Men’s Circles, provide parents a safe place where their voice is heard. Especially when there is contention, ‘Ohana Conferences provide a neutral, safe, and balanced environment that supports families to feel empowered.

Recently, however, ‘Ohana Conferences have been utilized less often. Although the number of children in foster care has increased over the past four years, the number of ‘Ohana Conferences has declined from 936 in SFY 2014 to 793 conferences in SFY 2017. Although ‘Ohana Conferences are widely considered by staff as a family engagement tool, staff reported in focus groups that there is a need to improve some processes to optimize staff time. Staff reports delays in having conferences because coordination is too time-consuming. Others report not wanting to attend because of being yelled at in conferences by families, though it is acknowledged that facilitators are skilled in effectively addressing such issues. There are also misconceptions amongst staff about requirements for and exceptions to conducting ‘Ohana Conferences. These reasons contributed to the drop in referrals.

‘Ohana Conferencing was included as a strategy in prior PIPs and is being included in this PIP with new strategies and new components such as, tracking ‘Ohana Conferences and reviewing their use in structured supervision or consultation. While Hawaii instituted a mandatory auto-referral process in the last PIP, procedures did not clearly require ‘Ohana Conferences, so this clarification will be made. Through the key activities in the Supervision section and Engagement section of this PIP, the staff will increase skills to authentically engage parents that are challenging and will be supported through coaching and mentoring. In addition, with many new caseworkers and supervisors in the workforce, ‘Ohana Conferences will help to support case planning within the context of family engagement. Supervisors will provide oversight of the appropriate use of ‘Ohana Conferences in monthly supervision conferences, as they will be prompted to address it using the newly developed supervisory tool. (See Cross-Cutting Theme 1 Supervision, Strategy 2, Key Activity 2.)

Regarding ‘Ohana Conferences, EPIC has initiated a formal evaluation to better understand the barriers; findings are not yet available. EPIC has also started a process in which they meet with parents as soon as the case becomes court-involved, at the first court hearing, to explain and offer ‘Ohana Conferences. As of June 30, 2018, 115 meetings at court have been held on Oahu and in Hilo. These first meetings at court with parents began in May 2017 for Kapolei units on Oahu and in June 2018 in Hilo. Further implementation will depend on the success of this effort.

Other Engagement Activities. Through a partnership with Casey Family Programs, Hawaii completed statewide one-day learning collaborative workshops for CWS staff at all levels in November 2018 to adopt Trauma and Healing Informed Care (THIC) principles into its practice. While several local child welfare provider agencies began shifting to trauma-informed practice several years ago and, through those avenues, training was made available to CWS staff, this was the first training of its kind that was required for all CWS staff statewide. THIC is based on the idea that staff will naturally be more empathetic and engaging with parents and children when they have a deep understanding of trauma and healing. The rapport between the worker and the family will be stronger, due to the worker's improved sensitivity and comprehension of how trauma affects brain development and behavior. THIC principles prioritize children and families' need for emotional safety, identify their trauma-related needs, and focus on enhancing their well-being and resilience. Staff responded positively to the initial implementation of THIC. In THIC training evaluations, staff stated that the training made them more aware of the trauma of all family members, not just the children, and that now the family's trauma and its effects and manifestations are more at the forefront of their case planning. A couple of supervisors have noted that, since the initial THIC training, some workers are making more appropriate service referrals for parents and the workers seem to have more realistic expectations of parents than they did prior.

Goal 1: Children, youth, families and resource caregivers are authentically engaged and have an equal voice in case planning, from initial contact to case closure.

Strategy 1: Improve authentic engagement with parents.

Key Activities

1. Program Development will create and disseminate practice guidelines explaining the THIC values specific to authentic parent engagement and continuity of relationships, with examples. Section Administrators and supervisors will discuss the concepts with their staff. (Q2)
2. Staff Development will develop coaching and shadowing procedures, including specifically addressing fathers and incarcerated parents, that reinforces THIC values of authentic engagement, as a follow-up to the recently implemented THIC learning collaborative. Implementation will be rolled-out based on Section staffing and CFSR PIP item ratings, e.g., sections with poorer performance on CFSR engagement items will be targeted for early implementation. (Q3)
3. Supervisors will implement the THIC-based coaching and shadowing structure in their supervision of caseworkers. Supervisors will also clarify that the caseworker role is to be an advocate and caseworker for the whole family, and not just for the child, as some workers believe.
 - a. Branch and Section Administrators will develop a process for identifying supervisors needing extra support with coaching and then create a priority listing of staff. (Q4)
 - b. Staff Development and CQI will provide supervisors with individual coaching regarding authentic engagement and incorporating the use of the Supervision tool developed in Cross-Cutting Theme 1, Strategy 2, Key Activity 2. (Q4)
4. CQI will conduct targeted reviews to determine the quality of authentic engagement, provide feedback to Branch and Section Administrators and discuss any needed adjustments (Q5-Q8)

Strategy 2: Improve the frequency of monthly contacts with parents.

Key Activities

1. Section Administrators and supervisors will implement and utilize SHAKA Monthly Contact Tracker system to track face-to-face contacts with parents using unit-level and Section-level reports at Section briefings/meetings and Branch meetings to facilitate discussions about strengths and challenges in practice, workload, and system challenges.
 - a. Program Development will develop clear guidelines related to tracker use, frequency of data input, and data review. (Q2)
 - b. Program Development will also create guidelines for quality monthly contact with parents to include: clarification on which parents and caregivers to meet with monthly, items to discuss, and strategies for discussing challenging topics, like concurrent planning and lack of engagement in services. (Q2)
 - c. Branch and Section Administrators will disseminate and discuss guidelines with supervisors at Management-Leadership Team meetings. (Q3)
 - d. Branch and Section Administrators will use Tracker reports at Branch and Section-level meetings to facilitate discussions about strengths and challenges in practice, workload, and system challenges related to monthly face-to-face contacts. (Q3)
 - e. Branch and Section Administrators will discuss effectiveness of the tracker and overall progress (Q4-Q8)

Strategy 3: Improve the use of 'Ohana Conferences as a tool in engaging parents and supporting families, in foster care and in-home cases.

Key Activities

1. Program Development will revise procedures to clearly define the requirements and exceptions for 'Ohana Conferencing in addressing (Q1):
 - a. Timeframes for when 'Ohana Conferences must occur: initial (within 30 days) and subsequent (every 4 months thereafter).
 - b. Case types for which 'Ohana Conferences are required, to include all foster care, Court-involved Family Supervision, and Voluntary Family Supervision cases.
2. Implement revised 'Ohana Conferencing procedures in Sections with the lowest performance on CFSR Items 13 and 15 and lowest utilization rates of 'Ohana Conferences. (Q2)
3. Implement revised 'Ohana Conferencing procedures in foster care cases with children in foster care 9-15 months without TPR in which an 'Ohana Conference has not occurred. (Q3)
4. Branch and Section Administrators and CQI meet to discuss parent engagement and 'Ohana Conferencing effectiveness and progress toward meeting CFSR data measures and make adjustments, if needed. (Q5-Q8)

Cross-Cutting Theme 4: DHS and the Court will urgently pursue timely permanency for children in foster care. (Permanency Outcome 1; and Systemic Factor: Case Review System)

Permanency Goals. In Hawaii's CFSR in 2017, permanency goals were appropriate to the child's needs and circumstances in 84% of cases and established timely in 82% of cases. Reunification was immediately identified for children upon their entry into foster care, but the identification of a concurrent goal was often delayed or the reunification goal was not changed when appropriate. Although procedural information has recently been redistributed to help staff gain a better understanding, there remains some confusion as to when adoption or guardianship is appropriate, as well as confusion about APPLA.

Concurrent Planning. Through 2018 focus groups held statewide with CWS staff regarding CFSR results, Hawaii knows that while CWS staff at all levels acknowledge that concurrent planning is both required and best practice, and staff have a general understanding of the concept, the practice of concurrent planning is not fully understood or implemented consistently. Timeframes for permanency and concurrent planning are also not clear to all staff. In a 2015 survey of line staff statewide, 83% of respondents indicated that they know what concurrent planning is, but only 74% felt comfortable having a conversation about concurrent planning with parents. In the same survey, when asked when they first talk about concurrent planning with parents, 28% of respondents reported that they do not talk to parents about concurrent planning, and among the remaining responses, there was no agreement about the timing of this crucial conversation. In addition, in the 2018 focus groups, staff reports that talking with families about adoption or guardianship early in the case when the goal is reunification is not as urgent as other tasks, such as risk and safety assessments and getting parents connected to the right services. For some caseworkers, that conversation is an uncomfortable and difficult one that gets pushed to the side. New supervisors that are promoted from investigator positions to overseeing hybrid units (which cover investigation, case management, and permanency) are learning as they go from an existing system that does not effectively and consistently implement concurrent planning. In addition, staff recommend that procedures on permanency and concurrent planning, and the Safe Family Home Report (SFHR) template be revised to support improved practice. The SFHR has a section on permanency planning, but the documentation of the concurrent plan is often missing.

A focus group was held in February 2019 with family court judges across the State to discuss timely permanency. Part of the conversation focused on the concurrent planning process. The conversation revealed that some judges view concurrent planning as consisting of a primary and a secondary plan, where the secondary plan may be identified early, but is not enacted until the primary plan has failed. Judges agreed that permanency is best achieved when the court has discussions with parents initially and ongoing regarding the two specific concurrent plans, parents' progress in services, and the consequences of not successfully and timely completing services and making the necessary behavioral changes. The judges made commitments to adjusting their conversations with parents at court hearings to promote active concurrent planning, as is incorporated below in Permanency Goal 1, Strategy 1.5.

In the 2015 CWS staff survey, when asked *What do you need to help you feel comfortable to have the concurrent planning conversation with parents?*, 88% of applicable staff respondents reported that some combination of the following three tactics would be helpful to them: 1) training on concurrent planning, 2) training on how to engage parents in the conversation about concurrent planning, and 3) a one page family-friendly fact sheet that explains concurrent planning. An additional 8% of staff reported that they do not need any assistance; they are comfortable having concurrent planning conversations with families. This data, along with the information culled from the judges focus group points directly to strategies to employ to improve concurrent planning practice that are included in the Key Activities below.

Efforts in Hawaii's previous PIP around concurrent planning focused on defining concurrent planning and ensuring CWS staff statewide had an understanding of concurrent planning. The efforts in this PIP focus on cementing concurrent planning firmly into practice.

Reunification and Parental Engagement. Achievement of reunification was delayed in 56% of cases reviewed in the CFSR. According to CPSS data, the percentage of children exiting foster care to reunification with parents has slightly declined over the last 4 years, from 68% in SFY 2014 to 60% in SFY 2018. Additionally, of those reunified, the percentage reunifying within 12 months of entry has declined, from 80% in SFY 2014 to 73% in SFY 2018. Based on feedback from staff focus groups statewide, as well as a pattern of decreased monthly contacts with parents, and a decline in performance on Item 13 (Child and Family Involvement in Case Planning), this trend is likely due to decreased parent engagement. Parent engagement is more directly addressed in Cross-Cutting Theme #3 (Engagement).

Safety Framework. Related to parent engagement, additional identified challenges to timely reunification are the assessment for reunification readiness and resources to support reunification. Hawaii's safety framework uses logical, analytical decision-making from intake through permanency, including developing case plans, defining visitation details, and determining whether or not to reunify. Unfortunately, the application of these procedures in practice is inconsistent. Commonly in Hawaii, children reunify with their families at the point when parents have completed services, rather than when behaviors and circumstances have improved. Both case reviews and administrative reviews find that children are kept in foster care longer than needed prior to reunification. While caseworkers on specialty cases (e.g., sex abuse, serious harm, and drug court cases) receive consultation on the application of safety decision-making, most supervisors and caseworkers were not adequately trained on this and/or need additional support to successfully apply the framework. These issues are addressed in the Cross-Cutting Theme #2 (Safety) section of this document.

Compelling Reasons. Based on conversations with court partners (judges, court officers, DAGs, GALs, CASAs, parents' attorneys, and CIP) and focus groups with staff, another contributor to delayed permanency is the tendency to give parents extra time to resolve issues in order to potentially regain custody of their children. CWS caseworkers often do not consult with their supervisors about these decisions. Hawaii projects that improved CWS supervision and increased court partnership will have an impact here, with an emphasis on clear documentation of compelling reasons. Information gathered from the staff focus groups shows that compelling reasons are not well-understood at all levels. Procedures are not clear and need to be improved to better support practice. This will be addressed through implementation of improved permanency planning and concurrent planning procedures as described in the Key Activities below.

Adoption Expertise. When concurrent planning efforts are not timely, the achievement of all permanency goals are delayed. Adoption moves quickly when efforts to identify potential adoptive placements are made early in the case. Achievement of adoption was delayed in 44% of adoption cases reviewed in the CFSR. Similarly, CPSS data shows that, of the children who exited foster care during SFY 2018 to a finalized adoption, 52% were adopted more than 24 months after their entry into foster care. Delays in adoption are often related to a lack of family engagement and/or challenges in actively pursuing concurrent planning from the start of a case. Staff also attribute these delays to the complicated process of completing an adoption. Hawaii CWS staff describe the work to complete an adoption as detailed and complex. The agency's re-organization in 2011 resulted in the loss of permanency (specialized adoption) units and with it, the loss of adoption expertise. While some these caseworkers are still in their positions, many have left the agency. One unit, under the supervision of a former permanency

(specialized adoption) supervisor, and with several former permanency workers, still holds that expertise and has been able to support learning for new caseworkers entering the unit. In other units, staff turnover, high caseloads, and irregular supervision has been a barrier to maintaining and re-building adoption expertise.

Triggered by a shortage of Family Law attorneys in one region of the State, in the summer of 2018, Hawaii's Attorney General's Family Law Division (FLD) began a process to centralize the processing of adoption petition paperwork statewide. Each circuit has its own local practices regarding adoption hearings and paperwork. This centralization has resulted in examination of the legal adoption process statewide. Hawaii's FLD Supervising Deputy Attorney General (DAG) is identifying ways to make the process more consistent and expeditious. CWS supports these efforts and will partner with DAGs throughout the PIP to ensure the implementation of identified improvements.

Prioritizing Permanency Work. In SFY 2018, statewide, 63 children had a legal status of Permanent Custody at both the beginning of the year and at the end of the year. When a child who is in foster care has parents whose parental rights have been terminated, but that child has not been adopted or entered legal guardianship, that child is under Permanent Custody to the State. The lack of urgency in pursuit of permanency is believed to be another cause for permanency delays. Through the 2018 statewide focus groups, staff reports supervision and workload volume are significant factors in this. Decisions that need to be made regarding children's permanency are complex and require additional support and more time than has been readily available to most staff. Related to the lack of adoption expertise described above, currently, across the State, the vast majority of caseworkers (who are not assessment workers) cover foster care cases from the point of assessment completion through the achievement of permanency. This means that the same workers are managing safety issues and trying to finalize adoptions. Staff reports struggling to find enough time to follow-up on all the potential leads that are found through family finding, which might result in a permanent relative placement. When they must make decisions about what to prioritize in their overwhelming workload, safety often takes priority over permanency efforts. Hawaii plans to address this through supervisors working more closely with caseworkers to assist in prioritizing their work (see the Cross-Cutting Theme #1—Supervision section), the new case staffing meetings (see Permanency Goal 1, Strategy 2 below), and some strategic structural changes to worker and unit functions.

TPR Filings. During Hawaii's SFY 2016 case reviews, the CQI team conducted a targeted review regarding timely filing of TPR, which found that, in 78% of applicable cases, TPR motions were filed timely or a compelling reason was documented. In 2018, Hawaii's CQI team conducted a targeted review of 71 foster care cases statewide, with children who had been in foster care for two years or longer. The review focused on identifying factors contributing to delayed permanency. From this targeted review, in 41 of the cases, a motion for TPR was filed. Of those motions, 33 were granted. Of the eight motions that were not granted, none was denied because of a lack of identified prospective permanent placement. There was an identified adoptive placement in six of the eight cases where the motion was denied, i.e., in 75% of the cases where the TPR motion was denied, there was an identified adoptive family. (The reasons that the motions were not granted included criminal proceeding complexities, wanting to give parents more time for reunification, and lack of parental engagement by the CWS worker.) Of the TPR motions that were granted, 25 of them had an identified adoptive family and eight did not, i.e., in 76% of the cases where the TPR motion was granted, there was an identified adoptive family. Although anecdotal reports from the 2017 CFSR Stakeholder Interviews indicated that motions for TPR were being denied by judges because an adopted home had not been identified, the results of this targeted review contradict that assertion.

Goal 1: Permanency will be achieved timely.

Strategy 1: Permanency will be improved through concurrent planning.

Key Activities

1. Program Development will review and revise permanency planning and concurrent planning procedures, the Safe Family Home Report (SFHR) and Permanent Plan and will gain input from the Family Court (Q2), specific to:
 - a. Process and timeline for identifying and achieving permanency goals;
 - b. Timelines for filing for TPR, including compelling reasons;
 - c. Timeframe for concurrent planning discussions, documenting the concurrent plan, and efforts to achieve the concurrent plan;
 - d. Requirements of reasonable efforts, parent engagement, and readiness assessment, when moving from reunification; and
 - e. Appropriate use of APPLA and legal guardianship as permanency goals.
2. Program Development will develop practice guidelines for CWS caseworkers and will gain input from the Family Court, regarding the items listed in Permanency Goal 1, Strategy 1, immediately above. The finalized practice guidelines will be disseminated to court partners and CWS staff. (Q3)
3. Program Development, Family Court, and CIP will develop and disseminate Bench Cards to guide Family Court judges statewide in specific practices (Q3), that:
 - a. Ensure that parents and their attorneys understand the two concurrent goals;
 - b. Ask parents about their progress in services;
 - c. Discuss/address barriers regarding parents' progress in services;
 - d. Ask CWS caseworker about the two concurrent goals, including actions being taken to achieve both goals;
 - e. Discuss/address barriers to action steps to achieve both goals; and
 - f. Include findings in their court orders regarding concurrent planning.
4. Program Development will develop and disseminate, a family-friendly fact sheet explaining concurrent planning and the timelines to be shared with families by CWS caseworkers. (Q3)
5. Staff Development will partner with Family Court to provide training on permanency planning and concurrent planning procedures, and relevant reports, to CWS caseworkers, supervisors, Section Administrators, and court partners, including judges and parents' attorneys. Training will incorporate updated practice guidelines, family fact sheets, and Bench Cards. (Q3 – Q6 in this order: Oahu, Hawaii Island, Maui and Kauai)

6. Family Court Judges will implement the use of the revised Bench Cards at every CWS-related court hearing after all relevant court and CWS staff are trained in that region/circuit. (Q5 on Oahu, Q6 on Hawaii Island, and Q7 on Maui and Kauai)
7. CQI will conduct a targeted review to determine if workers understand the concepts and have made the practice change and will make recommendations as to what may be needed. Section Administrators, supervisors, and CQI will review recommendations and implement those determined to be necessary. (Q6 – Q8)

Strategy 2: Permanency will be improved through a case staffing process that promotes shared and supportive decision-making.

Key Activities

1. CWS Administrators (from Branch, Program Development, and the Sections) and CQI staff will finalize the design of a case staffing process by which key permanency-related decisions are reviewed and discussed, using the Supervisory tool, with caseworkers, supervisors, and a neutral Practice Coach with CWS and CFSR expertise. (Q1)
2. Program Development and Section Administrators will develop procedures on the case staffing process specific to following up on decisions made and actions planned Permanency Goal 1, Strategy 2 immediately above. At a minimum, follow-up will be provided in monthly supervision meetings and in an optional subsequent 60-day formal case staffing meeting, which will be led by a neutral Practice Coach. (Q2)
 - a. In the beginning 6-9 months of implementation of the Case Staffing Process, all cases will have both a first and second case staffing meeting. The purpose of the second meeting, which will occur approximately 60 days after the initial case staffing meeting, is to review the status of the case, to see if there has been concrete movement toward permanency, to determine if actions agreed upon at the first meeting have been achieved, and to address any barriers and correct course, as needed.
 - b. In the second year of implementation of the Case Staffing Process, the second case staffing meeting may not occur on all cases that have had a first case staffing, as supervisors may have the tools, skills, and knowledge to lead any necessary follow-up, and caseworkers may also have enhanced skills to complete necessary steps to achieve permanency on their cases.
3. Coaching and specific guidance (both verbal and written) on CFSR permanency items 5 and 6 and the topics listed in Permanency Goal 1, Strategy 1 will be provided to CWS caseworkers and supervisors by the neutral Practice Coach. Supervisors will enhance their coaching skills by witnessing the expert modeling. (Q2-Q8)
 - a. Efforts will begin first with cases that are identified using data from each section's case review performance (i.e., sections with lower performance on CFSR items 5 and 6 will be targeted to begin the case staffing process earlier in the PIP) and foster care population demographics (e.g., length of time in foster care, legal status, large sibling groups, and low frequency of caseworker visits with children and parents,) and will later expand to more cases.

Strategy 3: Permanency will be improved through court and DAG partnerships.

Key Activities

1. Branch Administrator and CIP will initiate, coordinate, and facilitate collaborative quarterly meetings to discuss permanency and other PIP initiatives for which CWS and the Family Court have decision-making authority, responsibility, and influence. This will not be a new meeting, but an adjustment to an existing Court-CWS meeting. (Q4 on Oahu and Q6 on neighbor islands)
 - a. Hawaii will receive technical assistance from the Capacity-Building Center for Courts in setting the collaborative agenda and facilitating meetings if needed. (Q4)
 - b. Meetings will include CIP, CWS leaders, Family Court judges, DAGs, GALs, CASAs, parents' counsel, and other judicial partners to promote a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning. Topics to be covered in these meetings may include newly revised permanency and concurrent planning procedures, specifically:
 - i. Concurrent Planning,
 - ii. TPR Motions,
 - iii. Compelling Reasons,
 - iv. Conditions for Reunification,
 - v. Time between Hearings,
 - vi. Assignments to Specialty Courts, and
 - vii. Engaging Families through the Court Process.The meetings will also cover topics that are mutually agreed upon by CWS and the court.
 - c. These meetings will differ from past CWS-Court joint meetings in the following ways:
 - i. The agenda for these meetings will be developed jointly between Family Court and CWS.
 - ii. The agenda will focus on improving permanency outcomes and safely reducing time in foster care.
 - iii. Facilitation/Leadership of the meetings will be shared between Family Court and CWS. (Facilitation may be done by an outside party.)
 - iv. CWS Permanency data (quarterly outcome data by Section, regarding the timeliness of reunifications and adoptions; and monthly numbers and percentages of types of exit from foster care) will be presented and discussed.
 - v. Hearing Observation data will be discussed. See Key Activity #2 below.
 - vi. The meetings will be solution-focused and action-oriented.
 - vii. Commitments for actions will be documented and reviewed at the following meeting.
 - viii. All meeting attendees will work toward an understanding of communal responsibility for the families' outcomes.
2. CIP will document a process for and implement Court Hearing Quality Observations with input from Family Court and CWS using a Hearing Observation Tool that includes concurrent planning and reunification efforts. The data collected through use of the Hearing Observation Tool will be compiled and analyzed by CIP. The data findings will be shared and discussed with court partners at the new CWS-Court Quarterly Meetings, described in Permanency Goal 1, Strategy 3, immediately above. (Q5-Q8 on Oahu, Q6 on Hawaii Island, and Q7 on Maui and Kauai)

3. DAGs will centralize review of adoption paperwork statewide to the lead DAGs' Office on Oahu to promote statewide consistency and quality. (Q2)
4. DAGs will collaborate with CWS to streamline legal paperwork for adoption. (Q4)

PIP3 Acronyms

| | |
|-------|-------------------------------------------------------------------------------------|
| APPLA | Another Planned Permanent Living Arrangement |
| APSR | Annual Progress and Services Report |
| CASA | Court-Appointed Special Advocate |
| CB | Children's Bureau (federal) |
| CFSR | Child and Family Services Review |
| CIP | Court Improvement Program |
| CPSS | Child Protective Service System (computer database system) |
| CQI | Continuous Quality Improvement |
| CRT | Crisis Response Team |
| CWI | Child Welfare Intake |
| CWS | Child Welfare Services |
| CWSB | Child Welfare Services Branch |
| DAG | Deputy Attorney General |
| DHS | Department of Human Services |
| EPIC | Effective Planning and Innovative Communication (social service agency) |
| FLD | Family Law Division |
| GAL | Guardian Ad Litem |
| ICPC | Interstate Compact on the Placement of Children |
| MDT | Multi-Disciplinary Team |
| NCWWI | National Child Welfare Workforce Institute |
| OC | 'Ohana Conference |
| OIT | Office of Information Technology |
| OJT | On-the-Job Training |
| PC | Permanent Custody (legal status of child, after TPR) |
| PD | Program Development |
| PIP | Program Improvement Plan |
| PUR | Period under Review |
| Q | Quarter (a grouping of three months of the year) |
| QA | Quality Assurance |
| SDO | Staff Development Office |
| SFHR | Safe Family Home Report |
| SFY | State Fiscal Year |
| SHAKA | State of Hawaii Automated Keiki Assistance (computer database system) |
| TPR | Termination of Parental Rights |
| TRO | Temporary Restraining Order |
| VCL | Voluntary Case Management Liaison |
| VCM | Voluntary Case Management (services), part of Hawaii's Differential Response System |

Part Two: Measurement Plan

Child and Family Services Review (CFSR) Round 3

Hawaii: PIP Measurement Plan Goal Calculation Worksheet

Case Review Items Requiring Measurement in the PIP

Retrospective Approach Using 2017 State-Conducted CFSR Results Combined with West Hawaii Review in March 2018

| CFSR Items Requiring Measurement | Item Description | Z value for 80% Confidence Level ¹ | Number of applicable cases ² | Number of cases rated a Strength | PIP Baseline ³ | Baseline Sampling Error ⁴ | PIP Goal ⁵ |
|----------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|----------------------------------|---------------------------|--------------------------------------|-----------------------|
| Item 1 | Timeliness of Initiating Investigations of Reports of Child Maltreatment | 1.28 | 30 | 26 | 86.7% | 0.07944101 | 94.6% |
| Item 2 | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care | 1.28 | 47 | 33 | 70.2% | 0.085385509 | 78.8% |
| Item 3 | Risk and Safety Assessment and Management | 1.28 | 87 | 34 | 39.1% | 0.066958927 | 45.8% |
| Item 4 | Stability of Foster Care Placement | 1.28 | 54 | 42 | 77.8% | 0.072416011 | 85.0% |
| Item 5 | Permanency Goal for Child | 1.28 | 53 | 35 | 66.0% | 0.083265758 | 74.4% |

Explanatory Data Notes:

¹ Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

² Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases reviewed for the baseline period. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item. A two percent (2%) tolerance is applied to the number of cases reviewed to measure goal achievement compared to the number of cases reviewed to establish the baseline.

³ PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified baseline period.

⁴ Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

⁵ PIP Goal: Calculated by adding the sampling error to the baseline percentage. Percentages computed from 12 months of practice findings are used to determine whether the state satisfied its improvement goal. To determine a PIP measurement goal using case review data is met, CB will also confirm CB has confidence in accuracy of results, significant changes were not made to the review schedule, the minimum number of required applicable cases for each item were reviewed, the ratio of metropolitan area cases to cases from the rest of the state was maintained, and the distribution and ratio of case types was maintained for the measurement period. A five percent (5%) tolerance is applied to the distribution of metropolitan area cases and case types between the baseline and subsequent measurement periods. When a state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.

Measurement Period 1: Performance represents the percentage of strength ratings of applicable cases reviewed for each item during the measurement period of April 2018 - March 2019 - TBD.

| CFSR Items Requiring Measurement | Item Description | Z value for 80% Confidence Level ¹ | Number of applicable cases ² | Number of cases rated a Strength | PIP Baseline ³ | Baseline Sampling Error ⁴ | PIP Goal ⁵ |
|----------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|----------------------------------|---------------------------|--------------------------------------|-----------------------|
| Item 6 | Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement | 1.28 | 54 | 24 | 44.4% | 0.086553688 | 53.1% |
| Item 12 | Needs and Services of Child, Parents, and Foster Parents | 1.28 | 86 | 27 | 31.4% | 0.064057529 | 37.8% |
| Item 13 | Child and Family Involvement in Case Planning | 1.28 | 84 | 34 | 40.5% | 0.068551269 | 47.3% |
| Item 14 | Caseworker Visits With Child | 1.28 | 87 | 36 | 41.4% | 0.067587663 | 48.1% |
| Item 15 | Caseworker Visits With Parents | 1.28 | 76 | 24 | 31.6% | 0.068249091 | 38.4% |