

FY 2009 Annual Progress and Services Report

State of Hawaii
Department of Human Services
Social Services Division
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ANNUAL PROGRESS AND SERVICES REPORT

TABLE OF CONTENTS

	<u>PAGE</u>
<i>Overview of Hawaii's Child Welfare Profile</i>	6
I. SERVICES	
A. Accomplishments and Progress Achieved in SFY 2008 (To Date) in Meeting Each Goal and Objective	47
B. Steps DHS Will Take in SFY 2009 to Expand and Strengthen the Range of Existing Services, and Develop and Implement Services to Improve Child Outcomes Planned activities, new strategies for improvement and methods to measure progress in SFY 2009	76
C. Revisions to SFY 2009 Goals and Objectives	76
D. Services to Be Provided in SFY 2009 Target population, geographic coverage, estimated number of families/individuals to be served	77
II. COLLABORATION	
A. Update on Ongoing Coordination and Collaboration Efforts	77
B. Update on Collaboration Between CWS and the Courts on APSR, CFSR, or Title IV-E PIP	77
C. IV-B Funded Healthy Marriage, Fatherhood, Youth Development, Rural, Faith-Based, and Community Initiatives	79
III. PROGRAM SUPPORT	
A. Training Plan Updates for SFY 2009	80
B. Technical Assistance (TA) Plan Updates for SFY 2009	91

C. Research, Evaluation, Management Information System and Quality Assurance System - Updates or Planned Implementation in SFY 2009	91
 IV. TRIBAL CONSULTATION	
A. Update on Compliance in FY 2008 with Indian Child Welfare Act (ICWA)	92
B. Who Is Responsible for Providing Protections for Tribal Children in State or Tribal Custody	93
C. Consultation with Indian Tribes on Eligibility and Fair Treatment of Indian Youth in Care Under the Chaffee Foster Care Independence Act	94
 V. CONSULTATIONS WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS	
Process for consulting and involving physicians or other appropriate medical professionals in assessing the health and well-being of foster children and determining appropriate medical treatment	94
 VI. DISASTER PLAN	
CWS procedures for responding to a disaster	95
 VII. MONTHLY CASEWORKER VISITS	
A. Use of Additional FFY 2006 IVB-2 Funds to Support Monthly Caseworker Visits with Children in Foster Care	95
B. Procedures to Track and Report Caseworker Visit Data	96
C. State Standards for Content and Frequency of Visits	96
D. FFY 2007 Baseline Data on Percent of Children in Foster Care Visited Monthly and Percent of Visits That Occurred in the Residence of the Child	96

E. Action Plan to Ensure 90% of Children in Foster Care Are Visited Monthly And Visits Occur in the Residence of the Child	97
 VIII. CAPTA STATE GRANT	
A. Accomplishments and Progress Achieved in SFY 2008	98
B. Planned CAPTA Activities, New Strategies for Improvement and Methods to Measure Progress in SFY 2009	106
C. Revisions to the CAPTA Goals and Objectives	106
D. CAPTA Areas Selected for Improvement in SFY 2009	106
E. Activities the State Intends to Implement with CAPTA State Grant Funds in SFY 2009	106
F. Description of Services and Training to Be Provided Under CAPTA	106
G. Description of Substantive Changes	107
H. Citizen Review Panels	107
I. Description of Procedures for Criminal Background Checks for Prospective Foster and Adoptive Parents	107
 IX. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)	
A. Service Description	108
B. Accomplishments Achieved and Progress Made in SFY 2008 and Planned Activities for SFY 2009 for Each of the Five Purposes	110
C. Collaboration Activities in SFY 2008 and Planned for SFY 2009	111

D. Training Conducted in SFY 2008 and Planned for SFY 2009	112
E. Trust Fund	112
F. Youth Involvement in Planning	112
G. Option to Expand Medicaid	112
H. Results of Indian Tribe Consultation	112
X. ETV	
A. Service Description	113
B. Accomplishments and Progress Made to Establish, Expand or Strengthen the State's Postsecondary Educational Assistance Program	114
C. How ETV Program is administered	114
XI. FINANCIAL AND STATISTICAL INFORMATION REPORTING	
A. Number of Youth Who Received ETV Awards in FFY 2007 and FFY 2008 (To Date) Number Who Received an Award for the First Time Number of Awards (Ongoing or New) Planned for FFY 2009	115
B. FFY 2006 Title IVB-2 Non-supplantation Requirement	116
XII. ADDITIONAL REQUIRED SUPPORTING INFORMATION	
A. Juvenile Justice Transfers	116
B. Inter-country Adoptions	117
C. Child Welfare Demonstration Projects	118
D. Foster and Adoptive Parent Recruitment	118
E. Adoption Incentive Payments	121

ATTACHMENT A: Services – SFY 2009

ATTACHMENT B: SFY 2009 CWS Care Training Plan for New Hires
and Other Staff Development Staff Training

ATTACHMENT C: CWS Disaster Plan

ATTACHMENT D: Maui Citizen Review Panel Report

ATTACHMENT E: CWS Response to Maui Citizen
Citizen Review Panel

OVERVIEW OF HAWAII'S CHILD WELFARE PROFILE

[This report was updated in September 2008 to reflect information that became available after submission of the original June 30, 2008 report. A new data profile dated September 1, 2008 was developed and is used for this analysis. The data profile incorporates corrections and additions made to Hawaii's child welfare electronic case record information system.]

FY 2009 begins the fifth and final year of the Child Welfare Services (CWS) five - year plan, FY 2005 – FY 2009. Two reports are to be submitted in FY 2009:

- A review of what was achieved from FY 2005 through FY 2009 and where CWS is positioned at this juncture
- An assessment and strategic plan, communicating what CWS aims to achieve and the course of action in the next 5 years, FY 2010 – FY 2014.

The wrap-up year also marks the beginning of Round 2 of the Federal Child and Family Services Review (CFSR) for Hawaii with:

- A kick-off on July 15, 2008
- The initial draft of the Hawaii CFSR Statewide Assessment Report due in December 2008
- The final due in February 2009
- Culminating with the actual Federal on-site review to be conducted during the week of June 1 – 5, 2009

Updates and Highlights of Improvements and Challenges

[\[A special data run has been completed by our Federal partners, packaging Hawaii's electronic data submission for the second half of FFY 2007 with the first half of FFY 2008, to give Hawaii the option of using this special set of data for the State's CFSR Round 2. It appears Hawaii will meet 4 of the 6 National Standards using this special data set, very good news! More on this will be discussed and included in our draft CFSR Statewide Assessment Report due in December 2008.\]](#)

In FFY 2007, Hawaii met 2 of the 6 National Standards, after data was electronically re-submitted to include corrections and additions to Hawaii's child welfare electronic case record information system.

- Safety standard - absence of maltreatment recurrence within 6 months
- Permanency standard – timeliness of adoption

In FFY 2006, Hawaii met 3 of the 6 National Standards:

- Safety standard - absence of maltreatment recurrence within 6 months
- Permanency standard - timeliness of adoption
- Permanency standard – permanency for children and youth in foster care for long periods of time

National Standards	Special 2 nd half FFY 2007 + 1 st half FFY 2008 Hawaii's Performance	FFY 2007 Hawaii's Performance	FFY 2007 ranking	Met/ Exceeded National Standard	FFY 2006 Hawaii's Performance	FFY 2006 ranking	Met/ Exceeded National Standard
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SAFETY:

Absence of maltreatment recurrence 94.6% or higher Percentage of victims of confirmed child abuse/neglect (CAN) in the first half of FFY 2007 who were again confirmed victims of CAN within 6 months.	97.8% X Met National Standard	96.4%	Comparable data not yet available	X	97.3%	8 th among 51 reporting states	X
Absence of CAN in foster care 99.68% or higher	99.49%	99.65%	Comparable data not yet available		99.12%	40 th among 47 reporting states	

PERMANENCY

Timeliness and permanency of reunification Composite score of 122.6 or higher	120.4 Ranked 16 among 47 reporting states	121.3	13 th among 47 reporting states		118.6	18 th among 47 reporting states	
Timeliness of adoption Composite score of 106.4 or higher	112.5 Ranked 12 th among 47 reporting states X Met National Standard	107.8	14 th among 47 reporting states	X	117.7	9 th among 47 reporting states	X
Permanency for children and youth in foster care for long periods of time Composite score of 121.7 or higher	123.5 Ranked 14 th among 51 reporting states X Met National Standard	120.5	16 th among 51 reporting states		128.1	7 th among 51 reporting states	X

National Standards	Special 2 nd half FFY 2007 + 1 st half FFY 2008 Hawaii's Performance	FFY 2007 Hawaii's Performance	FFY 2007 ranking	Met/ Exceeded National Standard	FFY 2006 Hawaii's Performance	FFY 2006 ranking	Met/ Exceeded National Standard
Placement stability Composite score of 101.5 or higher	102.4 Ranked 11 among 51 reporting states X Met National Standard	100.4	11 th among 51 reporting states		99.9	12 th among 51 reporting states	

In FFY 2006, Hawaii ranked among the top 10 reporting states in the nation in the 3 categories of performance noted above. What caused the drop in performance in FFY 2007, particularly in the Permanency standard for children and youth in foster care for long periods of time?

As noted in last year's report, the profile of who is in CWS foster care is changing. The number of children in CWS foster care is dropping, primarily because of Hawaii's Differential Response Initiative, which kicked off statewide in December 2005.

Strategies to frontload family strengthening and voluntary case management services and to provide families in crisis access to community-based early response alternatives appear to be working in terms of keeping families intact, keeping children safe, and engaging families through less restrictive/intrusive approaches.

In April 2007, Department of Human Services (DHS) Director Lillian Koller was awarded the 2007 Administration on Children, Youth and Families (ACYF) Commissioner's Award for her exceptional contribution to the prevention and treatment of CAN in Hawaii. The award recognized DHS for reducing the number of children removed from their homes, increasing access to community-based services for families and improving the skills and qualifications of CWS staff and foster families.

As a result of such promising outcomes, DHS was asked to present at 2 national conferences: the National Differential Response Conference in November 2007 and the Children's Bureau Conference for Agencies and Courts in December 2007.

While front-end improvements are reducing new entries into foster care, at the same time, exits from foster care are also declining. As the performance data shows, this means that:

- Stays in foster care are longer.
- The more difficult and challenging cases are remaining in the system.
- There are difficulties in finding foster and adoptive homes for teens/older children. This has created pressures on emergency shelters. The budget for emergency shelter homes (ESH) service providers has tripled from \$1.3 million in SFY 2004, pre-PIP, to a little over \$3.7 million in SFY 2009. There are increasing requests for extended stay in emergency shelter group homes.
- The age profile of children in foster care is changing. The proportion of teens/older youth is growing. See table below.

Age of Children in Foster Care	SFY 2004	SFY 2005	SFY 2006	SFY 2007
0 to 5	41%	39%	35%	38%
6 to 11	29%	28%	27%	26%
12 to 18	30%	33%	38%	36%
TOTAL	5,178	4,860	4,385	3,982

- The percent of exits to permanency for children in CWS foster care for 2 years and longer continues to decline. For children in care for 24 months or longer, the percent discharged to a permanent home (reunification, adoption, guardianship, etc) was 30.8% in FFY 2007 down from 35.4% in FFY 2006.
- Proportionately more youth aging out of foster care have grown up in foster care (that is, have been in foster care for 3 or more years) – 45.1% in FFY 2007 from 38.6% in FFY 2006. There were 157 foster youth in FFY 2007 who aged out of CWS foster care.
- While the number of children with permanent custody (PC) to DHS continues to decline as entries into foster care decline, the percent in placement with relatives (kinship care) continues at levels before implementation of the CFSR Program Improvement Plan (PIP) and kinship care initiatives. The percent of PC children placed with relatives declined to 36% (that is, a little over one-third are placed with relatives) in SFY 2008.

Point in time, June 30 of each year	PC to DHS children	Number of PC children placed with relatives	Percent (%) of PC children placed with relatives
SFY 2008 2 Years after PIP	566	203	36%
SFY 2007 End of Year after close of PIP	806	333	41%
FY 2006 End of PIP Year 2	902	343	38%
FY 2005 End of PIP Year 1	1,036	438	42%
FY 2004 Before PIP	1,021	416	41%

The importance of tracking this kind of information is the strategic emphasis placed on promoting kinship care and the resources committed to activities. Hawaii's commitment to kinship care is not only grounded in our belief and value of "ohana", but also studies that indicate that children in kinship care experience greater stability, have fewer behavioral problems, have a stronger sense of personal and cultural identity, change schools less frequently, have a lower incidence of running away, and have higher reports of feeling loved and happy in their placement.

EPIC Ohana Connections Program is funded by DHS beginning SFY 2008. The program locates the biological kin of foster youth and assists the youth and appropriate family members to re-establish family connections. Forming enduring family connections for older youth often requires intensive support.

On Oahu and the Island of Hawaii, EPIC Family Engagement Specialists (FES) are assigned to foster youth, age 16 to emancipation, and provide case management support to facilitate family connections.

However, the program continues to be challenged to identify youth who would benefit from their services.

For families requiring CWS intervention, Hawaii is making progress in terms of timely reunification for children removed from their homes and achieving permanent reunification/reducing foster care re-entry. However, the percentage of children who re-enter CWS foster care in less than 12 months after being reunified or returned home to their families remains comparatively high.

As reported last year, consultant Diane English completed a placement decision-making study, age 0 – 3, for Hawaii in June 2007; it was made available in August 2007. A recommendation of the study was for a committee to re-assess social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision and (4) client engagement. Dr. English initiated the Hawaii Strategic Planning Initiative with the Casey Family Program and established a strategic planning committee for follow-up action on her recommendations. The committee has chosen to initiate as a pilot project the use of selected Rapid Assessment Instruments (RAI) to improve assessment. The East Hawaii CWS Section Administrator is the chair of the subcommittee leading efforts to improve assessment.

Starting June 2008, staff participating in the pilot project will begin training on the use of the selected RAI and they will begin use of the following instruments immediately after training is completed:

- Adult and Adolescent Parenting Inventory (AAPI)
- Child Behavior Checklist (CBCL)
- Strengths and Stressors Tracking Device (SSTD)
- Ansell-Casey Life Skills Assessment (ACLSA)
- Functional Social Support Questionnaire (FSSQ)
- North Carolina Family Assessment Scale (NCFAS)
- Other client and family engagement tools

Participating pilot sites:

- All 3 units on Kauai
- All 3 units on Maui
- All 4 units in East Hawaii
- No units in West Hawaii
- 1 unit on Oahu - Leeward Child Welfare Unit 3 (LCW3)

Dr. English's findings and recommendations reaffirmed the earlier findings of the Round 1 CFSR and planned actions of the SFY 2005 through SFY 2006 2-year PIP by strengthening and focusing on (1) assessment, (2) case planning, (3) appropriate service provision and (4) client engagement. The Casey – Hawaii Strategic Planning Initiative/committee is developing a *CWS Partnership Practice Model*. Target date for completion of the model is not yet set. The practice model is to align agency written policies and procedures with the CWS mission, guiding principles, practice strategies and activities. This written practice model is proposing to be very community-oriented with services designed to be relevant and culturally appropriate. The practice model project includes outcomes-based contracting. The project leader is the Assistant CWS Branch Administrator.

The committee is also analyzing the disproportionate placement of Hawaiian and part-Hawaiian children through the Native Hawaiian Gathering Initiative. The committee has put together a plan to meet with Native Hawaiian community representatives to obtain feedback on how CWS can provide better services to

the Native Hawaiian community. Three group discussions were held in May 2008 in Hilo, Kauai and Maui; 1 in June on Molokai. Some common themes from those group discussions emerged:

- More support for foster families is needed from the community
- Cultural matching of services
- Must embrace the host culture
- Need activities for youth in the communities
- Community needs to take responsibility to work together and develop a coordinated plan
- Good things are happening in the community but not being shared
- Need to work to rejuvenate communities
- DHS needs to come to community meetings
- We are all pieces of the puzzle

The plan also includes a web-based survey to obtain information from CWS staff regarding the disproportionate number of Native Hawaiian children in the CWS system.

PIP initiatives already underway **have made significant progress** in addressing the issue of Hawaiian/part-Hawaiian **disproportionality** in CWS foster care.

Hawaiian/part-Hawaiian children comprise 31.3% of the general child population, 0 – 17 years of age, in Hawaii (2007 Census American Community Survey estimates). They comprised 34.9% of the CWS foster care population in SFY 2008, compared to 49.7% in SFY 2004 (CFSR Round 1).

Another measure of progress is intake information. In 2007, Hawaiian/part-Hawaiian children comprised 30.7% of confirmed CAN reports, compared to 38.0% in 2004.

Our Federal partners have come to the same conclusion in their analysis of Hawaiian/part-Hawaiian representation in intakes per NCANDS data. That information is not yet available.

It should also be noted that Samoans and Other Pacific Islanders (Micronesians, Marshallese, Chuukese, etc.) each comprise less than 1% of the general population, but are disproportionately represented in CWS foster care. Of the 2,600 children in foster care during the first half of FFY 2008, 121 (4.7%) were Samoan and 75 (2.9%) were Other Pacific Islander.

Ethnic breakdown of children in foster care during first half of FFY 2008:

1,123	Hawaiian/part-Hawaiian	43.2%
388	Mixed (not part-Hawaiian)	14.9%
311	White (Caucasian)	12%
190	Unknown, unable to determine	7.3%
153	Filipino	5.9%
121	Samoaan	4.7%
98	Hispanic/Spanish origin	3.8%
75	Other Pacific Islander	2.9%
48	Black	1.8%
37	Japanese	1.4%
28	American Indian	1.1%
12	Chinese	0.5%
6	Korean	0.2%
4	Laotian	*
3	Vietnamese	*
3	Cambodian	*
0	Alaskan Native	
2,600	TOTAL	

The U.S. Department of Health and Human Services (DHHS) recognizes outstanding accomplishments in achieving permanency through its National Adoption Excellence Awards. DHS was recognized on December 2007 for progress in promoting adoptions in recent years through a coordinated and multi-faceted approach in collaboration with the Family Court and community and faith-based organizations.

For 4 years from FFY 2004 through FFY 2007, Hawaii has consistently exceeded the National Standard for timely adoptions.

Hawaii's ranking as in the top 24% of reporting states (11th among 47) in FFY 2004, however, dropped to the top 29% of reporting states (14th among 47) in FFY 2007, after data corrections.

Hawaii's performance ranking on permanency for children in foster care for long periods of time dropped from 7th place in FFY 2006 to 16th spot in FFY 2007, after data corrections.

The Department recognized that efforts to recruit and retain foster homes, promote kinship care, promote adoption, encourage resource family support of reunification, had to be viewed and tackled concurrently and that rather than treating these efforts and programs separately, a comprehensive and integrated approach to recruitment, family finding, retention and support (pre and post placement and permanency support) of foster resource families, adoptive families, and placement with relative or fictive kin, was needed, and including

improvements in timely training/ preparation of relatives/fictive kin. A master contract was implemented to bring providers together under a single funding umbrella to make this happen.

It should be noted that during the last Federal review, the issue of untimely training for licensed child-specific foster homes was identified. Through the efforts of subcontractor Catholic Charities Hawaii, the backlog of licensed child specific homes in which children were placed prior to September 2006 that had not been trained/prepared has been cleared and the training/preparation of child-specific homes (relatives and fictive kin) is now timely.

Another indicator reflective of the drop in achieving permanency for children in foster care for long periods of time is the percent of children who age out of or emancipate from foster care who were in foster care for 3 years or longer. In FFY 2007, the percent of children who aged out of foster care who were in foster care for 3 years or more was 45.1%, significantly higher than 38.6% in FFY 2006. The goal nationally is 37.5% or less.

A related and emerging issue is how we will track and report on youth who age out of CWS foster care especially those who grow up in foster care. A Federal requirement is that we electronically collect by October 1, 2010 data on transitioning foster youth – known as the National Youth in Transition Database (NYTD), and be able to transmit the data on May 15, 2011 and November 14, 2011, and 2 times annually thereafter.

Placement stability showed improvement in FFY 2007. Efforts to provide community-based response alternatives, to keep families intact and children safe, and to increase funding for recruitment and retention of foster homes all contribute to progress in this area.

Provided below is a snapshot on the number of placements by age of child and length of stay in foster care for the 2,600 children in CWS foster care during the first half of FFY 2008.

Placement Stability Snapshot of Children in Foster Care, Statewide, During 6-Month Reporting Period 10/2007 Through 3/2008 n = 2,600									
TOTAL NUMBER OF PLACEMENTS:	IN FOSTER CARE 0 – 18 MONTHS			IN FOSTER CARE 19 – 24 MONTHS			IN FOSTER CARE 24+ MONTHS		
	Ages 0 - 3	Ages 4 - 11	Ages 12 – 18	Ages 0 - 3	Ages 4 - 11	Ages 12 - 18	Ages 0 - 3	Ages 4 - 11	Ages 12 - 18
1	266	288	250	32	30	26	34	82	61
2	110	122	108	38	35	17	48	98	58
3	35	39	28	9	18	17	21	83	59
4	9	8	25	7	6	10	7	65	46
5	1	5	14		7	4	5	32	40
6 or more	1	1	18			13		31	206
Missing placement setting	8	6	10						3
TOTAL	430	469	453	86	96	87	115	391	473

While there are no National Standards to gauge well-being outcomes, a new performance measure has been included and is now part of Federal monitoring and that is monthly worker visits with the child.

Frequent visits has been associated with enhanced well-being while in care and improved permanency outcomes. Monthly worker visits with each foster child in the residence of the child, beginning with the baseline year, FFY 2007, and every year thereafter will be monitored. The National Standard is 90% of all foster children will have monthly worker visits in the reporting year. This includes out-of-State placements and runaways. Hawaii's FFY 2007 baseline, based on a random sample of about 350 cases, is 53% of Hawaii's foster children (in the sample) have been visited each and every month and 61% of those visited each and every month were visited in their residence. All states are being asked to commit to a level of professional practice where 90% of all children in care will be visited monthly in their residence by FFY 2011.

It should be noted that the survey of 350 cases for FFY 2007 yielded similar findings as the annual Practice Improvement Case Reviews conducted for SFY 2007 (n = 64 foster custody cases) and for SFY 2008 (n = 64 foster custody cases).

Practice Improvement Case Review Findings, Performance Item 19, Caseworker Visits with Child, Percent Rated by Reviewers as Strength:

SFY 2008	61.62% of applicable cases reviewed (n = 64 foster custody cases)
SFY 2007	68.04%

Feedback for about half of the cases surveyed, non-duplicated, as to primary reason why workers were not able to conduct monthly visits:

- 28% Heavy caseload
- 20% Unclear
- 13% Scheduling conflict (foster parent working, child is active in school activities)
- 12% Newly assigned
- 7% Not in care for some period of time
- 5% Out of State (Florida, Georgia, Texas and Alaska)
- 4% Runaways
- 4% Court activity for adoption/legal guardianship; permanent custody during period of adoption/legal guardianship finalization
- 4% Pre-adoption, stable placement
- 3% Off-island, courtesy supervision cases
- 1% On extended home visit

Total = 101%, due to rounding

The strategy and action plan is to improve performance through section administrator and supervisor oversight, monitoring and unit reporting.

CHILD SAFETY

- Number of child abuse/neglect (CAN) reports investigated in FFY 2007 rose slightly from FFY 2006, but is still well below the reported high in FFY 2003.
- Hawaii was ranked 14 among 51 reporting states with a low ratio, 6.9 per 1,000 children, of confirmed CAN victims in the State's child population in FFY 2006. Comparable data is not yet available for FFY 2007.
- Hawaii has met/exceeded the **National Standard for absence of recurrence within 6 months** since FFY 2005. In FFY 2006, Hawaii ranked 8 among 51 reporting states for absence of maltreatment recurrence (or low recurrence of confirmed CAN) within 6 months. This means that 29 of the 1,068 victims of confirmed CAN in the first half of FFY 2006 were again victims of confirmed CAN within 6 months, or a recurrence rate of 2.7 per 100 victims.
- Hawaii continues to meet the National Standard in FFY 2007, but performance dropped with 34 of the 937 victims of confirmed CAN in the first half of FFY 2007 being confirmed again for another reported CAN incidence within 6 months, for a recurrence rate of 3.6 per 100 victims.
- Hawaii continues to fall short of the **National Standard for absence of CAN in foster care**. In FFY 2006, Hawaii ranked 40th among 47 reporting states in performance.
- **Child fatalities** are the most tragic consequence of maltreatment.

The National Child Abuse and Neglect Data System (NCANDS) defines "child fatality" as the death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor. By definition, perpetrators are individuals responsible for the care and supervision of their victims. NCANDS is a federally-sponsored effort to collect data on CAN, as mandated by the landmark Child Abuse Prevention and Treatment Act (CAPTA).

The collection of accurate data regarding fatalities attributed to CAN is challenging and requires coordination among many agencies. NCANDS case-level data are from CWS and therefore do not include information for deaths that are not investigated by CWS. While most NCANDS data on "child fatalities" come from State CWS agencies, States are also able to draw on other data sources. In 2006, for example, nearly one-fifth (17.6%) of the child fatalities reported by states to NCANDS came from health departments and fatality review boards. Hawaii's reported child fatalities come from CWS electronic case-level data of suspected child

maltreatment deaths reported to, investigated and confirmed by CWS. Information on other suspected maltreatment deaths that are not investigated by CWS that could come from the Hawaii Department of Health (DOH) Child Death Review (CDR) System, which reviews all child deaths, may be able to provide more comprehensive information on the extent of suspected child maltreatment deaths in Hawaii.

Data on child maltreatment/CAN deaths reported to, investigated and confirmed by CWS, as electronically submitted to NCANDS:

Hawaii, FFY 2007: 4
 Hawaii, FFY 2006: 4
 Hawaii, FFY 2005: 2
 Hawaii, FFY 2004: 6

Not all suspected CAN deaths are accepted by CWS for investigation. For example, if there are no other living children in the home who are in need of protection, and the death did not involve a child in an active CWS case or in a recently closed CWS case, depending on information at time of intake, CWS may or may not investigate.

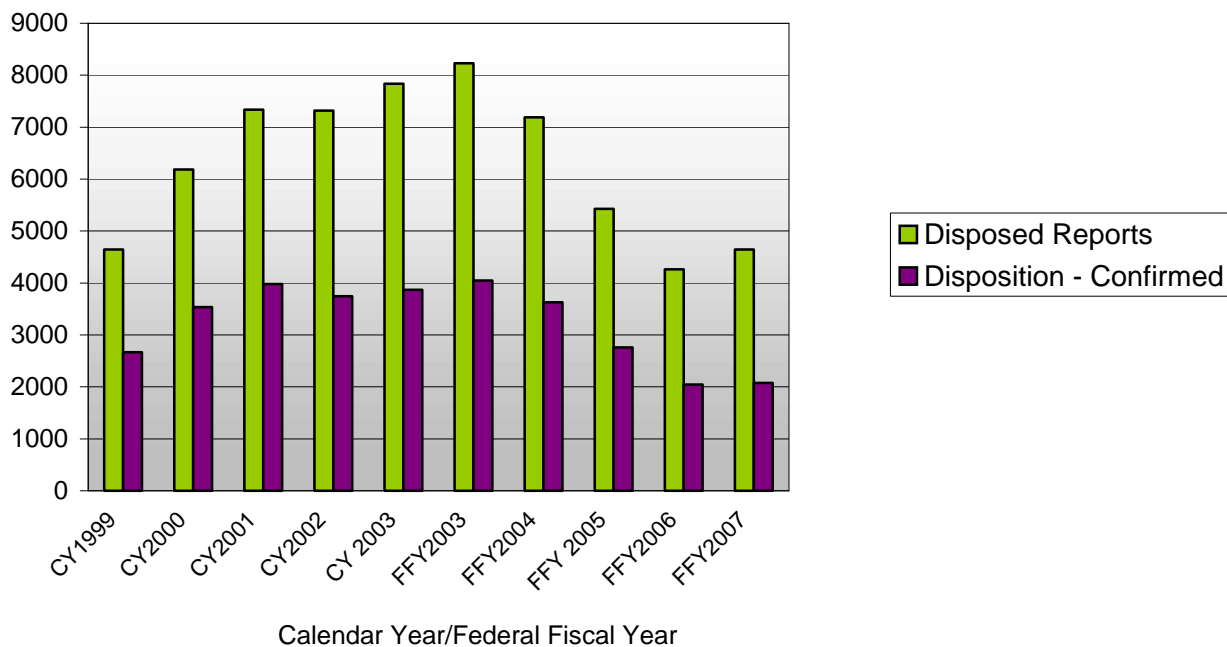
Profile of the 10 CAN deaths reported to, investigated and confirmed by CWS in FFY 2007, 2006 and 2005:		
	Hawaii	Nationally
Incidence rate (deaths per 100,000 children)	FFY 2007 2 per 100,000 FFY 2006 2 FFY 2005 1 FFY 2004 2	FFY 2007 Not available at this time FFY 2006 2 FFY 2005 2 FFY 2004 2
Age of child	3 infants under 1 year old 5 toddlers, ranging in age from 1 to almost 3 years old (35 months) 2 youth, ranging in age from 13 to 14 years old	More than three-quarters (78%) of reported maltreatment deaths involve children younger than 4 years of age. (2006 NCANDS)
Sex of child	7 Boys (3 infants) 2 Girl (all toddlers) 1 Information not available; file "secured"	Infant (under 1 year old) boys experience the highest rate of fatalities, 18.5 deaths per 100,000 boys of the same age. Infant girls had a fatality

Profile of the 10 CAN deaths reported to, investigated and confirmed by CWS in FFY 2007, 2006 and 2005:		
	Hawaii	Nationally
		rate of 14.7 per 100,000. (2006 NCANDS)
Ethnicity of child	1 Hawaiian/part-Hawaiian 2 Mixed (not part-Hawaiian) 1 Japanese 1 Samoan 5 Unknown; not specified	43% Caucasian 29.4% African American 17% Hispanic 10.7% Other (2006 NCANDS)
Geographic location	7 Oahu (Honolulu, Pearl City, Mililani, Ewa Beach, Wahiawa, Leeward Coast) 1 West Hawaii 1 Kauai 1 Information unavailable; file "secured"	
Maltreatment type	2 Physical abuse 1 Neglect 1 Medical neglect 1 Threatened harm 5 Multiple maltreatment types: 2 Physical abuse, threatened harm 1 Physical abuse, medical neglect 1 Physical abuse, threatened harm, medical neglect 1 Neglect, threatened harm	41.1% Neglect 31.4% Multiple maltreatment types 22.4% Physical abuse 2.9% Psychological abuse, other or unknown 1.9% Medical neglect 0.3% Sexual abuse (2006 NCANDS)
Manner of death	1 Accident (fire) 2 Homicide (1 slit baby's throat with kitchen knife; 1 abusive head trauma) 1 Non-accidental head trauma 1 Shaken baby syndrome	

Profile of the 10 CAN deaths reported to, investigated and confirmed by CWS in FFY 2007, 2006 and 2005:

	Hawaii	Nationally
Individual(s) responsible for the care and supervision of the child at time of death	<ul style="list-style-type: none"> 2 Fathers caring for child while mother working or not at home 2 Mother's boyfriends caring for child while mother working or not at home 2 Mothers only 1 Legal guardian 2 Both mother and father 	
Perpetrator relationships	<ul style="list-style-type: none"> 1 Mother only, physical abuse confirmed Manner of death = homicide, teen mom 2 Mothers only, confirmed for neglect 1 for accidental death (fire) due to lack of supervision 1 Legal guardian/grandmother, medical neglect 1 Mother's boyfriend, physical abuse 2 Perpetrators unknown 	<p>27.4% were perpetrated by mothers acting alone</p> <p>14.7% were non-parental perpetrators (e.g., other relatives, foster parents, residential facility staff, legal guardian)</p>
Other factors	<ul style="list-style-type: none"> 1 Prior CWS intake; referral to military Family Advocacy 1 Reported domestic violence 1 Military 1 History of substance abuse 1 Teen mother 	

CAN Reports Investigated



NCANDS Database:	FFY 2006	Difference FFY 2005 – FRY 2006	FFY 2007	Difference FFY 2006 – FFY 2007
Reports investigated	4,261	- 1,165 - 21.5%	4,643	+382 +9%
Confirmed	2,045	- 717 -26%	2,075	+30 +1.5%
Confirmed incidence rate (per 1000 children), or victimization rate***	6.9			

NCANDS Database:	FFY 2003**	FFY 2004	Difference FFY 2003 – FFY 2004	FFY 2005	Difference FFY 2004 – FFY 2005
Reports investigated	8,228	7,186	-1,042 -12.7%	5,426	-1,760 -24.5%
Confirmed	4,046	3,629	-417 -10.3%	2,762	-867 -23.9%
Confirmed incidence rate (per 1000 children), or victimization rate***	13.6	12.1	- 1.5	9.2	-2.9

* Adjusted.

** NCANDS changed the reporting period from calendar year (January - December) to federal fiscal year (October – September), beginning 2003.

*** The national victimization rate was 12.2 per 1000 children in FFY 2003, 12.0 in FFY 2004, and 12.1 in FFY 2005. Hawaii's victimization rate was above the national average in FFY 2003 and fell significantly below the national average in FFY 2005 (back to 1999 level) prior to the statewide implementation in December 2005 of Hawaii's Differential Response Initiative.

NCANDS Database:	CY 1999	CY 2000	CY 2001*	CY 2002	CY 2003
Reports investigated/assessed	4,646	6,184	7,334	7,318	7,835
Confirmed	2,669	3,533	3,982	3,744	3,868
Confirmed incidence rate (per 1000 children), or victimization rate	9.2	12.1	13.5	12.7	13.1

Hawaii's CAN Victimization Rate, or the Rate of Confirmed CAN (Harm/Threatened Harm) per 1,000 Children in the State:

FFY 2007:	not yet available	CY 2003:	13.1 per 1,000 children
FFY 2006:	6.9 per 1,000 children	CY 2002:	12.7 per 1,000 children
<i>Note: Statewide implementation of Hawaii's Differential Response Initiative began December 2005 in FFY 2006</i>		CY 2001:	13.5 per 1,000 children
		CY 2000:	12.1 per 1,000 children
FFY 2005:	9.2 per 1,000 children	CY 1999:	9.2 per 1,000 children
FFY 2004:	12.1 per 1,000 children		
FFY 2003:	13.6 per 1,000 children		

States with lower CAN victimization rates than Hawaii in FFY 2006 (latest comparable data available):

1. Pennsylvania 1.5 per 1,000 children
2. Arizona 2.7 per 1,000 children
3. New Hampshire 2.8 per 1,000 children
4. Kansas 3.8 per 1,000 children
5. Virginia 3.8 per 1,000 children
6. Idaho 4.2 per 1,000 children
7. Washington State 4.8 per 1,000 children
8. Missouri 5.0 per 1,000 children
9. New Jersey 5.6 per 1,000 children
10. Minnesota 6.1 per 1,000 children
11. Vermont 6.5 per 1,000 children
12. Wisconsin 6.5 per 1,000 children
13. Wyoming 6.5 per 1,000 children
- 14. Hawaii 6.9 per 1,000 children**

Also, Hawaii was ranked 8 among states nationwide with a high rate of absence of maltreatment recurrence in FFY 2006 (latest comparative data available).

For FFY 2006, this means that 29 of the 1,068 victims of confirmed CAN in the first half of FFY 2006 were again victims of confirmed CAN within 6 months, or a recurrence rate of 2.7 per 100 victims; or ...that 97.3 out of every 100 children in Hawaii who were the victims of confirmed maltreatment in the first half of FFY 2006 did not have another confirmed report of CAN within a 6-month period.

Absence of Maltreatment Recurrence Percentage, FFY 2006

- | | |
|-------------------|--------------|
| 1. Delaware | 98.4% |
| 2. Alabama | 98.1% |
| 3. Puerto Rico | 98.0% |
| 4. Virginia | 98.0% |
| 5. Pennsylvania | 97.8% |
| 6. Arizona | 97.4% |
| 7. South Carolina | 97.4% |
| 8. Hawaii | 97.3% |

National Standard for absence of maltreatment recurrence within 6 months: 96.4% or higher

Number and percentage of states that met the National Standard: 23 of 51 reporting states, 45%

For FFY 2007, Hawaii's absence of maltreatment recurrence percentage dropped to 96.4%. Comparison data from others states for FFY 2007 is not yet available.

This means that 34 of the 937 victims of confirmed CAN in the first half of FFY 2007 were again victims of confirmed CAN within 6 months, for a recurrence rate of 3.6 per 100 victims.

Hawaii continues to fall short of meeting the National Standard for absence of CAN in foster care. In FFY 2006, Hawaii was ranked 40th among 47 reporting states in performance. Comparable data from other states is not available yet for FFY 2007.

Absence of CAN in foster care:

National Standard:	99.68% or more	
Hawaii, FFY 2007:	99.65%	3,705 of 3,718
Hawaii, FFY 2006:	99.12%	4,291 of 4,329
Hawaii, FFY 2005:	99.20%	4,739 of 4,777
Hawaii, FFY 2004:	99.30%	5,114 of 5,150

Ranking in relation to other states:

Hawaii, FFY 2007:	Comparable data not available yet
Hawaii, FFY 2006:	40 th among 47 reporting states (6 lower than Hawaii)
Hawaii, FFY 2005:	36 th among 43 reporting states (7 lower than Hawaii)
Hawaii, FFY 2004:	32 nd among 37 reporting states (5 lower than Hawaii)

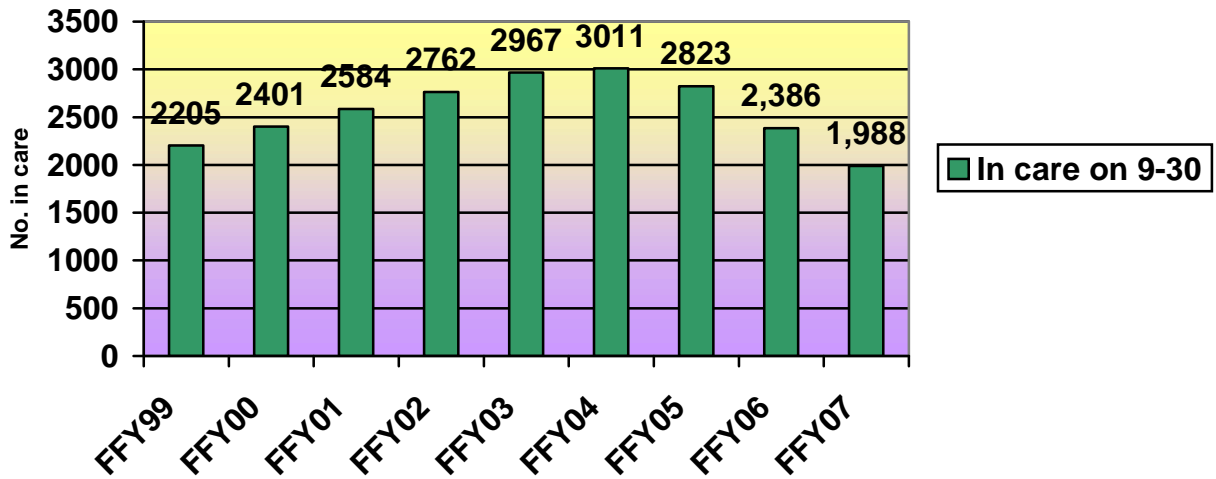
FAMILY PRESERVATION - EFFORTS TO PREVENT REMOVAL FROM HOME

- Hawaii's Differential Response Initiative implemented in 12/1/05, as part of the State's 2-year Program Improvement Plan (PIP), has helped to reduce out-of-home placement by investing heavily in prevention and family strengthening and decreasing the need for intervention by CWS.

The 1,416 children entering CWS foster care in FFY 2007 represents a 38% (- 857) drop from the 2,273 entering care in FFY 2004 before the PIP.

- Hawaii tends to remove proportionately more confirmed victims from their home. Hawaii's FFY 2006 rate (58.3%) of removal from home was higher than the national average (21.5%).
- However, in FFY 2007, Hawaii removed proportionately less confirmed victims from their homes (46.5%).
- More significantly, the number of Hawaiian/part-Hawaiian children removed from their home and placed in CWS foster care has dropped from a high of 2,557 in SFY 2004 to 1,774 (- 783) in SFY 2007.
- The availability of community-based services to help families in crisis remain intact has helped to relieve some of the strain on a once over-burdened CWS system, as indicated by the declining number of children in foster care.

CWS Foster Care



Children in Foster Care (AFCARS database):

Number of children:	In care on 10/1	Entered care	Exited care	In care on 9/30	Net change from 1 st day to last day of FFY	Total served (In care + entered care)	Net change from prior FFY (In care + entered care)
FFY99	2,156	1,683	1,634	2,205	+49	3,839	
FFY00	2,154	1,929	1,682	2,401	+247	4,083	+244
FFY01	2,311	2,193	1,920	2,584	+273	4,504	+421
FFY02	2,509	2,350	2,097	2,762	+253	4,859	+355
FFY03	2,666	2,409	2,108	2,967	+301	5,075	+216
FFY04	2,877	2,273	2,139	3,011	+134	5,150	+75
FFY05	2,913	1,864	1,954	2,823	-90	4,777	-373
FFY06	2,696	1,632	1,942	2,386	-310	4,328	-449
FFY07	2,290	1,416	1,718	1,988	-302	3,706	-622

While the number of children entering care is declining, the number of children exiting foster care is also declining and that is changing the profile of children in CWS foster care.

Percent of confirmed victims removed from home:

FFY 2007	Hawaii	46.5%	965 confirmed victims
FFY 2006:	National Average	21.5%	
	Hawaii	58.3%	1,192 confirmed victims

FFY 2005:	National Average	21.7%	
	Hawaii	52.6%	1,452 confirmed victims
FFY 2004:	National Average	19.0%	
	Hawaii	50.2%	1,823 confirmed victims

Low Risk Families with No Safety Issues Referred to Community-Based Family Strengthening Services (FSS) for Voluntary Short-term Case Management

Both Family Strengthening Services (FFS) and Voluntary Case Management Services (VCM) are short-term case management services provided by contracted community-based service providers that families referred by CWS can voluntarily participate in. Both services are available statewide. FSS serves families referred by CWS Intake who are not accepted for CWS investigation/assessment and are screened as low risk with no safety issues. Referrals can also be made to FSS after CWS investigation/assessment where a case is assessed as low risk with no safety issues.

VCM serves families referred by CWS Intake who are not accepted for CWS investigation/assessment and are screened as moderate risk with no safety issues. Referrals can also be made to VCM after CWS investigation/assessment where a case is assessed as moderate risk with no safety issues.

In SFY 2007, CWS referred 1,435 families to community-based FSS service providers. FSS contacted and assessed 1,143 of the referred families and provided short-term social services to 586 families (no data was provided by Maui FSS for this measure). Almost half (41%) voluntarily participated in offered social services.

Of the families referred by CWS, 80% were served by FSS and 41% were provided short-term social services by FSS.

SFY (July through June)	Families Referred by CWS to FSS	Increase (+)/Decrease (-) from Prior Year	% of Families Referred by CWS Served by FSS	% of Families Referred by CWS Provided Short-Term Social Services by FSS
SFY 2007	1,435	-355	80% (1,143)	41% (586*)
SFY 2006 <i>End of PIP</i>	1,790	+212	62% (1,117)	40% (714)
SFY 2005 <i>Start of PIP</i>	1,578	+92	69% (1,095)	43% (685)
SFY 2004 <i>Before PIP</i>	1,486			

* No data available for Maui

In SFY 2007, the number of families referred to FSS by CWS dropped by 20% (-355) from the prior year, SFY 2006.

While Oahu referrals to FSS were higher than planned, the numbers served by FSS was lower than planned. Neighbor Island referrals were lower than planned and the numbers served, as a whole, was also lower than planned. The exceptions were East Hawaii and Maui where the numbers served were greater than the numbers referred by CWS due to data reporting inconsistencies.

A breakdown of the information by county is provided below.

POST PIP YEAR 3	Families Referred to FSS– SFY07		Families Served by FSS– SFY07		Families Provided Short- Term Social Services by FSS - SFY07	
	Planned	Actual	Planned	Actual	Planned	Actual
Oahu	670	725	586.25	306	544	314
East Hawaii	269	130	245	231	194	59
West Hawaii	225	167	178.75	144	178.75	144
Maui	625	296	562.5	351	406.25	NA
Kauai	187.5	117	135	111	85	69
TOTAL	1,976.5	1,435	1,707.5	1,143	1,408	586
SFY07 Funding: \$1,836,979.51 (+ \$465,080.60 over SFY06)						

PIP YEAR 2	Families Referred to FSS– SFY06		Families Served by FSS– SFY06		Families Provided Short- Term Social Services by FSS – SFY06	
	Planned	Actual	Planned	Actual	Planned	Actual
Oahu	500	899	437.5	278	406.25	274
East Hawaii	234	291	213	319	169	96
West Hawaii	225	185	178.75	124	178.75	127
Maui	625	248	562.5	218	406.25	149
Kauai	187.5	167	135	178	85	68
TOTAL	1,771.5	1,790	1,526.75	1,117	1,245.25	714
Difference between Planned – actual		+18.5		-409.75		-531.25
Difference between SFY06 and SFY05	+229.5	+212	+166.25	+22	+151	+29
SFY06 Funding: \$1,371,898.91 (+\$299,999.91 over SFY05)						

PIP YEAR 1	Families Referred to FSS– SFY05		Families Served by FSS– SFY05		Families Provided Short-Term Social Services by FSS – SFY05	
	Planned	Actual	Planned	Actual	Planned	Actual
Oahu	400	738	350	324	325	324
East Hawaii	187	246	170	233	135	57
West Hawaii	180	139	143	98	143	97
Maui	625	318	562.5	303	406.25	105
Kauai	150	137	135	137	85	102
TOTAL	1,542	1,578	1,360.5	1,095	1,094.25	685
Difference between planned – actual		+36		-265.5		-409.25
Difference between SFY05 and SFY04	-0-	+92	+112.5	+92		
SFY05 Funding: \$1,071,899 (+\$300,000 over SFY04)						

BASELINE YEAR	Families Referred to FSS – SFY04		Families Served by FSS – SFY04		Families Provided Short-Term Social Services by FSS SFY04	
	Planned	Actual	Planned	Actual	Planned	Actual
Oahu	400	696	350	353	325	387
East Hawaii	187	235	170	178	135	78
West Hawaii	180	108	143	75	143	77
Maui	625	376	450	311	NA	NA
Kauai	150	71	135	86	85	44
TOTAL	1,542	1,486	1,248	1,003		
Difference between planned - actual		-56		-245		
SFY04 Funding: \$781,899						

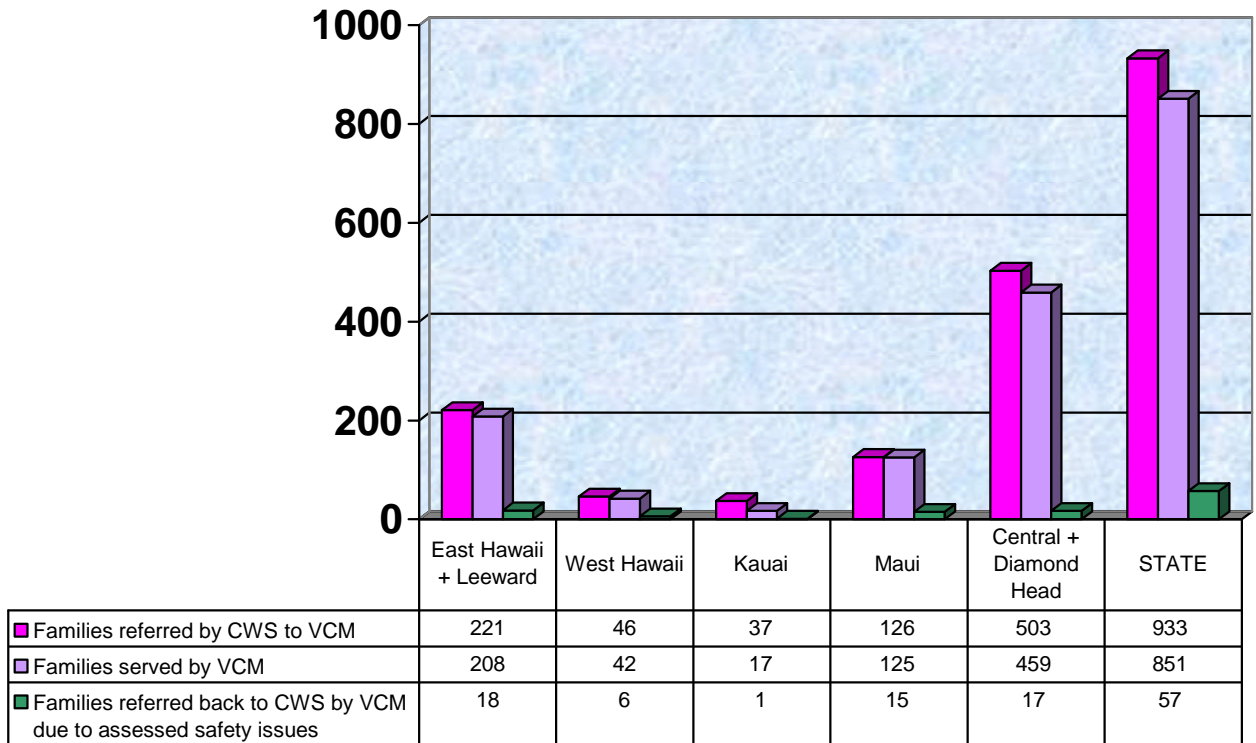
Moderate Risk Families with No Safety Issues Referred to Community-Based Voluntary Case Management (VCM) Services

CWS referrals of moderate risk families with no safety issues to community-based VCM service providers began in December 2005, or the second quarter of SFY 2006. Full year referral and service data are provided below for SFY 2007.

Of the 933 families referred, 91.2% (851) were served by VCM.

6.1%, or 57, were further assessed by VCM and referred back to CWS due to assessed safety issues.

Voluntary Case Management (VCM) Services SFY 2007



The availability of and access to these community-based alternatives has helped to keep families intact.

PERMANENCY - NEED TO IMPROVE ON TIMELY AND PERMANENT REUNIFICATION

National Standard for timeliness and permanency of reunification:

Composite score of 122.6 or higher

Hawaii, FFY 2007:

121.3, after data corrections

Hawaii, FFY 2006:

118.6, after data corrections

Ranking in relation to other reporting states:

FFY 2007: 13th among 47 reporting states, after data corrections

FFY 2006: 18th among 47 reporting states, after data corrections

Measures looked at to determine composite score:

Percentage of children who exited foster care to reunification in less than 12 months:

National goal:	75.2% or higher
Hawaii, FFY 2007:	69.4%, after data corrections
Hawaii, FFY 2006:	71.0%

FFY 2007 breakdown by county:

Hawaii County:	74.1%, after data corrections
Oahu:	65.8%, after data corrections
Kauai County:	83.3% <i>Kauai and Maui met the goal.</i>
Maui County:	76.3%, after data corrections

Median length of stay in foster care from date of latest removal to exit to reunification:

[Excludes those whose stay in foster care was less than 8 days]

National goal:	5.4 months or lower
Hawaii, FFY 2007:	6.0 months
Hawaii, FFY 2006:	5.9 months

FFY 2007 breakdown by county:

Hawaii County:	5.9 months
Oahu:	7.0 months, after data correction
Kauai County:	2.4 months <i>Kauai and Maui met the goal.</i>
Maui County:	5.0 months, after data corrections

First time entry cohort reunification in less than 12 months:

[Percentage of all children who entered foster for the first time in the 6 month period just prior to the FFY shown and who exited to reunification in less than 12 months from the date of latest removal from home]

[Excludes those whose stay in foster care was less than 8 days]

National goal:	48.4% or more
Hawaii, FFY 2007:	50.1% <i>Hawaii exceeded the goal.</i>
Hawaii, FFY 2006:	40.6%

Re-entries to foster care in less than 12 months

[Percentage of all children discharged from foster care to reunification in the 12-month period prior to the FFY shown and who re-entered foster care in less than 12 months from the date of discharge]

National goal:	9.9% or lower
Hawaii, FFY 2007:	14.1%
Hawaii, FFY 2006:	15.4%, after data corrections
Hawaii, FFY 2005:	15.2%
Hawaii, FFY 2004:	16.8%

FFY 2007 breakdown by county:

Hawaii County	17.0%, after data corrections
Oahu:	13.5%
Kauai County:	5.9% <i>Kauai met the goal.</i>
Maui County:	14.0%, after data corrections

PERMANENCY – TIMELY ADOPTIONS

National Standard for timeliness
of adoptions:

Composite score of 106.4 or higher

Hawaii, FFY 2007:	107.8, after data corrections
Hawaii, FFY 2006:	117.7, after data corrections
Hawaii, FFY 2005:	112.0
Hawaii, FFY 2004:	113.5

Ranking in relation to other reporting states:

Hawaii, FFY 2007:	14 th among 47 reporting states, after data corrections
Hawaii, FFY 2006:	9 th among 47 reporting states, after data corrections
Hawaii, FFY 2005:	13 th among 47 reporting states
Hawaii, FFY 2004:	11 th among 47 reporting states

Measures looked at to determine composite score:

Exits to adoption in less than 24 months:

National goal:	36.6% or higher
Hawaii, FFY 2007:	32.2%, after data corrections
Hawaii, FFY 2006:	43.0%
Hawaii, FFY 2005:	41.7%
Hawaii, FFY 2004:	50.8%

Median length of stay in foster care to exit to adoption:

National goal:	27.3 months or less	
Hawaii, FFY 2007:	30.2 months	293 children
Hawaii, FFY 2006:	25.9 months	391 children
Hawaii, FFY 2005:	26.2 months	405 children
Hawaii, FFY 2004:	23.6 months	358 children

Measures looked at to determine progress toward adoption for children in foster care for 17 months or longer:

Percentage of children in foster care 17+ months adopted by the end of the FFY:

National goal:	22.7% or more
Hawaii, FFY 2007:	22.3%, after data corrections
Hawaii, FFY 2006:	23.6%, after data corrections

Percentage of children in foster care 17+ months who achieved legal freedom within 6 months:

[For all children in foster care on the first day of the FFY who were in care 17+ continuous months and who were not legally free prior to that day, the percentage who became legally free during the first 6 months of the FFY. Legally free means that there was a termination of parental rights (TPR) date for both mother and father reported to AFCARS.]

National goal:	10.9% or higher
Hawaii, FFY 2007:	17.6%, after data corrections <i>Hawaii met the goal for both years.</i>
Hawaii, FFY 2006:	17.5%, after data corrections

Percentage of legally freed children adopted in less than 12 months:

[Of all children who became legally free (TPR date shown in AFCARS for both mother and father) for adoption in 12 month period prior to the FFY shown, percent discharged to a finalized adoption in less than 12 months of becoming legally free.]

National goal:	53.7% or higher
Hawaii, FFY 2007:	41.4%, after data corrections
Hawaii, FFY 2006:	39.9%, after data corrections

PERMANENCY FOR CHILDREN AND YOUTH IN CWS FOSTER CARE FOR LONG PERIODS OF TIME

National Standard:	Composite score of 121.7 or higher
Hawaii, FFY 2007:	120.5, after data corrections
Hawaii, FFY 2006:	128.1, after data corrections

Ranking in relation to other reporting states:

FFY 2007: 16th among 51 reporting states, after data corrections

FFY 2006: 7th among 51 reporting states, after data corrections

Measures looked at to determine composite score:

Exits to permanency prior to 18th birthday for children in care for 24 months or longer:

[Of all children in CWS foster care for 24 months or longer on the first day of the FFY shown, percent discharged to a permanent home prior to 18th birthday and by the end of the FFY. Permanent home id defined as having a discharge reason of adoption, guardianship, or reunification, including living with relative.]

National goal:	29.1% or higher
Hawaii, FFY 2007:	31.6%, after data corrections
	<i>Hawaii met the goal in both years.</i>
Hawaii, FFY 2006:	35.4%

Exits to permanency for children with TPR:

[Of all children who were discharged from CWS foster care in the FFY shown, and who were legally free for adoption at the time of discharge, percent discharged to a permanent home prior to their 18th birthday.]

National goal:	98.0% or higher
Hawaii, FFY 2007:	87.7%, after data corrections
Hawaii, FFY 2006:	88.6%, after data corrections

Children emancipated who were in CWS foster care for 3 years or more:

[Of all children who, during the FFY shown, either (1) were discharged from CWS foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in CWS foster care, percent in foster care for 3 years or longer.]

National goal:	37.5% or lower
Hawaii, FFY 2007:	44.8%, after data corrections
Hawaii, FFY 2006:	39.0%, after data corrections

PLACEMENT STABILITY

National Standard:	101.5 or higher
Hawaii, FFY 2007:	100.4, after data corrections
Hawaii, FFY 2006:	99.9

Ranking in relation to other reporting states:

Hawaii FFY 2007: 11th among 51 states, after data corrections

Hawaii, FFY 2006: 12th among 51 states

Measures looked at to determine composite score:

2 or fewer placement settings for children in CWS foster care for less than 12 months:

[Of all children in foster care during the FFY who were in foster care for at least 8 days but less than 12 months, percent with 2 or fewer placement settings.]

National goal: 86.0% or higher

Hawaii, FFY 2007: 83.8% , after data corrections

Hawaii, FFY 2006: 84.2%, after data corrections

2 or fewer placement settings for children in CWS foster care 12 to 24 months:

National goal: 65.4% or higher

Hawaii, FFY 2007: 66.5%, after data corrections

Hawaii met the goal in both years.

Hawaii, FFY 2006: 65.7%, after data corrections

2 or fewer placement settings for children in CWS foster care for 24+ months:

National goal: 41.8% or higher

Hawaii, FFY 2007: 41.2%, after data corrections

Hawaii, FFY2006: 41.1%, after data corrections

Annual Practice Improvement Case Review Findings

Similar to the CFSR Round 1 review, Hawaii conducts a review of 100 cases statewide to determine performance on 23 practice items and their contribution to outcomes. While the CFSR Round 1 review was conducted on a sample of 50 cases, 12 -13 cases for each select site (2 Oahu and 2 Neighbor Island sections) for a common period of review, Hawaii's annual review is a rolling review of a 12 - 13 cases from each CWS section for different review periods in a State fiscal year (SFY).

A sample of 12 cases (8 foster custody, 4 family supervision) for each Neighbor Island section is reviewed for different periods under review. A sample of 12 – 13 cases, with a similar breakdown of foster custody and family supervision cases, is reviewed for each Oahu section. The findings from each section are then aggregated to comprise the random sample of 100 cases for statewide review.

The sample of 12 – 13 cases alone for each CWS section is insufficient for purposes of rating, but may identify practice and system issues where further examination with other data sources and discussion with supervisors and workers may provide the section with meaningful information to take action.

Despite the small numbers, reviewer comments and assessment of what they saw happening in the cases reviewed provide a glimpse of practice and documentation strengths, improvement needs and system challenges for workers in the different geographic sections and the specialized Oahu section handling child sexual abuse and institutional abuse cases.

The SFY 2008 case review findings indicate significant improvement in all 23 Performance Items. Consistent with other data surveys, e.g. the Dr. Diane English placement decision-making survey of age 0-3 cases and the monthly worker visits survey, the Practice Improvement Case Reviews identified 4 Performance Items for practice improvement:

- Performance Item 17, Needs and services of child, parents and foster parents (or assessment, case planning and service provision appropriate to need)
- Performance Item 18, Child and family involvement in case planning
- Performance Item 19, Caseworker visits with child
- Performance Item 20, Caseworker visits with parent(s)

Hawaii Practice Improvement Case Reviews for SFY 2005, 2006, 2007 and 2008

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback

Item or Outcome #	Item or Outcome Description	Hawaii CFSR Round 1 Case Review Baseline	Hawaii Practice Improvement Case Review Findings SFY 2005 n=99	Hawaii Practice Improvement Case Review Findings SFY 2006 N=100	Hawaii Practice Improvement Case Review Findings SFY 2007 N=97 64 Foster Custody/ 33 Family Supervision	Hawaii Practice Improvement Case Review Findings SFY 2008 N=99 64 Foster Custody/ 35 Family Supervision	CFSR Round 2 Case Review Goal
S1	Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	74.0%	86.5%	92% (92 cases)	80.49 % (33)	87.50% (28)	95%
1	Timeliness of initiating investigations of reports of child maltreatment	52%	54.8%	63.64% (14)	65.00% (13)	87.10% (27)	90%
2	Repeat maltreatment	94%	96.8%	100% (100)	97.44% (38)	96.67% (29)	90%
S2	Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	79.6%	82.5%	82% (82)	89.69 % (87)	81.82% (81)	95%
3	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	89%		92.73% (51)	95.65% (44)	91.23% (52)	90%
4	Risk assessment and safety management	80%	83.5%	82% (82)	89.69% (87)	82.83% (82)	90%
P1	Permanency Outcome 1: Children have permanency and stability in their living situations.	50.0%	55.4%	32.3% (21)	51.56 % (33)	71.88% (46)	95%
5	Foster care re-entries	70%	89.5%	62.5% (5)	100% (11)	100% (17)	90%
6	Stability of foster care placement	77%	75.4%	81.5% (53)	84.38% (54)	85.94% (55)	90%

Hawaii Practice Improvement Case Reviews for SFY 2005, 2006, 2007 and 2008

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback

Item or Outcome #	Item or Outcome Description	Hawaii CFSR Round 1 Case Review Baseline	Hawaii Practice Improvement Case Review Findings SFY 2005 n=99	Hawaii Practice Improvement Case Review Findings SFY 2006 N=100	Hawaii Practice Improvement Case Review Findings SFY 2007 N=97 64 Foster Custody/ 33 Family Supervision	Hawaii Practice Improvement Case Review Findings SFY 2008 N=99 64 Foster Custody/ 35 Family Supervision	CFSR Round 2 Case Review Goal
7	Permanency goal for child	77%	71.4%	61.5% (40)	71.88% (46)	84.38% (54)	90%
8	Reunification, guardianship, or permanent placement <i>with relatives</i>	60%	55.8%	31.7% (13)	52.94% (18)	81.58% (31)	90%
9	Adoption	67%	55.6%	45% (9)	67.74% (21)	84.62% (22)	90%
10	Other planned permanent living arrangement	75%	57.1%	50% (2)	66.67% (4)	100% (6)	90%
P2	Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	69.2%	75.4%	60% (39)	70.31 % (45)	84.38% (54)	95%
11	Proximity of foster care placement	89%		100% (51)	100% (51)	100% (52)	90%
12	Placement with siblings	90%		82% (41)	88.46% (46)	95.74% (45)	90%
13	Visiting with parents and siblings in foster care	61%	74.1%	51.7% (31)	68.63% (35)	84.91% (45)	90%
14	Preserving connections	81%	83.1%	75.4% (49)	87.50% (56)	89.06% (57)	90%

Hawaii Practice Improvement Case Reviews for SFY 2005, 2006, 2007 and 2008

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback

Item or Outcome #	Item or Outcome Description	Hawaii CFSR Round 1 Case Review Baseline	Hawaii Practice Improvement Case Review Findings SFY 2005 n=99	Hawaii Practice Improvement Case Review Findings SFY 2006 N=100	Hawaii Practice Improvement Case Review Findings SFY 2007 N=97 64 Foster Custody/ 33 Family Supervision	Hawaii Practice Improvement Case Review Findings SFY 2008 N=99 64 Foster Custody/ 35 Family Supervision	CFSR Round 2 Case Review Goal
15	Relative placement	81%	80%	73.8% (48)	79.69% (51)	85.48% (53)	90%
16	Relationship of child in care with parents	70%	70.6%	58.5% (31)	68.63% (35)	82.98% (39)	90%
WB1	Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	30.0%	46.3%	34% (34)	64.95 % (63)	59.60% (59)	95%
17	Needs and services of child, parents, and foster parents	60%	61.7%	45% (45)	72.16% (70)	68.69% (68)	90%
18	Child and family involvement in case planning	60%	64.1%	57% (57)	69.23% (63)	79.79% (75)	90%
19	Caseworker visits with child	32%	54.3%	46% (46)	68.04% (66)	61.62% (61)	90%
20	Caseworker visits with parent(s)	35%	51.9%	35% (35)	59.26% (48)	63.41% (52)	90%
WB2	Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	90%	86.9%	84.8% (67)	80.88 % (55)	90.28% (65)	95%
21	Educational needs of the child	90%	86.9%	84.8% (67)	80.88% (55)	90.28% (65)	90%

Hawaii Practice Improvement Case Reviews for SFY 2005, 2006, 2007 and 2008

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

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Item or Outcome #	Item or Outcome Description	Hawaii CFSR Round 1 Case Review Baseline	Hawaii Practice Improvement Case Review Findings SFY 2005 n=99	Hawaii Practice Improvement Case Review Findings SFY 2006 N=100	Hawaii Practice Improvement Case Review Findings SFY 2007 N=97 64 Foster Custody/ 33 Family Supervision	Hawaii Practice Improvement Case Review Findings SFY 2008 N=99 64 Foster Custody/ 35 Family Supervision	CFSR Round 2 Case Review Goal
WB3	Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	57.1%	48.9%	57% (57)	75.82 % (69)	79.78% (71)	95%
22	Physical health of the child	80%	65.1%	76% (76)	84.34% (70)	83.75% (67)	90%
23	Mental/behavioral health of the child	54%	50.0%	59% (48)	76.81% (53)	86.76% (59)	90%

Breakdown of Hawaii Practice Improvement Case Review Findings for SFY 2008 by Sections

N=99

64 Foster Custody/ 35 Family Supervision

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback.

Item or Outcome #	Item or Outcome Description	Central (Oahu)	Diamond Head (Oahu)	Leeward (Oahu)	Special CWS (Sex Abuse; Oahu)	East Hawaii	West Hawaii	Kauai	Maui
S1	Safety Outcome 1: Children are, first and	100%	100%	50%	100%	100%	100%	80%	60%

Breakdown of Hawaii Practice Improvement Case Review Findings for SFY 2008 by Sections

N=99

64 Foster Custody/ 35 Family Supervision

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback.

Item or Outcome #	Item or Outcome Description	Central (Oahu)	Diamond Head (Oahu)	Leeward (Oahu)	Special CWS (Sex Abuse; Oahu)	East Hawaii	West Hawaii	Kauai	Maui
	foremost, protected from abuse and neglect.	(4)	(1)	(1)	(10)	(3)	(2)	(4)	(3)
1	Timeliness of initiating investigations of reports of child maltreatment	100% (4)	100% (1)	50% (1)	100% (10)	100% (3)	100% (1)	80% (4)	60% (3)
2	Repeat maltreatment	100% (4)	100% (1)	100% (2)	100% (10)	100% (1)	100% (2)	80% (4)	100% (5)
S2	Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	100% (13)	91.7% (11)	76.9% (10)	84.6% (11)	83.3% (10)	83.3% (10)	50% (6)	83.3% (10)
3	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	100% (6)	66.7% (2)	100% (6)	92.3% (12)	100% (9)	80% (4)	66.7% (4)	100% (9)
4	Risk assessment and safety management	100% (13)	91.7% (11)	76.9% (10)	84.6% (11)	83.3% (10)	83.3% (10)	58.3% (7)	83.3% (10)
P1	Permanency Outcome 1: Children have permanency and stability in their living situations.	75% (6)	50% (4)	62.5% (5)	75% (6)	100% (8)	75% (6)	75% (6)	62.5% (5)
5	Foster care re-entries	No applicable cases	100% (1)	100% (1)	100% (6)	100% (3)	100% (1)	100% (2)	100% (3)
6	Stability of foster care placement	87.5% (7)	87.5% (7)	75% (6)	87.5% (7)	100% (8)	87.5% (7)	87.5% (7)	75% (5)
7	Permanency goal for child	100% (8)	62.5% (5)	62.5% (5)	87.5% (7)	100% (8)	87.5% (7)	87.5% (7)	87.5% (7)
8	Reunification, guardianship, or permanent placement <i>with relatives</i>	50% (1)	60% (3)	80% (4)	85.7% (6)	100% (6)	100% (2)	85.7% (6)	75% (3)
9	Adoption	100% (6)	75% (3)	50% (2)	100% (1)	100% (2)	80% (4)	No applicable cases	100% (4)
10	Other planned permanent living arrangement	100% (2)	100% (1)	No applicable cases	No applicable cases	100% (1)	100% (1)	100% (1)	No applicable cases

Breakdown of Hawaii Practice Improvement Case Review Findings for SFY 2008 by Sections

N=99

64 Foster Custody/ 35 Family Supervision

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback.

Item or Outcome #	Item or Outcome Description	Central (Oahu)	Diamond Head (Oahu)	Leeward (Oahu)	Special CWS (Sex Abuse; Oahu)	East Hawaii	West Hawaii	Kauai	Maui
P2	Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	100% (8)	87.5% (7)	62.5% (5)	87.5% (6)	100% (8)	87.5% (7)	75% (6)	75% (6)
11	Proximity of foster care placement	100% (6)	100% (7)	100% (6)	100% (6)	100% (6)	100% (7)	100% (8)	100% (6)
12	Placement with siblings	100% (5)	85.7% (6)	83.3% (5)	100% (6)	100% (6)	100% (5)	100% (5)	100% (7)
13	Visiting with parents and siblings in foster care	100% (7)	100% (6)	66.7% (4)	85.7% (6)	100% (6)	85.7% (5)	75% (6)	66.7% (4)
14	Preserving connections	100% (8)	100% (8)	87.5% (7)	75% (6)	87.5% (7)	100% (8)	87.5% (7)	75% (6)
15	Relative placement	87.5% (7)	87.5% (7)	62.5% (5)	71.4% (5)	100% (7)	100% (8)	75% (6)	100% (8)
16	Relationship of child in care with parents	100% (3)	80% (4)	83.3% (5)	85.7% (6)	100% (6)	85.7% (6)	71.4% (5)	66.7% (4)
WB1	Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	76.9% (10)	66.7% (8)	30.8% (4)	76.9% (10)	75% (9)	75% (9)	33.3% (4)	41.7% (5)
17	Needs and services of child, parents, and foster parents	92.3% (12)	83.3% (10)	53.8% (7)	76.9% (10)	83.3% (10)	75% (9)	41.7% (5)	41.7% (5)
18	Child and family involvement in case planning	90% (9)	100% (12)	61.5% (8)	75% (9)	83.3% (10)	100% (11)	58.3% (7)	75% (9)
19	Caseworker visits with child	61.5% (8)	50% (6)	46.2% (6)	69.2% (9)	66.7% (8)	91.7% (11)	41.7% (5)	66.7% (8)
20	Caseworker visits with parent(s)	85.7% (6)	62.5% (5)	36.4% (4)	76.9% (10)	80% (8)	72.7% (8)	45.5% (5)	54.5% (6)

Breakdown of Hawaii Practice Improvement Case Review Findings for SFY 2008 by Sections

N=99

64 Foster Custody/ 35 Family Supervision

Practice Outcomes (blue shading) and Performance Item (no color) Ratings

% = Percentage of applicable cases

(xx) = Number of cases rated as **Substantially Achieved** (Outcomes) or **Strength** (Performance Items)

In RED are the ratings for SFY 2008 of interest for further analysis with other data and feedback.

Item or Outcome #	Item or Outcome Description	Central (Oahu)	Diamond Head (Oahu)	Leeward (Oahu)	Special CWS (Sex Abuse; Oahu)	East Hawaii	West Hawaii	Kauai	Maui
WB2	Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	100% (9)	75% (6)	75% (6)	85.7% (6)	90% (9)	100% (10)	91.7% (11)	100% (8)
21	Educational needs of the child	Same as above	Same as above	Same as above	Same as above	Same as above	Same as above	Same as above	Same as above
WB3	Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	92.3% (12)	80% (8)	75% (9)	81.8% (9)	90.9% (10)	81.8% (8)	60% (6)	72.7% (8)
22	Physical health of the child	92.3% (12)	77.8% (7)	90% (9)	100% (8)	90% (9)	80% (8)	60% (6)	80% (8)
23	Mental/behavioral health of the child	100% (6)	100% (9)	66.7% (6)	80% (8)	87.5% (7)	88.9% (8)	90% (9)	85.7% (6)

Summary of Key Plan Deliverables

Years 1 (SFY 2005) and 2 (SFY 2006) of Hawaii's five year Child and Family Services Plan (CFSP):

Achieve the negotiated improvements of the federally required two-year Program Improvement Plan (PIP).

Hawaii achieved all of its negotiated PIP Year 2 goals except for the foster care re-entry and placement stability data goals. As a result, Hawaii has avoided and scaled down an estimated \$1.9 million penalty to \$170,978.

Year 3 (SFY 2007) of the CFSP:

Post-PIP follow through, or what we fondly refer to as "*PIP Squeak*"

- (1) Fully eliminate the remaining \$170,978 penalty by achieving the data goals for foster care re-entry and placement stability by September 30, 2007.

Hawaii's FFY 2007 placement stability performance data "passed," based on data corrections submitted for the September 1, 2008 Hawaii CFSR Data Profile. A final determination is pending on whether Hawaii passed or failed on foster care re-entry and whether a penalty will be applied.

The key strategies of (1) reducing entry into foster care through front-end improvement efforts; (2) increasing the number of foster homes and increasing kinship care for suitable match, through increased funding for a new recruitment, training and support contract for kin and other resource families; (3) increasing family involvement through Ohana Conferencing, and (4) promotion of evidence-informed and best practice assessment and decision-making protocols have led to improved performance in reducing foster care re-entry and promoting placement stability, but work remains in order to meet the National Standard..

In Year 4, DHS significantly increased funding from over \$1 million in SFY 2006 to about \$7 million in SFY 2008 to expand recruitment, training and support for general licensed and child-specific licensed resource families, including Hawaiian resource families. This bold funding move reflects the Department's commitment to move aggressively to improve placement stability, especially for Hawaiian/part-Hawaiian children who were over-represented in foster care.

Hawaii has made significantly progress and has (1) "passed" placement stability, per our Federal partners, and (2) has successfully reduced the disproportionate number of Hawaiian/part-Hawaiian children in CWS foster care.

- (2) Address the 6 Practice Items requiring attention though released from PIP monitoring and sanction.
 - (a) Timely adoption
 - (b) Improve transition to independent living for foster youth
 - (c) Preserving connections
 - (d) Relative placement
 - (e) Supporting the relationship of children in care with parent(s)
 - (f) Physical health of child

- (3) Address PIP Action Items transferred to the CFSP (i.e., five year plan) for completion in SFY 2007
 - (a) Revised Safe Family Home Report (SFHR)
 - (b) Family Journal

- (c) Supervisor training curricula and training schedule - **COMPLETED**
- (d) Continuing education curricula and training schedule for managers, supervisors, caseworkers and paraprofessionals
- (e) Initial and continuing education/training of resource families - **COMPLETED**
- (f) Partners in Development Foundation (PIDF) contract - **COMPLETED**
- (g) Utilization review and evaluation of FSS, VCM and other service array contracts/changes
- (h) Section Administration corrective action plans to address multiple placements
- (i) Data entry checks **COMPLETED**
- (j) Revised procedures to ensure access to appropriate medical care for foster children - **COMPLETED**
- (k) Evaluation process to determine effectiveness of training - **COMPLETED**
- (l) Initial and ongoing training of staff on child specific licensing procedures
- (m) Evaluation of DRS in preventing placement
- (n) Evaluation of assessment tools, looking at decisions around removal - **COMPLETED**
- (o) Use of Ohana Conferencing for identification and involvement of kin as placement options - **COMPLETED**
- (p) Inclusion of "rapid search" techniques for early identification and involvement of kin as placement options - **COMPLETED**

(4) Sustain and build on improvements already achieved.

Year 4 (SFY 2008):

- (1) Carry forward Year 3 (SFY 2007) Action Items not completed/deferred.
 - (a) Utilization review and evaluation of FSS, VCM and other service array contract changes [by March 2008](#).

Utilization review has been and continues to be conducted, as noted in data in this report. Discussions with service providers have occurred to understand the story behind the numbers. Adjustments have been made where necessary to program design or data capturing tools. We will continue to use the APSR annual reporting document to share what we are learning and how services have helped to achieve targeted client outcomes. However, a full-on written service utilization and evaluation report has not been completed.

- (b) Conduct data entry checks with technical assistance from the National Resource Center for Organizational Improvement (NRCOI) [by September 2008](#).

Periodic data entry checks have been and continue to be conducted. Sections/units have been asked to review cases with identified variances/discrepancies and to make corrections.

Data corrections and updates are electronically submitted to the Federal data systems, NCANDS and AFCARS.

- (c) Complete [by June 2008](#) evaluation of the Differential Response System (DRS) in preventing placement
- In preventing foster care re-entry
 - In addressing risk issues related to substance abuse

A written evaluation report on DRS has not been completed. A new date for completion has not been set.

- (d) Complete evaluation on the use of assessment tool and decisions around removal and reunification [by June 2008](#).

Consultant Diane English completed the placement decision-making study, age 0 – 3, and the report was made available in August 2007. As a follow-up, beginning June 2008 selected pilot units will begin training and upon completion of training will implement use of select rapid assessment instruments.

- (e) Finalize and implement revised Safe Family Home Report (SFHR) and guidelines [by September 2008](#).

The revised Safe Family Home Report (SFHR) project in collaboration with Family Court, which will include a section specific to relative searches and the results, has been tabled because the parties involved could not reach agreement on the proposed changes and no agreement has been reached on a new completion date as well.

- (f) Pilot, implement, monitor and evaluate Family Journal [by March 2009](#).

Program Development will be extending the completion timetable; a new completion date to be determined.

- (g) Complete, issue, train and implement revised CWS Procedures to ensure access to appropriate medical care for foster children by June 2009.

Completed, issued, trained and implemented revised procedures in conjunction with the Department's MEDQUEST Division to ensure timely access of children in out-of-home care to appropriate medical services.

- (2) Add child data entry, aggregation and reporting requirements for monthly worker visits to the Action Items.

Monthly worker visits with child in care is a new performance measure that is now part of Federal monitoring. Frequent visits have been associated with enhanced well-being while in care and improved permanency outcomes.

Data documenting monthly worker visits with each foster child in the residence of the child, beginning with the baseline year FFY 2007, will be collected and reported. The National Standard is 90% of all foster children will have monthly worker visits in the reporting year. This includes out-of-State placements and runaways. All states are being asked to commit to a level of professional practice where 90% of all children in care will be visited monthly in their residence by FFY 2011.

Hawaii's information system is not able to capture and report this information on all children in foster care. Changes are being made for data to be entered and reported by the information system in the future. In the meantime, Hawaii agreed to survey CWS section administrators/unit supervisors on a random sample of cases in order to submit monthly worker visits data for the FFY 2007 reporting period. Hawaii's FFY 2007 baseline, based on a random sample of about 350 cases reported on by section administrators and supervisors, is 53% of Hawaii's foster children (in the sample) have been visited each and every month and 61% of those visited each and every month were visited in their residence.

Section administrators and supervisors will again be surveyed after the close of the FFY 2008 reporting period, which ends September 30, 2008, on another sample of cases, in order to capture and report on worker visits with child. We do not anticipate that information system changes will be completed for data entry to begin effective October 1, 2008. Thus, another survey will have to be part of the planned actions for the reporting period ending September 30, 2009. October 1, 2010 is targeted for full

implementation of data entry of monthly worker visits on all foster care cases.

Reports will be developed to provide data from the information system that will help section administrators and supervisors, as well as Program Development, to monitor this practice measure.

Year 5 (SFY 2009)

No change to action plan due to major activities in Round 2 CFSR.

New monthly worker visits plan can be found in that section of the report.

I. SERVICES

A. Accomplishments and Progress Achieved in SFY 2008 (To Date) in Meeting Each Goal and Objective

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SAFETY OUTCOME S1		Children are, first and foremost, protected from abuse and neglect.			
Goal 1		Reports accepted for initial assessment/investigation will be initiated timely.			
Objective 1.1		By June 30, 2006, at least 56.6% of the reports accepted for initial assessment/investigation will be initiated timely (per Departmental guidelines) ACHIEVED		52.6%	Case review
Objective 1.2		Monitor for continued improvements. ACHIEVED			

NCANDS data on response time, report to investigation:

Hawaii, FFY 2007: 80.7 hours
 Hawaii, FFY 2006: 132 hours
 National Median, FFY 2006: 66 hours

Statewide practice improvement case review findings for SFY 2005, 2006, 2007 and 2008 for Performance Item timeliness of initiating investigation of reports of child maltreatment:

	% of applicable cases rated as Strength	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	52%	
SFY 2005 Case Review Findings N=99	54.8%	
SFY 2006 Case Review Findings N=100	63.64%	14 cases
SFY 2007 Case Review Findings N=97	65%	13
SFY 2008 Case Review Findings N=99	87.1%	27
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Objective 1.3		Complete in SFY 2007 PIP actions transferred into CFSP.			Achievement of carryover PIP benchmarks
		1.3.1	Evaluation of the revised intake screening tools and implementation of the Differential Response System (DRS) will be incorporated as an ongoing process.		

A written evaluation report on the revised intake screening tools and DRS implementation is not available at this time. Program Development will set a new completion date in the future.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		1.3.2	Evaluation of utilization of services by review of the purchase of service (POS) reports on utilization, waitlisted clients and program outcomes; make adjustments in funding levels if necessary. Outcome report will be provided to the State CQI Council for review.		

According to the Purchase of Service (POS) Unit, a written evaluation report on the utilization of services, waitlisted clients and program outcomes, based on a review of service provider reports to POS, was not completed due to staff turnover. The POS written evaluation report will include a review of funding and recommended funding adjustments, if any. They hope to complete the written evaluation report by June 30, 2009.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		1.3.3	Ongoing review and evaluation of voluntary services by POS and line staff to determine effectiveness of the voluntary services and whether changes need to be made.		

As noted above, the POS Unit will complete their written evaluation report on CWS POS services, including a review of contracted "voluntary services" by June 30, 2009. The written evaluation report will be based on a review of service provider reports to POS.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 2		Reduce repeat maltreatment.			
Objective 2.1		By June 30, 2005, incidence of CAN in foster care will be 1.1% or less. ACHIEVED		1.31%	NCANDS/AFCARS
Objective 2.2		By June 30, 2006, incidence of CAN in foster care will be 0.95% or less. ACHIEVED			

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Objective 2.3		Monitor for continued improvement.			

Hawaii was ranked 8 among 51 reporting states nationwide with a **low maltreatment recurrence rate** in FFY 2006 (latest comparative data available).

For FFY 2006, this means that 29 of the 1,068 victims of confirmed CAN in the first half of FFY 2006 were again victims of confirmed CAN within 6 months, or a recurrence rate of 2.7 per 100 victims.

For FFY 2007, Hawaii's maltreatment recurrence rate was 3.6 per 100 victims. This means that 34 of the 937 victims of confirmed CAN in the first half of FFY 2007 were again victims of confirmed CAN within 6 months. Comparable data from other states for FFY 2007 is not yet available.

While most children in foster care are provided safe care, for 13 children in FFY 2007 and 38 in FFY 2006 there was a confirmed report of maltreatment in CWS foster care.

Hawaii continues to fall short of meeting the National Standard for absence of CAN in foster care. In FFY 2006, Hawaii was ranked 40th among 47 reporting states in performance. Comparable data from other states is not available yet for FFY 2007.

Absence of CAN in Foster Care:

National Standard: 99.68% or more

HI, FFY 2007: 99.65% 3,705 of 3,718

HI, FFY 2006: 99.12% 4,291 of 4,329

HI, FFY 2005: 99.20% 4,739 of 4,777

HI, FFY 2004: 99.30% 5,114 of 5,150

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SAFETY OUTCOME S2		Children are safely maintained in their homes whenever possible and appropriate.			
Goal 3		Family preservation; prevent removal			

Hawaii continues to have a high rate of child victims removed from the home. However, in FFY 2007, the number and rate of confirmed victims removed from their home has significantly dropped. Hawaii's Differential Response Initiative implemented in December 2005 has helped to reduce out-of-home placement by limiting entry into CWS and investing heavily in prevention and family strengthening.

Percent of confirmed victims removed from home:

FFY 2007	Hawaii	46.5%	965 confirmed victims
FFY 2006:	National Average Hawaii	58.3%	1,192 confirmed victims
FFY 2005:	National Average Hawaii	21.7% 52.6%	1,452 confirmed victims
FFY 2004:	National Average Hawaii	19.0% 50.2%	1,823 confirmed victims

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 4		Reduce risk of harm to children.			
Objective 4.1		By June 30, 2006, 82.7% of active CWS cases will be provided ongoing assessment & referral to appropriate services.	ACHIEVED	78.7%	Case review
Objective 4.2		Monitor for continued improvements			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for Performance Item 4, Risk assessment and safety management:

	% of applicable cases	Number of cases rated as <i>Strength</i>
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CSFR Round 1	80%	
SFY 2005 Case Review Findings N=99	83.5%	
SFY 2006 Case Review Findings N=100	82%	82 cases
SFY 2007 Case Review Findings N=97	89.69%	87
SFY 2008 Case Review Findings N=99	82.83%	82
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
PERMANENCY OUTCOME P1		Children have permanency & stability in their living situation.			
Goal 5		Reduce foster care re-entries			

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Objective 5.1		By June 30, 2005, 9.8% or less foster children returned to the family home will not re-enter foster care within 12 months of a prior foster care episode. NOT ACHIEVED		10.6%	AFCARS
Objective 5.2		By June 30, 2006, 8.8% or less foster children returned to the family home will not re-enter foster care within 12 months of a prior foster care episode. NOT ACHIEVED			
Objective 5.3		By September 30, 2007, achieve 2006 PIP goal – 8.8% or less. NOT ACHIEVED			

One in every 7 children exiting foster care returns in less than 12 months.

This continues to be a challenge. One of the Action Items in Year 3 (SFY 2007) that carried forward to Year 4 (SFY 2008) was the review of assessment tools and decisions to reunify and the provision of services to support reunification. This action was partially completed by consultant Diane English in her review of decision-making in cases involving children age 0 – 3, identifying the need to focus on improved assessment, and a pilot project to train selected operating units on use of rapid assessment instruments (RAI) for improved assessment will begin in June 2008.

Measurement method reframed.

Permanency of Reunification

Measure C1-4: **Re-entries to foster care in less than 12 months**

Of all children discharged from FC to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge?

National Goal: 9.9% or less
 HI, FFY 2007: 14.1%, after data corrections
 HI, FFY 2006: 15.4%, after data corrections
 HI, FFY 2005: 15.2%
 HI, FFY 2004: 16.8%

FFY 2007 re-entry data, breakdown by county:

Hawaii County 17.0%, after data corrections
 Oahu 13.5%
 Kauai County 5.9% *Kauai met the goal.*
 Maui County: 14.0%, after data corrections

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:			
		5.3.1	Develop with the assistance of the National Resource Center on Organizational Improvement a system of periodic data entry checks and follow up to ensure that data is entered correctly. If not, then corrections are made and workers are informed of common errors and remedies.		

Periodic data checks are currently being conducted and data corrected and electronically re-submitted to the Federal AFCARS and NCANDS data systems.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:			
		5.3.2	Use University to assist in data aggregation, analysis, research and evaluation to identify key factors contributing to foster care re-entry and to identify action alternatives for improvement.		

The University of Hawaii, School of Social Work (UHSSW) completed 2 draft reports to identify factors contributing to foster care re-entry and multiple placements in coordination with the DHS senior policy advisor/consultant. One report utilized 2004 and 2005 data provided by the DHS advisor/consultant and the second report utilized 2006 data also provided by the DHS advisor/consultant. The UHSSW draft reports were submitted to the DHS advisor/consultant, presented nationally and discussed in a conference call with our Federal partners. A copy was provided for purposes of this progress report in September 2008.

The draft reports were not shared earlier for wider review and discussion because of the need to first examine how the CPSS data was pulled, discrepancies in the data and discrepancies in the findings/conclusions. For example, the preliminary report found that discharge to emancipation, legal guardianship, or to other agencies increased the likelihood of foster care re-entry. The draft report also concluded that shorter stays in foster care increased the likelihood of re-entry and longer stays, older youth, child behavioral problems, and multiple placements increased the likelihood of re-entry. This effort deserves further analysis, refinement and finalization of the reports.

A February 2008 report on test runs conducted in November 2007 of a proposed case review instrument for foster care re-entry and multiple placements, developed by the IV-E research team, was submitted to the DHS advisor/consultant. The instrument was tested on 6 sex abuse cases.

The IV-E research team concluded that reviewers, because of an inability to locate information, could not answer the majority of questions on the proposed instrument. The research team felt that a review of the file documentation standards of practice and training on case record documentation procedures would be beneficial. This need was arrived at from the reviewer's inability to determine from a case service plan or supporting documents if a service identified by the plan, such as parent drug testing, was assessed as needed, ordered, initiated, status or progress, or had been completed.

The team also noted that inconsistencies in documentation accounted for lack of continuity within a file regarding a child's ethnic classification. Reviewers

commented that at different times, a child would self-identify his/her ethnicity, a parent would identify a child's ethnicity, a worker would choose an ethnic classification, or the ethnicity was identified during the initial report.

To conduct meaningful review in a consistent manner and to access correct information, the research team determined they needed to consult with CWS, information technology (IT) and statistical staff to be sure that the IV-E research team is using appropriate terminology and appropriate data.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:			
		5.3.3	Involve State CWS Advisory Council, State CQI Council and Sections in data review and development and monitoring of action plans.		

Oversight responsibility for development and monitoring of the practice improvement action plans has been transferred from Program Development to the Assistant CWS Branch Administrator.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 6		Increase placement stability (no more than 2 placements for children in care less than 12 months)			
Objective 6.1		By June 30, 2005, 84.5% or more of the children in foster care for less than 12 months will have no more than 2 placements.	NOT ACHIEVED	84.9%	AFCARS
Objective 6.2		By June 30, 2006, 86.48% or more of the children in foster care for less than 12 months will have no more than 2 placements.	NOT ACHIEVED		
Objective 6.3		By September 30, 2007, achieve 2006 PIP goal - 86.48% or more.	NOT ACHIEVED		AFCARS
Objective 6.4		By September 30, 2008, achieve 2006 PIP goal of 86.48% or more	ACHIEVED		

Measurement method reframed.

Permanency Composite 4 - **Placement Stability:**

National Standard: 101.5 or higher (scaled composite score)
 HI, FFY 2007: 100.4, after data corrections
 HI, FFY 2006: 99.9
 HI, FFY 2005: 99.1
 HI, FFY 2004: 100.2

Ranking in relation to other states:

FFY 2007: 11th among 51 states, after data corrections
FFY 2006: 12th among 51 states
FFY 2005: 12th among 51 states
FFY 2004: 12th among 51 states

This means that Hawaii's performance in placement stability ranked it among the top 24% of states.

Measures looked at to determine composite score:

Measure C4-1: Two or fewer placement settings for children in care less than 12 months

Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had 2 or fewer placement settings?

National Goal: 86.0% or higher
HI, FFY 2007: 83.8%, after data corrections
HI, FFY 2006: 84.2%, after data corrections
HI, FFY 2005: 83.5%
HI, FFY 2004: 84.9%

Measure C4-2: Two or fewer placement settings for children in care for 12 to 24 months

Of all children served in FC during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had 2 or fewer placement settings?

National Goal: 65.4% or higher
HI, FFY 2007: 66.5%, after data corrections
Hawaii met the goal in both FFY 2006 and FFY 2007.
HI, FFY 2006: 65.7%, after data corrections
HI, FFY 2005: 65.0%
HI, FFY 2004: 64.8%

Measure C4-3: Two or fewer placement settings for children in care for 24+ months

Of all children served in FC during 12-month target period, who were in FC for at least 24 months, what percent had 2 or fewer placement settings?

National Goal: 41.8% or higher
HI, FFY 2007: 41.2%, after data corrections
HI, FFY 2006: 41.1%, after data corrections
HI, FFY 2005: 41.2%
HI, FFY 2004: 41.8%

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:			
		6.2.1	Sections will use the feedback provided by the State CQI Council to develop their action plans to avoid multiple placements in the future. The action plans will be completed and implemented in SFY 2007.		

Oversight of the sections' action plans has been shifted to the Assistant CWS Branch Administrator. No written status report was provided for this report.

It should be noted that ACF has put together a special data run using the second half of FFY 2007 together with the first half of FFY 2008, which Hawaii has the option to use for CFSR Round 2. Using the special data set, Hawaii now meets the National Standard for placement stability. The more current special data run is an affirmation that actions taken are paying off.

Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:		
		6.2.2	Evaluate DRS impact in preventing placement and foster care re-entry and impact of FSS and VCM in addressing risk for those with substance abuse/relapse issues and preventing re-entry.	

A written evaluation report on the impact of DRS on placement prevention, addressing substance abuse/relapse issues, supporting reunification and other issues is not available at this time. Program Development will set a new completion date in the future.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		Actions:			
		6.2.3	Evaluate use of assessment tools and look at decisions around removal and reunification.	ACHIEVED	

As reported last year, consultant Diane English completed a placement decision-making study, age 0 – 3, for Hawaii in June 2007; it was made available in August 2007. The report evaluated use of assessment tools and looked at decision-making around removal and reunification. A recommendation of the study was for a committee to re-assess social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision and (4) client engagement. Dr. English initiated the Hawaii Strategic Planning Initiative with the Casey Family Program and established a strategic planning committee for follow-up action on her recommendations. The committee has chosen to initiate as a pilot project the use of selected Rapid Assessment Instruments (RAI) to improve assessment. The East Hawaii CWS Section Administrator is the chair of the subcommittee leading this assessment improvement effort.

Starting June 2008, staff participating in the pilot project will begin training on the use of the selected RAI and they will begin use of the following instruments immediately after training is completed:

- Adult and Adolescent Parenting Inventory (AAPI)
- Child Behavior Checklist (CBCL)
- Strengths and Stressors Tracking Device (SSTD)
- Ansell-Casey Life Skills Assessment (ACLSA)
- Functional Social Support Questionnaire (FSSQ)
- North Carolina Family Assessment Scale (NCFAS)
- Other client and family engagement tools

Participating pilot sites:

- All 3 units on Kauai
- All 3 units on Maui
- All 4 units in East Hawaii
- No units in West Hawaii
- 1 unit on Oahu - Leeward Child Welfare Unit 3 (LCW3)

Dr. English’s findings and recommendations reaffirmed the earlier findings of the Round 1 CF SR and planned actions of the SFY 2005 through SFY 2006 2-year PIP by strengthening and focusing on (1) assessment, (2) case planning, (3) appropriate service provision and (4) client engagement.

The Casey – Hawaii Strategic Planning Initiative/committee is developing a *CWS Partnership Practice Model*. Target date for completion of the model is not yet set. The practice model is to align agency written policies and procedures with the CWS mission, guiding principles, practice strategies and activities. This written practice model is proposing to be very community-oriented with services designed to be relevant and culturally appropriate. The practice model project includes outcomes-based contracting. The project leader is the Assistant CWS Branch Administrator.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		6.2.4	Use University to assist in data aggregation, analysis, research and evaluation to identify key factors contributing to multiple placements and to identify action alternatives for improvement.		

The UHSSW completed and submitted draft reports on their findings to the DHS senior policy advisor/consultant, presented the preliminary information nationally, and shared the preliminary information with Federal partners in a conference call along with DHS. The draft reports have not been shared for wider review because of the need to correct discrepancies and ensure appropriate use of data.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		6.2.5	Involve State CWS Advisory Council, State CQI Council and Sections in data review and development and monitoring of action plans.		

The review and monitoring of the action plans has been transferred from Program Development to the Assistant CWS Branch Administrator. No written report has been provided for purposes of this report.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 7		Increase the timely establishment of permanency goals for children			
Objective 7.1		By June 30, 2005, 65.3% of the cases reviewed will have timely & appropriate goals for children.		63.3%	Case review
Objective 7.2		By June 30, 2006, 67.3% of the cases reviewed will have timely & appropriate goals for children. ACHIEVED			
Objective 7.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 7, Permanency goal for child:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	77%	
SFY 2005 Case Review Findings N=99	71.4%	
SFY 2006 Case Review Findings N=100	61.5%	40 cases
SFY 2007 Case Review Findings N=97	71.88%	46
SFY 2008 Case Review Findings N=99	84.38%	54
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 8		Increase timely achievement of reunification, guardianship or permanent placement with relatives or demonstrate diligent effort to achieve the goal in a timely manner			
Objective 8.1		By June 30, 2005, 62% of the cases reviewed will		60%	Case review

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		show that goals have been achieved in a timely manner or that diligent effort was made to achieve the goal in a timely manner.			
Objective 8.2		By June 30, 2006, 64% of the cases reviewed will show that goals have been achieved in a timely manner or that diligent effort was made to achieve the goal in a timely manner.	ACHIEVED		
Objective 8.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 8, Reunification, guardianship or permanent placement with relatives:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	60%	
SFY 2005 Case Review Findings N=99	55.8%	
SFY 2006 Case Review Findings N=100	31.7%	13 cases
SFY 2007 Case Review Findings N=97	52.94%	18
SFY 2008 Case Review Findings N=99	81.58%	31
CFSR Round 2 Goal	90%	

It is taking longer to achieve adoption and other permanency goals. In FFY 2007 the median time to achieve reunification was 2.3 months. Some case reviewers have commented that it is not enough time to effect change for permanent reunification

**Length of time to achieve permanency goal:
Median months to discharge:**

		Median months to discharge	# of children discharged
Reunification:	FFY 2007	2.3 months	1,092 children
	FFY 2006	3.7 months	1,168 children
	FFY 2005	3.4 months	1,094 children
	FFY 2004	2.8 months	1,335 children

Adoption:	FFY 2007	30.2 months	298 children
	FFY 2006	25.9 months	391 children
	FFY 2005	26.2 months	405 children
	FFY 2004	23.6 months	358 children
Guardianship:	FFY 2007	27.2 months	146 children
	FFY 2006	30.4 months	189 children
	FFY 2005	22.6 months	203 children
	FFY 2004	20.4 months	214 children
Other Permanent Goals:	FFY 2007	31.8 months	168 children
	FFY 2006	26.8 months	190 children
	FFY 2005	26.3 months	232 children
	FFY 2004	20.8 months	201 children

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 9		Achieve finalized adoption in a timely manner.			
Objective 9.1		By June30, 2005, 68% of the adoptions will be finalized within 24 months of entry into foster care or concerted effort will have been made to achieve adoption within 24 months Released from monitoring in PIP		67%	Case review
Objective 9.2		By June 30, 2006, 69% of the adoptions will be finalized within 24 months of entry into foster care or concerted effort will have been made to achieve adoption within 24 months. Released from monitoring in PIP but requires attention in CFSP because case review findings continue below PIP goal level			
Objective 9.3		By June 30, 2007, achieve 2006 PIP goal - 69% of cases reviewed will have this Practice Item rated as a strength.			Case review
		9.3.1	Continue monitoring for improvement.		
		9.3.2	Use State CQI Council to review and analyze case review data and findings, and make recommendations.		

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for
Performance Item 9, Adoption:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	67%	
SFY 2005 Case Review Findings N=99	55.6%	
SFY 2006 Case Review Findings N=100	45%	9 cases
SFY 2007 Case Review Findings N=97	67.74%	21
SFY 2008 Case Review Findings N=99	84.62%	22
CFSR Round 2 Goal	90%	

For 4 years from FFY 2004 through FFY 2007, Hawaii has consistently exceeded the National Standard for timely adoptions. However, Hawaii's ranking dropped from 11th among 47 reporting states in FFY 2004 to 14th among 47 reporting states in FFY 2007.

Measurement methods reframed.

Permanency Composite 2, Timeliness of Adoptions

National Standard:	106.4 or higher
Hawaii, FFY 2007	107.8, after data corrections
Hawaii, FFY 2006	117.7, after data corrections
Hawaii, FFY 2005	112.0
Hawaii, FFY 2004	113.5

Ranking in relation to other states:

Hawaii, FFY 2007:	14 th among 47 reporting states, after data corrections
Hawaii, FFY 2006:	9 th among 47 reporting states, after data corrections
Hawaii, FFY 2005	13 th among 47 reporting states
Hawaii, FFY 2004	11 th among 47 reporting states

Measures looked at to determine composite score:

Measure C2-1: Exits to adoption in less than 24 months

Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home?

Standard:	36.6% or more
Hawaii, FFY 2007:	32.2%, after data corrections

Hawaii, FFY 2006: 43.0%
 Hawaii, FFY 2005: 41.7%
 Hawaii, FFY 2004: 50.8%

Measure C2-2: Exits to adoption, median length of stay

Of all children who were discharged from FC to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption?

Standard: 27.3 months or less
 HI, FFY 2007: 30.2 months 298 children, after data corrections
 HI, FFY 2006: 25.9 months 391 children
 HI, FFY 2005: 26.2 months 405 children
 HI, FFY 2004: 23.6 months 358 children

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 10		Increase the provision of appropriate services to assist youths to make a successful transition to self-sufficient independent living.			
Objective 10.1		By June 30, 2005, 76% of transitioning youths will have been offered appropriate available services to support a successful transition to self-sufficient independent living.		75%	Case review
			Released from monitoring in PIP		
Objective 10.2		By June 30, 2006, 80% of transitioning youths will have been offered appropriate available services to support successful transition to self-sufficient independent living.			
Objective 10.3		Monitor for continued improvement..			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for Performance Item 10, Other planned permanent living arrangement:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	75%	
SFY 2005 Case Review Findings N=99	57.1%	
SFY 2006 Case Review Findings N=100	50%	2 cases
SFY 2007 Case Review Findings N=97	66.67%	4
SFY 2008 Case Review Findings N=99	100%	6
CFSR Round 2 Goal	90%	

Act 198 enacted this year gives former foster youth additional time to apply for and receive higher education benefits.

Under prior law, former foster youth were eligible for a higher education benefit allowance of \$529 per month up to and including age 21. The allowance helps pay for living expenses while attending school or vocational training. Interested youth had to apply within 1 year of their high school graduation.

The new law increases the maximum age that youth can receive higher education allowance from 21 to 26 years and increases the duration of education benefits from the current 48 months maximum to 60 months.

The new law also helps former foster youth from ages 22 to 26 who are currently attending college or vocational school by enabling them to apply for the higher education benefit allowance within 1 year.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 13		Increase the frequency of visitation with parents and siblings			
Objective 13.1		By June 30, 2005, 62% of the children in foster care will increase the frequency of visitation with parents and siblings.		61%	Case review
Objective 13.2		By June 30, 2006, 65% of the children in foster care will increase the frequency of visitation with parents and siblings. ACHIEVED			
Objective 13.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 13, Visiting with parents and siblings in foster care:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	61%	
SFY 2005 Case Review Findings N=99	71.4%	
SFY 2006 Case Review Findings N=100	51.7%	31 cases
SFY 2007 Case Review Findings N=97	68.63%	35
SFY 2008 Case Review Findings N=99	84.91%	45
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 14		Preserve connections for former foster families, extended family members, heritage, religious affiliation, friends and school or community.			
Objective 14.1		By June 30, 2005, 82% of children will preserve connections with former foster families, extended family members, heritage, religious affiliation, friends & school or community. Released from monitoring in PIP		81%	Case review
Objective 14.2		By June 30, 2006, 84% will have achieved the above objective.			
Objective 14.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 14, Preserving connections:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	81%	
SFY 2005 Case Review Findings N=99	83.1%	
SFY 2006 Case Review Findings N=100	75.4%	49 cases
SFY 2007 Case Review Findings N=97	87.5%	56
SFY 2008 Case Review Findings N=99	89.06%	57
CFSR Round 2 Goal	90%	

EPIC Ohana Connections Program is funded by DHS beginning SFY 2008. The program locates the biological kin of foster youth and assists the youth and appropriate family members to re-establish family connections. Forming enduring family connections for older youth often requires intensive support.

On Oahu and the Island of Hawaii, EPIC Family Engagement Specialists (FES) are assigned to foster youth, age 16 to emancipation, and provide case management support to facilitate family connections.

In their SFY 2008 third quarter report, the program reports that they continue to be challenged to identify youth who will benefit from their services. Aggressive outreach with permanency workers is being conducted.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 15		Children will have safe, stable placements with relatives, whenever possible and if it is in child's best interest. (Relative care)			
Objective 15.1		By June 30, 2005, 82% of the cases reviewed have the child's current placement noted to be with a relative, or noted that diligent effort was made to search for both maternal and paternal relatives whenever possible. <i>Released from monitoring in PIP</i>		81%	Case review
Objective 15.2		By June 30, 2006, 83% of the cases reviewed have the child's current placement noted to be with a relative, or noted that diligent effort was made to search for both maternal and paternal relatives whenever possible. <i>Released from monitoring in PIP but requires attention in CFSP because case review findings continue below PIP goal level</i>			
Objective 15.3		Complete in SFY 2007 PIP actions transferred into CFSP.			Achievement of carryover PIP benchmark
		15.3.1	Finalize and implement a revised Safe Family Home Guidelines (SFHG) in collaboration with Family Court, which will include a section specific to relative searches and the results.		

The Action Item 15.3.1 to finalize and implement a revised Safe Family Home Report (SFHR) in collaboration with Family Court, which will include a section specific to relative searches and the results, has been tabled because the parties involved could not reach agreement on the proposed changes and no agreement has been reached on a new completion date as well.

Provided below is a data update on the rate and number of children in DHS foster custody (FC) and those with permanent custody (PC) to DHS who are placed with relatives:

Point in time, as of June 30	Foster Custody (FC) children, includes children in temporary custody and voluntary foster custody status	% (#) of FC children placed with relatives	Permanent Custody to DHS (PC) children	% (#) of PC children placed with relatives	FC + PC children	% (#) of FC + PC children placed with relatives
SFY 2008 [Post-PIP Year 4]	1,023 <i>(-205)</i>	46.5% (476)	566	36% (203)	1,589 <i>(-445)</i>	43% (679)
SFY 2007 [Post-PIP Year 3]	1,228 <i>(-401)</i>	44% (545)	806 <i>(-96)</i>	41% (333)	2,034 <i>(-497)</i>	43% (878)

SFY 2006 [End of PIP Year 2]	1,629 (-148)	44% (722)	902 (-134)	38% (343)	2,531 (-282)	42% (1,065)
SFY 2005 [End of PIP Year 1]	1,777 (-142)	42% (739)	1,036 (+15)	42% (438)	2,813 (-127)	42% (1,177)
SFY 2004	1,919	39% (754)	1,021 (+120)	41% (416)	2,940 (+120)	40% (1,170)
SFY 2003	1,919	42% (804)	901	38% (338)	2,820	40% (1,142)

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for the **Performance Item 15, Relative placement:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CSFR Round 1	81%	
SFY 2005 Case Review Findings N=99	80%	
SFY 2006 Case Review Findings N=100	73.8%	48 cases
SFY 2007 Case Review Findings N=97	79.69%	51
SFY 2008 Case Review Findings N=99	85.48%	53
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 16		Children in foster care will preserve & strengthen their relationships with parents.			
Objective 16.1		By June 30, 2005, 73% of children in foster care will strengthen their relationship with parents. <i>Released from monitoring in PIP</i>		70%	Case review
Objective 16.2		By June 30, 2006, 76% of children in foster care will strengthen their relationship with parents. <i>Released from monitoring in PIP but requires attention in CFSP because case review findings continue below PIP goal level</i>			
Objective 16.3		Monitor for continued improvements.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for
Performance Item 16, Relationship of child in care with parents:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CSFR Round 1	70%	
SFY 2005 Case Review Findings N=99	70.6%	
SFY 2006 Case Review Findings N=100	58.5%	31 cases
SFY 2007 Case Review Findings N=97	68.63%	35
SFY 2008 Case Review Findings N=99	82.98%	39
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
WELLBEING OUTCOME WB1		Families have enhanced capacity to provide for their children's needs.			
Goal 17		Needs of children, parents, and foster parents will be adequately assessed and services provided to meet those needs.			
Objective 17.1		By June 30, 2005, 52% of all cases reviewed will indicate that needs and services of children, parents, and foster parents were adequately assessed and addressed.		50%	Case review
Objective 17.2		By June 30, 2006, 54% of all cases reviewed will indicate that needs and services of children, parents, and foster parents were adequately assessed and addressed. ACHIEVED			
Objective 17.3		Monitor for continued improvements.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 17, Needs and services of child, parents, and foster parents:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	60%	
SFY 2005 Case Review Findings N=99	61.7%	
SFY 2006 Case Review Findings N=100	45%	45 cases
SFY 2007 Case Review Findings N=97	72.16%	70
SFY 2008 Case Review Findings N=99	68.69%	68
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 18		Increase child and family involvement in ongoing assessment, case planning and review on a consistent basis statewide.			
Objective 18.1		By June 30, 2005, 48.5% of the children and families under Family Court jurisdiction with DHS will be actively involved in ongoing assessment, case planning and review of their case.		46.5%	Case review
Objective 18.2		By June 30, 2006, 50.5% of the children and families under Family Court jurisdiction with DHS will be actively involved in ongoing assessment, case planning and review of their case. ACHIEVED			
Objective 18.3		Complete in SFY 2007 PIP actions transferred into CFSP.			Achievement of carryover PIP) benchmark
		18.3.1	Pilot, implement, monitor and evaluate Family Journal.		

Program Development will be extending the completion timetable for the Family Journal to actively engage families in documenting and self-monitoring; a new completion date to be determined.

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for
Performance Item 18, Child and family involvement in case planning:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	60%	
SFY 2005 Case Review Findings N=99	64.1%	
SFY 2006 Case Review Findings N=100	57%	57 cases
SFY 2007 Case Review Findings N=97	69.23%	63
SFY 2008 Case Review Findings	79.79%	75
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 19		Increase the frequency and quality of worker contact with child in accordance with CWS procedures.			
Objective 19.1		By June 30, 2006, 51.6% of children will have consistent visits with social worker in accordance with CWS procedures. ACHIEVED		47.6%	Case review
Objective 19.2		Monitor for continued improvement			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for
Performance Item 19, Caseworker visits with child:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	32%	
SFY 2005 Case Review Findings N=99	54.3%	
SFY 2006 Case Review Findings N=100	46%	46 cases
SFY 2007 Case Review Findings N=97	68.04%	66
SFY 2008 Case Review Findings N=99	61.62%	61

CFSR Round 2 Goal

90%

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 20		Increase frequency and quality of worker contacts with parents in accordance with procedures.			
Objective 20.1		By June 30, 2005, 38% of parents will have consistent visits with social worker in accordance with CWS procedures.		35%	Case review
Objective 20.2		By June 30, 2006, 41% of parents will have consistent visits with social worker in accordance with CWS procedures.			
Objective 20.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 20, Caseworker visits with parent(s):**

% of applicable cases Number of cases rated as **Strength**

CFSR Round 1 Performance

Item Goal: 85%

Hawaii Performance Baseline in CFSR Round 1 35%

SFY 2005 Case Review Findings N=99 51.9%

SFY 2006 Case Review Findings N=100 35% 35 cases

SFY 2007 Case Review Findings N=97 59.26% 48

SFY 2008 Case Review Findings N=99 63.41% 52

CFSR Round 2 Goal 90%

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
WELLBEING OUTCOME WB3		Children receive adequate services to meet their physical and mental health needs.			
Goal 22		CWS children will have their physical health needs met.			
Objective 22.1		By June 30, 2005, 81% of cases reviewed will show that children's physical health needs have been met. <i>Released from monitoring in PIP</i>		80%	Case review
Objective 22.2		By June 30, 2006, 83% of cases reviewed will show that children's physical health needs have been met. <i>Released from monitoring in PIP but requires attention in CFSP because case review findings continue below PIP goal level</i>			
Objective 22.3		<i>Complete in SFY 2007 PIP actions transferred into CFSP.</i>			<i>Achievement of carryover PIP</i>

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
					benchmark
		22.3.1	Complete, issue, train and implement revised CWS procedures.		

Completed, issued, trained and implemented revised procedures in conjunction with the Department's MEDQUEST Division to ensure timely access of children in out-of-home care to appropriate medical services.

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for **Performance Item 22, Physical health of the child:**

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CSFR Round 1	80%	
SFY 2005 Case Review Findings N=99	65.1%	
SFY 2006 Case Review Findings N=100	76%	76 cases
SFY 2007 Case Review Findings N=97	84.34%	70
SFY 2008 Case Review Findings N=99	83.73%	67
CFSR Round 2 Goal	90%	

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 23		CWS children will have their mental health needs assessed and met.			
Objective 23.1		By June 30, 2005, 43.2% of cases reviewed will show that children's mental health needs have been met.		41.2%	Case review
Objective 23.2		By June 30, 2006, 45.2% of cases reviewed will show that children's mental health needs have been met.	ACHIEVED		
Objective 23.3		Monitor for continued improvement.			

Statewide case review findings for SFY 2005, 2006, 2007 and 2008 for
Performance Item 23, Mental/behavioral health of the child:

	% of applicable cases	Number of cases rated as Strength
CFSR Round 1 Performance Item Goal:	85%	
Hawaii Performance Baseline in CFSR Round 1	54%	
SFY 2005 Case Review Findings N=99	50%	
SFY 2006 Case Review Findings N=100	59%	48 cases
SFY 2007 Case Review Findings N=97	76.81%	53
SFY 2008 Case Review Findings N=99	86.76%	59
CFSR Round 2 Goal	90%	

CWS continues to maintain a streamlined process for referral and treatment of children with the Department of Health Children and Adolescent Mental Health Division that accommodates referrals with potential problems that would require intensive mental health treatment.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SYSTEMIC FACTOR 3		Quality assurance system			
Goal 30		Improve consistency in implementing standards to ensure that children in foster care are providing quality services that protect the safety and health of children through consistent supervision. - See PIP work plan.			Case review
Objective 30.1		Complete in SFY 2007 PIP actions transferred into CFSP.			Achievement of carryover PIP benchmark
	30.1.1	In SFY 2007, continue to develop supportive resource, management, training and supervision through supervisor and worker training, and other strategies as needed for those offices found needing improvement on an ongoing basis.			

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 31		Achieve practice improvements as measured by case review strengths ratings through case review, supervisory review and other monitoring practices.			
Objective 31.1		By June 30, 2005, implement supervisory case reviews and report aggregate data quarterly and annually. ACHIEVED			Achievement of PIP benchmarks
		Begin on-site case reviews in January 2005, in partnership with Maui Community College patterned after the CFSR and report findings. ACHIEVED			
Objective 31.2		By June 30,2006, continue to conduct supervisory case reviews and report aggregate data quarterly and annually. ACHIEVED			Achievement of PIP benchmarks
		Continue to conduct on-site case reviews and report findings. ACHIEVED			
		Establish a Continuous Quality Improvement Council to case review findings and other data and monitor CWS corrective action. ACHIEVED			
Objective 31.3		Continue to monitor practice through case reviews and report findings.			
Objective 31.4		State CQI Council will focus on foster care re-entry and placement stability in their analysis and review of data.			

Maui Community College (MCC) continues to staff and support the State CQI Council, as well as overseeing and reporting on the findings of the practice improvement case reviews. The Council is to analyze the data, including findings on systemic issues, and develop practice improvement action plans. Implementation of these written plans is to be monitored/reviewed.

This is one of a number of review efforts to strengthen the roles of section administrators and unit supervisors to move/oversee cases through the system; to direct critical decisions, and ensure quality work and compliance with policy, procedures and achievement of outcomes. Other administrative review processes have been put in place: (1) the weekly Keiki Placement Project (KPP) to ensure thorough review that from the onset family finding/search is conducted for infants/toddlers, age 0 – 3, who may need family help with placement/care, (2) the bi-weekly Permanent Placement Project, and (3) monthly supervisory reviews of a sample of cases in unit.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SYSTEMIC FACTOR 4		Achieve practice improvements through pre-, initial and ongoing staff and provider training			
Goal 32		Develop core curriculum and train new supervisors and workers on practice skills and professional knowledge and to support the goals of the PIP and CFSP. - PIP work plan. - See IVB and IVE Training Plan.			Achievement of PIP benchmarks
Objective 32.1		Complete in SFY 2007 PIP actions transferred into CFSP:			Achievement of carryover PIP benchmarks
		32.1.1	Finalize supervisory curricula and training schedule.		ACHIEVED

After collecting and reviewing national exemplary models from other title IV-E state/university partners of components of basic and ongoing training for supervisors, the UHSSW Training Academy staff, with the addition of the Training Coordinator hired in October 2006, completed the curriculum and training schedule, and implemented CWS supervisory training statewide in SFY 2007. Supervisors were divided into 3 cohorts to have specialized supervisory training related to the 3 key roles of supervisors: (1) building and maintaining foundation for unit effectiveness, (2) developing and maintaining individual staff, and (3) developing an effective relationship with upper management.

Supervisors had 2 – 6 hour trainings with their cohorts in each of the 3 roles. In addition they had individual unit consultations as requested.

In May 2007, supervisors were recognized for completing supervisory core training, engaged in evaluating the training and providing recommendations for changes and future trainings.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		32.1.2	Finalize and implement the training evaluation plan. The plan is to evaluate the effectiveness of training in increasing managerial/supervisory and worker knowledge and skills for new hire core, supervisory training, ongoing training and foster/adoptive parent training.		

The finalized training evaluation plan was completed and included in last year's APSR. The training evaluation reports for CWS managerial, supervisory caseworker core trainings will be transmitted under separate cover.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		32.1.3	Maintain the training forms that have been submitted and will continue to be submitted by Staff Development to the UH Training Academy for incorporation into a database for analysis.		

This is being done on an ongoing basis.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 33			Provide ongoing training annually for supervisors and workers for advancement of professional knowledge and skills and to support the goals of the PIP and CFSP. - PIP work plan.		Achievement of PIP benchmarks
Objective 33.1			Complete in SFY 2007 PIP actions transferred into CFSP:		Achievement of carryover PIP benchmarks
		33.1.1	Finalize supervisory curricula and training schedule. ACHIEVED		

See Action Item 32.1.1 an update on task completion.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		33.1.2	Develop and implement an ongoing curricula and training for managers, workers and paraprofessionals.		

UHSSW is developing the curricula and schedule for ongoing training and will implement continuing education for CWS staff and supervisors in Spring 2009.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 34			Provide initial and ongoing training of foster & adoptive parents to support placement. - See PIP work plan.		Achievement of PIP benchmarks
Objective 34.1			Complete in SFY 2007 PIP actions transferred into CFSP.		Achievement of carryover PIP benchmarks
		34.1.1	Award proposal and begin integrated services for child-specific and general-licensed foster/adoptive homes contract, services including kin search, recruitment, home studies, matching, training, child-specific placement, and support for retention and to prevent placement disruption. Once the contract finalized, information on the new program and process will be incorporated into new hire core training and into ongoing CWS staff training by the Training Academy. ACHIEVED		

Contract was awarded to service provider Partners In Development Foundation (PIDF) for term beginning 9-1-06 to 6-30-08 with the option to extend 4 years.

PIDF subcontracts with Catholic Charities of Hawaii (CCH) for training of child specific resource families, Foster Family Program (FFP) of Hawaii for resource family support, and the Hawaii Heart Gallery for promotion of adoption of older foster youth. Funds have also been provided to develop tracking information system.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		34.1.2	Conduct initial and ongoing training of CWS staff on the new Child-Specific Licensing procedures		
ACHIEVED					

Completed; see ATTACHMENT B Updated Staff Development Staff (SDS) Core Training Plan for New Hires.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
		34.1.3	Improve timeliness of child-specific licensing trainings to provide adequate preparation and support to child-specific foster parents and to sustain placements through implementation of new integrated services contract, with incentives for timely child-specific training.		
ACHIEVED					

The PIDF contract/subcontract with CCH addresses the backlog and compensates for this.

It should be noted that during the last Federal review, the issue of untimely training for licensed child-specific foster homes was identified. Through the efforts of subcontractor CCH the backlog of licensed child-specific homes in which children were placed prior to September 2006 that had not been trained has been cleared and the training of child-specific homes (relatives and fictive kin) is now timely.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SYSTEMIC FACTOR 5		Service array			
Goal 35		Increase the array of services so they are more uniformly available - Continue purchase of service utilization review - Evaluate FSS, VCM and other service array changes for new DRS system.			Utilization review

Utilization review is ongoing. A written POS utilization review report was not available at time of this report. The new completion date for this report from the

POS Unit is 6-30-09. A written evaluation report of FSS, VCM and other service array changes for the new DRS system was not available at time of this report.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 36		CWS services will be accessible statewide. - See PIP work plan.	ACHIEVED		Achievement of PIP benchmarks
Objective 36.1		Conduct utilization review of purchase of service contracts in SFY 2007 and on an ongoing basis.			

Utilization review is ongoing. See explanation above.

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
SYSTEMIC FACTOR 7		Foster & adoptive parent licensing, recruitment & retention			
Goal 41		Standards for foster & adoptive homes			
Goal 42		Licensing standards are applied equally to general licensed and child-specific foster homes.			
Objective 42.1		Implement new integration purchase of service contract by September 2006			

Contract with PIDF began in September 2006

Goal	Renegotiated Objective	Goal	Renegotiated Objective	Renegotiated Baseline	Renegotiated Measurement Method
Goal 44		Has in place a process for diligent recruitment of potential foster & adoptive families that reflect the ethnic and racial diversity of children in Hawaii for whom foster & adoptive homes are needed. Increase the number of Native Hawaiian/part-Hawaiian foster & adoptive homes.			
Objective 44.1		Implement new integrated services and Native Hawaiian families recruitment contracts.			

Contract with PIDF began September 2006.

B. Steps DHS Will Take in SFY 2009 to Expand and Strengthen the Range of Existing Services, and Develop and Implement Services to Improve Child Outcomes

See ATTACHMENT A.

C. Revisions to SFY 2009 Goals and Objectives

None.

D. Services to Be Provided in FY 2009

See ATTACHMENT A.

II. COLLABORATION

A. FY 2008 Update on Ongoing Coordination and Collaboration Efforts and Plans for FY 2009

- Collaborated with DOH Alcohol and Drug Abuse Division (ADAD) to obtain a Federal Access to Recovery (ATR) grant from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Hawaii was awarded \$8.25 million over the next 3 years to fund substance abuse recovery support services for parents, guardians in the CWS system. ATR is a presidential initiative which utilizes a voucher system where clients can access substance abuse clinical treatment and recovery support services. The goals of the program are to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. It also has the goal of reducing substance abuse, especially methamphetamine abuse.
- Enhanced services to child welfare families with substance abuse problems through the Family Drug Court, a successful collaborative partnership
- Collaboration and partnership with the Native Hawaiian community in preserving and maintaining family and cultural connections
- Collaboration and partnership with foster youth and others, including for CFSR Round 2.
- Collaboration with the UH Schools of Social Work, Law, Medicine, Nursing, and Education: See Training. The School of Law has developed a course that included faculty from UH-SSW, Law, Nursing, and Education. School Year 2007 – 2008 was the second year of the collaborative course.

B. FY 2008 Update on Collaboration Between CWS and the Courts on APSR and Title IV-E Plan, and FY 2009 Plans, Including CFSR Round 2

The Judiciary and CWS have a long history of collaborating to ensure positive outcomes for children in foster care:

- DHS has high-level representatives on the Court Improvement Advisory Committee, which oversees Court Improvement Project (CIP) activities.

- DHS is a key member of the CIP's Court Agency Collaboration for the Children of Hawaii (CACCH), which promotes discussion and problem solving of challenges that face the Family Court and the DHS.

One of the concerns discussed is the involvement of CWS by the Courts in temporary restraining orders (TRO) and divorce proceedings when there is an allegation of CAN by a petitioner.

In the past, those reports were referred by Family Court to CWS for investigation and court appearances. With implementation of differential response in December 2005, those referrals may also be routed to VCM and FSS providers who provide reports and attend court hearings with their clients.

In October 2006, DHS and Family Court entered into a memorandum of understanding (MOU) regarding the protocol for referring cases from Family Court to CWS Intake when there is a concern that a child may be abused or neglected.

CWS coordinated with Judge Michael Broderick, the Special Division Lead Judge, to address court referral issues. As a result of concerns discussed at a July 2007 CACCH meeting, court "referrals" will be made to CWS Intake instead of "orders" for investigation. Referrals will still require a response in accordance with the MOU.

Judge Broderick also agreed that as much as possible cases involving CWS, VCM or FSS workers will be given calendaring priority to minimize the time workers spend waiting at court.

- DHS and Family Court are key members of the Honolulu Model Court
- DHS and the Judiciary also work closely on the Judiciary's Standing Committee on Children in Family Court.
- The CIP coordinator was a member of the PIP Policy Group and is a member of the CWS Continuous Quality Improvement Council (CQIC).
- The CIP coordinator participated in the IV-E Eligibility Review exit conference.
- The CIP coordinator is a member of the Resource Advisory Committee, funded by the DHS, which provides an opportunity for key stakeholders in foster care to be involved with the foster parent training/retention/licensing consortium (the PIDF "Hui") and to hold the Hui accountable for providing all services to meet the needs of children and families under their auspices.
- DHS representatives (Senior Policy Advisors to the Director) and the agency's attorney attend the CIP Training Grant Planning Committee meetings, which will convene every other month.
- A CWS Program Development representative is on the Planning Committee for the CIP Data Grant Collection and Analysis Grant.

- The Chief Justice appointed the CIP Coordinator, Supreme Court Associate Justice Paula Nakayama, Intermediate Court of Appeals Associate Judge Alexa Fujise, and Amy Tsark (CWS Administrator) to the Hawaii team that attended the March 2007 Summit on Children in New York City.
- DHS and the Judiciary cross-train on policy initiatives such as kinship care, visitation issues, early intervention services (November 2006 and June 2007), family connection and ensuring permanency for foster youth (November and December 2006 and July 2007).
- DHS presented issues related to the Different Response System at the Family Court Judges Symposium in September 2007.
- DHS has provided funding and technical support for the William S. Richardson School of Law students to assist the Honolulu Family Court in case planning services for families involved in court cases arising out of the Child Protective Act.

In turn, the William S. Richardson School of Law has:

- Collaborated on major DHS/Judiciary conferences in November and December 2006, June 2006, and July 2007
- Helped orient parents new to the child protective system
- Helped train University of Hawaii graduate social work students
- Conducted a parent survey on the quality of the consulting counsel system in Honolulu
- Conducted research on expediting dependency appeals
- Are training to provide mediation services to the Family Court in dependency cases
- Provided technical support to the early intervention services initiative in the Family Courts
- Provided technical support to the startup of an Early Court Initiative and to the opening of a community-based Family Court
- Produced an orientation video for parents in CWS cases
- Produced an informational pamphlet for parents regarding permanent custody and the appeals process
- Conducted a workshop for youth at the Judiciary's temporary foster shelter
- Is producing "Know Your Rights" foster youth resource materials.

There is a sustained, significant, positive working relationship between the Judiciary and DHS that is focused on improving outcomes for children in foster care. The courts and the Attorney General's office are key partners in Round 2 CFSR and in legal review for an approvable IV-E state Plan.

- C. FY 2008 Update on IV-B Funded Healthy Marriage, Fatherhood, Youth Development, Rural, Faith-Based, and Community Initiatives and FY 2009 Plan

Hawaii uses Title IV-B Subpart 2 funds for a special Fatherhood Initiative in East Hawaii called the Big Island Substance Abuse Council (BISAC) *Hale Ohana Mana*, or the Fathers and Kids Therapeutic Living Program. This family preservation-substance abuse treatment program enables fathers and their children, age 5 – 12, to live together while fathers obtain substance abuse treatment, and the parenting, vocational and life skills development needed for the father to role model a productive and healthy lifestyle for his children. The family lives in a safe and sober home setting; transportation is provided. In SFY 2007, 13 families/16 children were served. The program is a nationally recognized fatherhood-family preservation program.

The plan for SFY 2009 is to continue current services.

III. PROGRAM SUPPORT

A. Training Plan Updates for SFY 2008 and SFY 2009

Core Training for New CWS Social Workers/Human Services Professionals

The Staff Development Staff (SDS) of the DHS Social Services Division is currently responsible for coordinating and providing uniform, competency-based, practice-relevant training to all new CWS social workers/human service professionals. The focus is on provision of consistent baseline level training for all CWS new hires statewide and for contracted community-based DRS organizations in order to support achievement of the goals and objectives of the PIP. The revised core curriculum training for new hires has been implemented. Opportunities for advanced/continuing training for experienced CWS workers is the responsibility of UHSSW but some training courses have been and will continue to be provided by SDS.

Allowable IV-E

This training activity falls under the following categories necessary for the administration of the foster care program: referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management.

Setting/Venue

SDS training facility on Oahu

Training Duration

Two Parts - Specific hours, weeks, times and content in FY 2009 CWSB Training Plan, e.g., CWS New Hire Training Part 1 in the Social Work Track is 6 weeks in duration. See ATTACHMENT B.

Total Cost Estimate

\$245,426 for core for CWS new hires. The training plan and budget have been developed by SDS in draft form for FY 2009. See ATTACHMENT B.

Training Activity Provider

SDS and others specified in the SFY 2009 plan developed by SDS.

Approximate Number of Days/Hours of Training Activity

See training duration. There are 4 of these sessions each year (183 hours).

Target Audience

CWS New Hires

There are 4 categories classified as the social worker track. The training plan addresses the licensing track, paraprofessional track and clerical track training, too.

Cost Allocation Methodology

In accordance with the approved Hawaii Cost Allocation Plan, costs of the SDS training unit are allocated to benefiting programs in a two-stage process along with other program support costs. The Random Moment Time Study (RMTS) percentages, which include a training activity code and a code which captures title IV-E unallowable counseling/therapy activities and identifies all benefiting programs, are applied to program support costs, including staff development. The RMTS percentages are then used to redistribute the training costs to title IV-E allowable activities/benefiting programs with the proportion allocable to title IV-E unallowable activity (i.e., counseling/therapy) not charged to title IV-E at either the administrative or training match rate. This is a very conservative approach which does not take full advantage of the title IV-E training enhanced rate. We are exploring amendment of our cost allocation methodology.

IV-E Training Academy

- *Collaboration for Stipends for Master in Social Work Degrees (MSW):* Since January 1998, the UHSSW has maintained a working collaboration with DHS. The original collaboration known as the Hawaii Child Welfare Education Collaboration (HCWEC) was initiated as a response to the shortage of Masters level social work staff in DHS - CWS. The shortfall existed during a period of dramatic growth in reports of child abuse and neglect. At that time (January 1998), only 40.6% of State child welfare workers had earned a MSW degree. The concern was that services were being *de-professionalized* in a field of practice that demands the highest level of professional expertise.

We are in the process of updating the number of stipend graduates from the MSW program in 2008 and projected for 2009.

In March 2008, the University conducted 2 focus groups with recent graduates, no longer than 3 years ago, from the MSW program to address questions about how the program prepared them to work in CWS – difficult work activities, organizational culture, organizational

unit, helpfulness of HCWEC activities regarding transition, suggestions for improvement of course content, practicum usefulness, paperwork – and the positives of working at CWS, including ways to strengthen staying longer.

Allowable IV-E

This training activity falls under the categories necessary for administration of the IV-E foster care program; referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; case management and supervision.

Setting/Venue

UHSSW

Training Duration

Generally, a full-time student would take 2 academic years; a part-time student 3 academic years. Beginning in the academic year 2005-2006, HCWEC students receiving title IV-E training stipends include Advanced Standing students with a BSW degree. These students can complete their MSW degree in slightly over a year.

Training Activity Provider

UHSSW

Approximate Number of Days/Hours of Training Activity

Varied.

Target Audience

Current CWS employees and other interested applicants willing to commit to CWS employment.

Total Cost Estimate

To be updated.

Cost Allocation Methodology

The training is allocated to IV-E at the enhanced rate and State General Fund (SGF) match with University contributions.

Description of How Training Meets Goals-Objectives of the CFSP

The training program provides pre-employment training consistent with and supportive of the goals and objectives of the CFSP.

- *Development/Implementation of New Supervisory Core and Ongoing Training:*
In response to the goals and actions planned in Hawaii's PIP to develop core and ongoing training for supervisors (in addition to the core training provided by Staff Development for new social workers and human services professionals), the partnership between the DHS and UHSSW has been expanded. A subcommittee of the DHS Training Policy Committee (1) developed a framework for supervisory training, (2) collected national exemplary models of components of basic and ongoing training from other title IV-E state/university partners, and (3) identified short and long range activities for

development of a comprehensive training plan including needs assessments, curriculum development, evaluation and other activities for a variety of levels of staff and foster/adoptive parents. After presenting their work to the DHS Training Policy Committee and the hiring of additional Training Academy staff, the functions were turned over to the Training Academy in SFY 2006.

In SFY 2007, the Training Academy staff (with the addition of the Training Coordinator hired in October) implemented supervisory training statewide. Supervisors were divided into 3 cohorts (mixed islands and sections as well as locations across the islands) to have specialized supervisory training related to three key roles of supervisors: building and maintaining foundation for unit effectiveness, developing and maintaining individual staff, and developing an effective relationship with upper management. Supervisors had 2-6 hour trainings with their cohorts in each of the three roles during SFY 2007. In addition, they had individual unit consultations as requested. In May, 2007, all supervisors met with the training academy staff and representatives from DHS and UHSSW for recognition of completing the supervisory core training, evaluating the training and providing recommendations for changes and future trainings for supervisors.

A revised evaluation plan related to curricula development, needs assessment and evaluation was completed and included in last year's APSR. Plans will be developed regarding foster parent conferences on all islands (role of the Training Academy staff).

Following selection finalization and implementation of the master comprehensive contract that will include statewide foster/adoptive training, the role of our university partner will be determined related to training and evaluation during FY 2007. The expanded Training Academy staff will focus on providing evaluations of the supervisory training (core) and new worker core training during SFY 2007.

The following benchmarks from the PIP have been requested to be incorporated in the CFSP effective 7-1-06: finalizing supervisory curricula and schedule (core and ongoing); recruitment, selection and hiring of a Training Coordinator and development/implementation of ongoing curricula for managers, workers and paraprofessionals.

During FY 2009, Hawaii will continue to explore opportunities for ongoing specialized training for managers, workers, supervisors and paraprofessionals through the National Resource Center network, Child Welfare League of America, universities, individual contractors and national, local and community training providers as was done during SFY 2008. DHS and DOH negotiated a memorandum of

understanding regarding case management issues including attachment disorders and autism. In SFY 2009, this plan will be updated as plans develop with community and state agency partnerships.

A comprehensive needs assessment is planned for ongoing training for workers and supervisors during late 2008. A request has been made to the Dean of the School of Social Work to not only utilize the Training Academy staff but also other faculty to begin development and implementation of continuing education for child welfare staff and supervisors in Spring 2009.

In FY 2008, a new cohort of supervisors was trained in the supervisory core curriculum. (Supervisors from the initial 3 cohorts who missed any of the sessions were also allowed to participate.)

Another priority in FY 2008 was the completion of an assessment of training needs for section administrators.

A new staff trainer with management training experience was hired to begin development of core curricula, including piloting at least 1 component.

After meeting with the DHS Training Academy liaison, section administrators and other Training Academy staff, the new trainer for section administrators developed training components, scheduled training dates and locations, and began core training for section administrators on May 19, 2008. The training will continue monthly through 2008. Consultation and support will also be provided to the section administrators in 2008 and 2009.

- *Development of Distance Education with CWS Training Academy and Other University Staff and Data Analysis*

The University/State Agency partnership will be utilizing distance education to support agency training across the islands and to develop an increased capacity to provide the MSW degree to our staff outside Oahu during FY 2007 and FY 2008. The first cohort of students (including some DHS staff) began the new Distance Education MSW program at the end of May 2007. The 2006 State Legislature allocated State funds to support this component of the partnership.

The DOH Children and Adolescent Mental Health Division (CAMHD) also partners in this initiative. Their support will enable a special focus on behalf of children with disabilities and will involve a specialized social work training program that is designed to enhance the quality and effectiveness of child welfare-mental health care coordination and

service delivery for children and adolescents with disabilities. Through participation in the program, Masters level social work students gain specialized skills and knowledge required for Hawaii's rapidly evolving system of care.

DHS and the UHSSW developed a work plan during SFY 2007 to analyze data addressing re-entry and stability regarding Hawaii's children in foster care. The research and evaluation includes literature reviews and developing plans for reviewing actual cases following the data analysis as well as recommendations for reducing re-entries and increasing stability. This work continued during SFY 2008, including pilot testing an instrument in 1 section on Oahu as well as models related to re-entry and stability.

DHS and the UHSSW began an initial meeting in June 2007 with the new foster parent training contractor to discuss the University's role in planning individual island foster parent conferences during SFY 2008. University representative participated with DHS and Foster Family Programs in planning individual foster parent conferences across the islands rather than 1 annual conference on Oahu. Training, including child care, for resource families (foster parents, relative providers, etc.) was completed in June 2008. Annual follow-up conferences across the islands are being planned for 2009.

- *Evaluation of CWS Training through the Training Academy*
In SFY 2006, the Training Academy hired a Director of Evaluation and an Evaluator to develop an evaluation plan for trainings for agency staff and to begin evaluating new worker core trainings and supervisory training. A draft evaluation plan was developed and reviewed by DHS. Staff began collecting training forms from participants in new worker core training provided by SDS and completed an initial analysis.

The following benchmarks from the PIP have been requested to be incorporated into the CFSP effective 7-1-06: finalizing and implementation of the evaluation plan and continuing to receive and incorporate training (evaluation) forms from SDS into a data base for analysis. The Director of Evaluation left the UH Training Academy in the second quarter of SFY 2007 due to personal family responsibilities on the Mainland. Much of the evaluation has focused on the new hire training since separate evaluators were working on that component.

Training Academy evaluation staff continues to focus on collection and analysis of core worker training. The Principal Investigator for the Training Academy continues to provide leadership in the overall evaluation functions related to supervisory training evaluations, needs

assessments completed by section administrators related to core training that began in 2008 and will provide direction for ongoing needs assessments and evaluations in 2009.

A new evaluation plan will be developed in SFY 2009. We will look at assignments and proposed plans for training through the Training Academy, distance learning and continuing education for DHS staff.

Allowable IV-E

This training activity falls under the following categories necessary for the administration of the foster care program; referral to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management and supervision. Costs will be allocated to all benefiting programs. The evaluation component of the Training Academy will be charged at the administrative rate.

Setting/Venue

Varied. (For example, the core supervisory training will include face-to-face training, computer based training and consultations.)

Training Duration

These training activities are short term and vary according to the type of training offered and the audience to be served. (Does not apply to the evaluation component)

Training Activity Provider

UHSSW.

Approximate Number of Days/Hours of Training Activity

A total of 6 face-to-face trainings (6 hours each) have been provided to each of the 3 cohorts of child welfare supervisors during SFY 2007. Additional computer based/self paced learning and on-site consultations will be provided related to the topic areas in the supervisory modules and application to the workplace during SFY 2008.

Training Audience

Child Welfare Supervisors

(See prior discussions about on-going trainings outside the university for workers, supervisors, managers and others. Core training for section administrators began 5-19-08.

Total Cost Estimate

\$2.1 million for training academy (excluding stipends) and distance education components for SFY 2009.

Cost Allocation Methodology

The Federal IV-E enhanced rate funding is matched by SGF and university contributions. For those costs allocated to IV-E, the nonfederal discount will be applied to account for the nonfederal caseload.

Statewide Foster Parent, Adoptive Parent Training

Beginning in SFY 2007, the recruitment, licensing and training of foster/adoptive parents began being provided through a comprehensive contract. Training of both child-specific and general licensed families continues to be coordinated by a lead/prime contractor, Partners in Development Foundation (PIDF). The project name under PIDF is now known as Hui Hoomalu (“a group to protect and shelter”).

Target Audience

The Request for Proposals (RFP) projected an annual provision of approximately 1600 trained/certified resource families (not including the current backlog of some 400 families).

Allowable IV-E

This training activity falls under the recruitment and licensing of foster homes and institutions category necessary for the administration of the foster care program and for facilitation of adoption of special needs children.

Setting/Venue

Varied.

Training Duration

Currently under negotiation via the RFP

Training Activity Provider

During SFY 2007, the foster parent provider responsible for recruitment, training and maintaining foster parents changed to a comprehensive provider responsible for training both general foster care licensing providers and child specific through members of the prime contract.

Approximate Number of Days/Hours of Training Activity

18 hours consisting of a 3-hour session each week for 6 weeks was the previous plan under the provider through FY 2006. A PRIDE curriculum of 18 hours is still being utilized for training all foster parents. However, a committee is reviewing several curricula in SFY 2007-2008 to consider the potential for optional methods of training delivery and more culturally sensitive training materials. In the interim, the PRIDE curricula will continue to be used. Extensive work has been done during SFY 2008 and will continue to prioritize in 2009 getting timely child specific providers trained. The committee working on an alternate curriculum to train all foster parents/resource families is being drafted by members representing the foster care provider/stakeholder community, DHS and representatives from UHSSW and School of Nursing and Dental Health (SONDH). The PRIDE curriculum will continue to be used until the new curriculum is available and providers are trained projected during 2009.

Faith-Based Recruitment:

Building on prior year technical assistance from National Resource Centers/AdoptUSKids and following completion of the Administration for

Native Americans (ANA) grant, we continue targeted recruitment of Native Hawaiian resource families through a DHS contract with PIDF Kokua Ohana, which focuses on faith-based and community organizations. Kokua Ohana, although organizationally distinct from Hui Hoomalu, operates in an integrated manner and is physically co-located.

A faith-based collaboration initiative is going through the Governor's and Lieutenant Governor's offices with plans for a multi-agency faith and community based symposium for fall of 2008. This collaboration will uniquely blend foster care issues with incarcerated parent issues,

Total Cost Estimate

The estimated cost for training foster/adoptive parents for SFY 2008 was a minimum of \$500,000. Additional funding should be available for conferences for training foster parents on individual islands during SFY 2008.

Resource family training costs will be computed by analysis of contractor/subcontractor efforts on a quarterly basis, with costs distributed to recruitment, training, screening, case management and retention/support efforts.

Additionally, faith-based specialized recruitment contracts (Kokua Ohana and Hope INC, Inc.) have the capacity of providing training on an as needed basis. Cost estimates for 2009 are being developed.

Cost Allocation Methodology

Resource family training costs identified in quarterly billings will be allocated by the title IV-E saturation (penetration) rate and charged at the enhanced training rates. Non-training costs will be allocated to benefiting programs and appropriate funding sources in accordance with OMB Circular A-87 and title IV-E regulations and the Federal Child Welfare Policy Manual.

Additional Training Partnerships

Planning discussions began between DHS, the UH-SSW and MCC expanding the BSW program through distance training at UH Manoa and the local community colleges to meet the increased need of preparing BSW students to work in DHS from 2007. In SFY 2008, the UH Manoa campus began spearheading the work and will continue through the calendar year to establish targeted areas for training.

CWS is exploring Memoranda of Understanding (MOU) with intergovernmental entities, including the Department of Health and Family Court. There is a need for joint and/or cross training of staff involved in case management of dual jurisdiction cases or cases with multi-agency involvement.

Pending execution of MOU(s), costs cannot be determined at this time. Costs will be allocated to benefiting programs in accordance with OMB Circular A-87, including the use of the IV-E penetration/saturation rate.

The use of community partners and national experts will continue to be utilized in SFY 2009, as they were in SFY 2008, to provide ongoing training around key issues in child welfare.

Training-Related Partnerships

Although the DHS partnership with MCC is not allocated and charged as title IV-E training, the partnership does have training components, e.g., training for case reviewers for the quarterly quality case reviews in the Continuous Quality Review System. It is being allocated and claimed at the administrative rate since it has been designed to assist in the development of our comprehensive quality assurance system, participation in the QA policy group, technical assistance/training in “best practices” (e.g., case management, working with the court, differential response), logistical assistance in the quality case reviews, e.g., co-leading the reviews, securing the random sample of foster care and in-home cases, recruiting the community reviewers, arranging the location, providing materials for the reviews, scheduling the exit conferences, and writing the Quality Case Review Report of Findings. The university partner also coordinates the Statewide Continuous Quality Improvement Council meetings. During SFY 2007, this contractor assumed the primary lead for the reviews (with consultation and assistance of DHS as needed since the former DHS staff assigned to work with this provider on the reviews left DHS.) MCC continued this role in SFY 2008 and will do so in SFY 2009. The contractor has provided excellent recruitment and training of both DHS and community team members for the review. In the SFY 2009 agreement, DHS has requested that the University partner provide logistical support for the upcoming Round 2 CFSR on-site review in the week of June 1 – 5, 2009, including assistance for the 7-15-08 partnership meeting and help as needed regarding the statewide assessment, but focusing primarily on preparation for the on-site review. Additional staffing for the key period to handle the CFSR has been included. The University partner trains, reviews, provides exit conferences, and writes up the reports for case reviews. They will do another round of case reviews before the Federal on-site review. DHS is also working with MCC and UHSSW to provide practice applications for the DHS title IV-E stipend students in 2009.

Total Cost Estimate

\$648,000

Training and Technical Assistance Required for Post-PIP Reform

The PIP detailed a wide range of initiatives designed to improve the CWS system. A key component involves enhancing the capability of CWS staff and DHS partners through training in mediation and other approaches to alternative dispute resolution to participate in Ohana Conferencing in lieu of more adversarial judicial proceedings that result in an inordinate number of children being placed in foster care.

The success of the PIP and the CFSP has and will continue to depend on the active involvement of the Judiciary as they are responsible for determinations that foster care is in the best interest of the child, that reasonable efforts have been made to prevent removal, and should the child be removed, that progress is being made to implement the permanency plan for the child. A title IV-E training strategy previously developed will continue during SFY 2009 to promote collaboration between DHS and the Judiciary and facilitate PIP efforts and subsequent agency activities under the CFSP to help reduce entry into foster care and promote timely reunification and permanency.

DHS and the University of Hawaii continued their agreement into SFY 2008 and will do so in 2009 on strengthening the partnership between the DHS and the wider University system for cross training and promotion of integrated practice. Although the School of Nursing and Dental Health (SONDH) implemented only an agreement with DHS under title XIX in SFY 2007, the School has taken the lead in facilitating collaboration activities between other DHS - University partners and actively participates on the foster parent resource family curriculum development training committee facilitated by DHS. During SFY 2008, DHS and SONDH developed a draft agreement for training our foster parents and staff. Both parties will re-visit the plan during 2009.

Target Audience

CWS staff, other agency stakeholders and service providers

Setting/Venue

Varied

Training Duration

Short-term

Training Activity Provider

Tap expertise in School of Law, School of Social Work, School of Nursing, Maui Community College and other experts

Approximate Number of Days/Hours of Training Activity

Varied

Total Cost Estimate

\$665,000 per year for 2 years

Cost Allocation Methodology

This training is allocated to IV-E at the enhanced rate. SGF is matched. For those costs allocated to IV-E, the nonfederal discount will be applied in order to account for the nonfederal caseload.

It should be noted that all training agreements with partners are analyzed for applicability of the title IV-E administrative or training rate. The penetration rate is applied regardless. The partnership with SONDH is funded under title XIX.

Other Trainings

Due to the case management challenges related to substance abuse, DHS contracts with Dr. Pablo Stewart, M.D., a mainland substance abuse expert/consultant and advocate who is also licensed in Hawaii. Dr. Stewart provides multi-island trainings to DHS staff on a rotational basis and conducts one-on-one trainings for case-specific staff and serves as a participant in other training events. Cost of this contract is approximately \$60,000 annually and is allocated by the penetration rate.

B. Technical Assistance (TA) Plan Update for SFY 2009

In SFY 2009, additional technical assistance/training will continue through national, state, regional and local resource organizations, including the Casey Family Programs. Resources have been approved for the Casey Family Programs to continue to provide technical assistance to support implementation of a jointly developed strategic plan resulting from findings in the Hawaii Placement Decision-making Study.

Also in SFY 2009, we will be working with an array of national resource centers as we prepare for community meetings, a statewide assessment for Round 2 CFSR and as we update our management information system.

C. Research, Evaluation, Management Information System and Quality Assurance System – Updates or Planned Implementation in SFY 2009

The 2007 Legislature authorized \$2,059,357 for SFY 2008 and \$1,693,834 for SFY 2009 to develop a new statewide web-based case management and tracking information system to replace the current system over a 3 year period beginning in SFY 2008 and scheduled for completion in SFY 2010

Maui Community College (MCC) will develop a web portal to include on-line training modules for workers, for licensed resource families, youth bulletin boards and posting pages, secure logon for FSS and VCM for

case management, secure logon for families to view their case plan, video and other information for recruiting resource families, graphic management displays on all CFSR performance measurements, intake, eligibility, case management, resource management, court processing, financial management, administration, quality assurance, disaster preparedness and tracking capabilities in the event of a disaster, runaway/missing children, interfaces, and tracking/monitoring capabilities for youth after they age out of foster care – NTYD database, monthly worker visits database.

IV. TRIBAL CONSULTATION

A. Update on Compliance in FY 2009 with Indian Child Welfare Act (ICWA)

CWS procedures are in place and include identification, removal, and adoption guidelines for Indian children, including notification procedures, placement preferences, rights of the tribe and guidance on the legal findings needed. ICWA training is now a regular part of core training for new workers.

- Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene.

If there is any information that a child may be an Indian child our procedure is to notify the Bureau of Indian Affairs and request assistance to determine whether the child is a member of an enrolled tribe, or if their tribal affiliation can be determined, if that information is available. If a tribe can be identified they are notified and provided the opportunity to intervene, to date only 1 tribe has chosen to do so in Hawaii.

- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes.

Pursuant to Chapter 587, Hawaii Revised Statutes (HRS), the Department is required to identify and provide relatives of all children, which would include Indian children and parents of the proceedings and provide an application to become a foster parent for the child. We do this through our Family Finding initiative and our Ohana conferences.

- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.

DHS' placement policy is to place children in foster homes of relatives who can serve as resources to the child and their parents. We

provide, to all eligible families, services to prevent placement prior to removing a child from the home.

- Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe.

The Department and the Courts have not received any requests to transfer jurisdiction of an Indian child to the jurisdiction of a tribe. If a request is made, the Court will make a determination whether they can let the tribe assume jurisdiction.

During the first half of FFY 2008, October 2007 through March 2008, there were 28 American Indian children in CWS foster care. There were no Alaskan Natives in foster care during this period.

Age breakdown:

Age 0 – 3	3
Age 4 – 11	13
Age 12 – 18	12

Length of stay in care:

18 months or less	5
19 – 24 months	1
24+ months	22

Breakdown by sections:

Leeward Oahu	12
Diamond Head	4
Central Oahu	4
East Hawaii	7
West Hawaii	1
Maui	0
Kauai	0

B. Who Is Responsible for Providing Protections for Tribal Children in State or Tribal Custody

Since Hawaii has no Federally-recognized or State-recognized tribes within its borders and until jurisdiction is transferred to a Tribe, the State child welfare agency is responsible for providing the protections under 422(b)(8) when American Indian children come to the State's child welfare agency's attention due to abuse/neglect.

Program Development is responsible for and has established policies and procedures providing protections for tribal children in State custody.

Staff Development is responsible for inclusion of ICWA training on protections for tribal children in core training.

Sections and units are responsible for application and implementation of CWS policies and procedures on protections for tribal children.

MCC is responsible for conducting practice improvement case reviews to monitor and provide feedback on CWS practice, including providing protections for tribal children.

For SFY 2007, of the 288 children in the 97 cases reviewed, 33 (12%) were Native Americans. The reviewers noted these concerns:

- In several cases, there was some mention in the case record or on the birth certificate of Native American heritage, and little research into whether the child is or is not eligible for membership in a Native American tribe. One person said that the Attorney General's office has not been following up with the notices to the Native American tribal council concerning children who might be Native American. There was concern that children could be missing some benefits of tribal membership.
- If not listed on the child's birth certificate, issues of paternity and ethnicity were usually not followed up.
- In 3 cases, CWS did not document any attempts to explore the child's possible Native American heritage.

C. Consultation with Indian Tribes on Eligibility and Fair Treatment of Indian Youth in Care Under the Chaffee Foster Care Independence Act

DHS consults with the Department of the Interior and the Bureau of Indian Affairs in Portland for assistance in determining a child's Indian tribe, on eligibility and fair treatment of an American Indian child in care.

V. CONSULTATION WITH PHYSICIANS OR APPROPRIATE MEDICAL PROFESSIONALS

DHS contracts with the Kapiolani Child Protection Center (KCPC) for statewide multidisciplinary team, assessment and consultation services. The Child Protection Team consists of pediatrician consultants, nurse consultants, psychologist consultants, social work consultants and team coordinators. DHS consults with the team on issues of child maltreatment. All service providers involved with the family are also invited to participate in the team process. The following assessments are often requested by DHS:

- Etiology of injuries
- Services needed for reunification
- Risk assessment
- Needs and vulnerabilities of children

- Strengths and needs of their families
- Services needed to prevent placement
- Need for permanency

Assessment and consultation services provided:

- Medical, nursing, psychological and social work consultations
- Psychological trauma evaluations
- Caretaker/perpetrator psychological forensic evaluations
- Comprehensive health assessments
- Developmental assessments
- Medical forensic evaluations
- Psychosocial assessments
- Substance abuse assessments
- Expert witness court testimony

As part of comprehensive health assessment, the nurse consultant gathers health status information, including information on dental health, for review.

In addition, DHS contracts with KCPC for the Children At Risk Evaluation (CARE) Program. It is a pediatric specialty clinic that provides forensic and medical consultation services to foster children and children who are victims and suspected victims of abuse/neglect.

DHS also contracts with KCPC, with IVB-2 funds, for additional assessment, counseling, outreach and support services for CWS families in West Hawaii.

It should be noted that KCPC was established in 1969 in collaboration and partnership with the State to assist in early identification, treatment and prevention of child maltreatment. Since that time, it has become a leader in the diagnosis and treatment of trauma related to child abuse/neglect.

VI. DISASTER PLAN – Continuity of Operations Procedures

See ATTACHMENT C.

VII. MONTHLY CASEWORKER VISITS

A. Use of Additional FFY 2006 IVB-2 Funds to Support Monthly Caseworker Visits with Children in Foster Care

FFY 2006 funds (\$156,974) will primarily be used for information system changes, data gathering and aggregation. The monies must be spent by September 30, 2009. FFY 2009 funds will also go towards the data and reporting system.

B. Procedures to Track and Report Caseworker Visit Data

Data documenting monthly worker visits with each foster child in the residence of the child, beginning with the baseline year, FFY 2007, will be collected and reported. The National Standard is 90% of all foster children will have monthly worker visits in the reporting year. This includes out-of-State placements and runaways. All states are being asked to commit to a level of professional practice where 90% of all children in care will be visited monthly in their residence by FFY 2011.

Hawaii's information system is not able to capture and report this information on all children in foster care. Changes are being made for data to be entered and reported by the information system in the future. In the meantime, Hawaii agreed to survey CWS section administrators/unit supervisors on a random sample of cases in order to submit monthly worker visits data for the FFY 2007 reporting period. Hawaii's FFY 2007 baseline, based on a random sample of about 350 cases reported on by section administrators and supervisors, is 53% of Hawaii's foster children (in the sample) have been visited each and every month and 61% of those visited each and every month were visited in their residence.

Section administrators and supervisors will again be surveyed after the close of the FFY 2008 reporting period, which ends September 30, 2008, on another sample of cases, in order to capture and report on worker visits with child. We do not anticipate that information system changes will be completed for data entry to begin effective October 1, 2008. Thus, another survey will have to be part of the planned actions for the reporting period ending September 30, 2009. October 1, 2010 is targeted for full implementation of data entry of monthly worker visits on all foster care cases.

C. State Standards for Content and Frequency of Visits

Hawaii's standard for the content and frequency of visits is as follows:

- Frequency: At least once a month.
- Content: Focus on needs of the child; on case planning, services and goals.

D. FFY 2007 Baseline Data on Percent of Children in Foster Care Visited Monthly and Percent of Visits That Occurred in the Residence of the Child

53% of Hawaii's foster children (in the sample) have been visited each and every month

61% of those visited each and every month were visited in their residence

E. Action Plan to Ensure 90% of Children in Foster Care Are Visited Monthly And Visits Occur in the Residence of the Child by FFY 2011.

Targeted annual goals:

FFY 2008:	baseline levels
FFY 2009:	60%
FFY 2010:	75%
FFY 2011:	90%

Actions:

1. Determine case sample for FFY 2008	Oct 08
2. Conduct survey to obtain monthly worker visits information for each case in the sample	Nov 08
3. Transmit FFY 2008 data to ACF	Nov 08
4. Brief sections and units on baseline, FFY 2008 performance, targeted goal for FFY 2009	Nov 08
5. Brief sections and units on what the FFY 2007 survey data is telling us; what sections are doing well and sections that are challenged; reasons for not visiting	Nov 08
6. Develop and initiate strategies	Dec 08
7. Monitor practice	
8. Complete information system changes	Mar 09
9. Test changes	Apr 09
10. Train	Jun 09
11. Implement	Jul 09
12. Determine case sample for FFY 2009	Oct 09
13. Conduct survey to obtain monthly worker visits for each case	Nov 09
14. Transmit FY 2009 data to ACF	Nov 09
15. Brief sections and units on FFY 2009 performance	Nov 09
16. Run first quarter data reports	Nov 09
17. Analyze and discuss report	Dec 09

Feedback for about half of the cases surveyed for FFY 2007 baseline, non-duplicated, as to primary reason why workers were not able to conduct monthly visits:

- 28% Heavy caseload
- 20% Unclear
- 13% Scheduling conflict (foster parent working, child is active in school activities)
- 12% Newly assigned
- 7% Not in care for some period of time
- 5% Out of State (Florida, Georgia, Texas and Alaska)
- 4% Runaways

- 4% Court activity for adoption/legal guardianship; permanent custody during period of adoption/legal guardianship finalization
- 4% Pre-adoption, stable placement
- 3% Off-island, courtesy supervision cases
- 1% On extended home visit

Total = 101%, due to rounding

The strategy and action plan is to improve performance through section administrator and supervisor oversight, monitoring and unit reporting.

This is consistent with efforts to strengthen the role of section administrators and unit supervisors to (1) move/oversee cases through the system, (2) to direct critical decisions, and (3) ensure quality work and compliance with policy, procedures and achievement of outcomes.

VIII. CAPTA STATE GRANT

A. Accomplishments and Progress Achieved in SFY 2008

Family Strengthening Services (FSS)

See *Overview* section of this report for an update on the progress of the Differential Response System (DRS) Initiative and FSS as part of CWS system reform.

Child Death Review (CDR)

Child fatalities are the most tragic consequence of maltreatment. The National Child Abuse and Neglect Data System (NCANDS) defines “child fatality” as the death of a child caused by an injury resulting from abuse or neglect, or where abuse or neglect was a contributing factor. By definition, perpetrators are individuals responsible for the care and supervision of their victims. NCANDS is a federally-sponsored effort to collect data on CAN, as mandated by the landmark Child Abuse Prevention and Treatment Act (CAPTA).

The collection of accurate data regarding fatalities attributed to CAN is challenging and requires coordination among many agencies. NCANDS case-level data are from CWS and therefore do not include information for deaths that are not investigated by CWS. While most NCANDS data on “child fatalities” come from State CWS agencies, States are also able to draw on other data sources. In 2006, for example, nearly one-fifth (17.6%) of the child fatalities reported by states to NCANDS came from health departments and fatality review boards. Hawaii’s reported child fatalities come from CWS electronic case-level data of suspected child maltreatment deaths reported to, investigated and confirmed by CWS.

The Hawaii Department of Health (DOH) Child Death Review (CDR) System is not yet able to annually make available and report on other suspected maltreatment deaths that are not investigated by CWS and therefore, such information for Hawaii is not yet available through NCANDS.

Many researchers and practitioners believe that child fatalities due to CAN are still underreported. Studies in Colorado and North Carolina have estimated that as many as 50% - 60% of child deaths resulting from CAN are not recorded as such (Crume, DiGuseppi, Byers, Sirotnak, Garrett, 2002; Herman-Giddens, Brown, Verbiest, Carlson, Hooten, et al., 1999).

Issues affecting underreporting:

- Variation in reporting requirements and definitions of CAN
- Variation in death investigative systems and in training for investigation
- Variation in child fatality review processes
- The amount of time it may take to establish CAN as the cause of death
- Inaccurate determination of the manner and cause of death, resulting in the miscoding of death certificates; this includes deaths labeled as “accidents,” Sudden Infant Death Syndrome (SIDS), or “manner undetermined” that would have been attributed to CAN if more comprehensive reviews were conducted
- Limited coding options for child deaths, especially those due to neglect or negligence, when using the International Classification of Diseases to code death certificates
- The ease with which the circumstances surrounding many child maltreatment deaths can be concealed
- Lack of coordination and cooperation among different agencies and jurisdictions
- Lack of consistent standards for child autopsies or death investigations
- Uncoordinated, non-multidisciplinary investigations
- Medical examiners or elected coroners who do not have specific CAN training

To address some of these inconsistencies and issues, multidisciplinary and multi-agency child fatality review teams have emerged to provide a coordinated approach to understanding child deaths.

In 1992, the Federal CAPTA law was amended to require States to include information on child death review in their comprehensive and integrated Child and Family Services Plan (CFSP). Many States utilized Federal Children’s Justice Act (CJA) grant funds for these child death

review teams. Hawaii uses CAPTA, not CJA funds, and other State special funds for CDR.

States that receive CAPTA funds are required to set up Citizen Review Panels (CRP). These panels of volunteers are to conduct evaluations of State child protection systems, including policies and procedures related to child fatalities and investigations. As of March 2006, 15 State CDR boards serve dual role as the CRP for child fatalities.

These child fatality review teams, which now (as of June 2006) exist at a State, Local or State/Local level in every State but one (Idaho) are generally composed of prosecutors, coroners or medical examiners, law enforcement, CWS, public health care providers, and others. They respond to the issue of child deaths through (1) improved interagency communication, (2) identification of gaps in community child protection systems, and (3) the acquisition of comprehensive data that can guide agency policy and practice and prevention. The teams review cases of child deaths and facilitate appropriate follow-up.

The Child Maltreatment Surveillance Project funded by the Centers for Disease Control (CDC) found that more accurate counts of maltreatment deaths are obtained by linking multiple reporting sources, including death certificates, crime reports, CWS reports and child death review records (Schnitzer, Covington, Wirtz, Verhoek-Ofstedahl, and Palusci, 2005).

The coordination of data collection with other agencies generally contributes to a fuller understanding of the scope and magnitude of the problem, as well as to better estimates.

As of March 2006, 44 States had a case reporting tool for CDR. However, there was little consistency among the types of information compiled. In response, the National Center for Child Death Review, in cooperation with 30 State CDR leaders and advocates, developed a web-based CDR Case Reporting System for State and Local teams to collect data, analyze and report on their findings. As of April 2006, the standardized system was being piloted in 15 States. Hawaii is one of the 15 States.

Analysis of the causes and circumstances surrounding child deaths and development of recommendations to prevent future deaths is an objective of the Hawaii DOH CDR system. To accomplish this task, procedures are used to ensure identification and uniform review of all child deaths by Local Teams. The expected outcomes of Hawaii CDR are improved communication, information sharing among agencies, response to child deaths, and reporting of findings and recommendations to stakeholders. Three significant areas were added to Version 2.0 of the standardized CDR tool to improve data collection on family and environmental risk

factors: alignment of CDR child abuse and neglect information with CWS data; addition of protective and risk factors for sleep-related deaths to document comprehensive scene investigation; and identification of family and environmental factors (such as, history of domestic violence, substance abuse, child abuse and neglect, and criminal arrests) for persons responsible for supervision of the child prior to death, as well as the child's two primary caretakers.

The DOH CDR Nurse Coordinator responsibilities include: providing orientation for new staff for Hawaii County DOH and the military; training three new Local Team Chairs on use of the web-based CDR Case Reporting System; orienting and reviewing the data for the Epidemiologist who chairs the Data Committee on an interim basis since October 2007 (vacant since last Epidemiologist left in 2006); staffing the CDR Council quarterly meetings, CDR Data and Education Committees, and Oahu Local Team reviews; planning the joint training of CDR and Domestic Violence Fatality Review to increase awareness; and attending the Annual Protecting Children Conference in Texas. Further training for members of the Hawaii CDR is essential to ensure the quality of data collected, upon which ensuing reports and recommendations will be based. CDR has been dependent on in-kind donations of time. Staff shortages, members of Local Teams and neighbor island team chairs has affected implementation of CDR procedures, transition to the web based CDR Case Reporting system, data entry, and reporting.

FY 2007 Activities

The Hawaii CDR procedure includes a review of all deaths ages 0-17 years. All child deaths for 2005 were entered via the web-based CDR Case Reporting System. Cases meeting the criteria are scheduled for a comprehensive review by a Local Team. Criteria for a Local Team review have changed periodically. In FY 2007, the criteria for a comprehensive review by the Local Team included: all external causes of death (injury); deaths due to unexpected natural causes elements of preventability; and unexplained circumstances such as Sudden Unexplained Infant Deaths (SUID) and Sudden Infant Death Syndrome (SIDS) deaths. The CDR Nurse Coordinator met with a Social Worker from DOH Children with Developmental Disabilities Division to discuss criteria for review for children with developmental disabilities and will continue to discuss plans for collaboration. Children ages 0-3 years born to teen mothers were also reviewed. There were a total of 179 deaths, ages 0-17 years that occurred in Hawaii during 2005. Of these, 72 deaths met the criteria for a comprehensive team review and 49 of these deaths were reviewed by a Local Team in the FY 2007. Thirteen (13) Local CDR Team meetings were conducted in three of the four counties. Hawaii County deferred reviews due to DOH staff shortages. The majority of remaining deaths

were deferred for review for the Hawaii County Team to review in FY 2008.

Child Maltreatment Data Findings

Local CDR Team reviews include discussions related to the continuum of child neglect, lapse in attention, age specific parenting skills, gaps in protection and supervision, and criminal neglect and abuse. Engagement in this discussion varied among teams. A total of 582 deaths were entered to the CDR Case Reporting System during FY 2006 and 2007. These deaths represent 32 deaths of 183 that occurred in 2002; 205 deaths that occurred in 2003; 165 deaths that occurred in 2004; and 179 deaths that occurred in 2005. One hundred twenty-eight (128) deaths were marked as having one or more reviews (our proxy for Local Team comprehensive review). An act of omission or commission was identified as a result of a Local Team review for 86 of these cases. Training is needed for team assessment of risk (degree of harm) and social acceptability (minimum standard of care). This training will include awareness and significance of risk factors related to neglect to promote prevention and ensure the quality of data entry. The training is scheduled for November 20, 2008.

Manner of Death	< 1yr	1-4 yrs	5-9 yrs	10-14 yrs	15-17 yrs	Total
<i>Natural</i>	5	1	0	2	0	8
<i>Accident</i>	7	12	2	3	14	38
<i>Suicide</i>	0	0	0	5	5	10
<i>Homicide</i>	4	2	1	0	0	7
<i>Undetermined</i>	20	2	0	1	0	23
Total	36	17	3	11	19	86

Local Teams are identifying data for the child, primary caregiver, and supervisor of the child at the time of death utilizing the CDR Case Reporting System. Primary Caregiver is defined as a person or persons (up to two) who had responsibility for care, custody, and control of child a majority of the time. Supervisor is defined as a person who had responsibility for care and control of child at the time of the incident. Select information was identified as potential risks for child safety: Table 2 for Child, Table 3 and 3a for Caregiver, and Table 4 for Supervisor Risk Factors.

Manner of Death	Total	History of Maltreatment	Open CPS at Death	Home Overcrowded	Child Ever Homeless	Child Has Criminal History	Parents 1st Generation Immigrants
<i>Natural</i>	8	2	2	2	2	1	1
<i>Accident</i>	38	6	2	3	3	4	3
<i>Suicide</i>	10	4	0	1	1	1	3
<i>Homicide</i>	7	0	0	0	0	0	2
<i>Undetermined</i>	23	3	3	5	5	0	3
Total	86	21	7	11	11	6	12

The most commonly identified child risk factors in this sample were a history of maltreatment, parents were first generation immigrants, an overcrowded home, and the child ever being homeless. However, all these occurred in less than 25% of identified deaths related to omission/commission. For most of these cases, there was no recorded history of child maltreatment or an open CPS case at the time of death. Immigrant safety issues have been directed to a workgroup, the Nations of Micronesia, as they revise a booklet. This booklet contains cultural issues about life in Hawaii, laws, and other helpful information.

Manner of Death	Total	Unemployed	Received Social Services	Substance Abuse History	History of Maltreatment		Prior Child Deaths	Inter-Personal Violence	Criminal History
					As Victim	As Perpetrator			
<i>Natural</i>	8	2	0	1	1	2	2	1	2
<i>Accident</i>	38	2	0	3	3	3	3	3	3
<i>Suicide</i>	10	0	0	3	3	1	1	2	1
<i>Homicide</i>	7	2	0	2	2	0	0	3	0
<i>Undetermined</i>	23	4	2	3	3	5	5	7	5
Total	86	10	2	12	12	11	11	16	11

Interpersonal violence was the most frequently identified risk factor of the primary caregiver for a death that resulted in an act of omission/commission. Other common risk factors included substance abuse, criminal history, history of maltreatment, and a previous death of a child.

Manner of Death	Total	Unemployed	Received Social Services	Substance Abuse History	History of Maltreatment		Prior Child Deaths	Inter-Personal Violence	Criminal History
					As Victim	As Perpetrator			
<i>Natural</i>	8	2	0	0	2	0	0	3	2
<i>Accident</i>	38	2	0	3	1	1	0	7	7
<i>Suicide</i>	10	0	0	1	0	1	0	2	1
<i>Homicide</i>	7	2	0	2	0	0	0	3	2
<i>Undetermined</i>	23	4	2	3	0	1	0	12	3
Total	86	10	2	9	3	3	0	27	15

Interpersonal violence was also an identified risk factor of the secondary caregiver for a death that resulted in an act of omission/commission. Other common risk factors included criminal history, substance abuse, and unemployment for the secondary caregiver.

Manner of Death	Total	Substance Abuse History	History of Maltreatment		Prior Child Deaths	Inter-Personal Violence	Criminal History
			As Victim	As Perpetrator			
<i>Natural</i>	7	0	0	2	1	0	1
<i>Accident</i>	16	0	0	0	0	1	0
<i>Suicide</i>	4	0	0	0	0	0	0
<i>Homicide</i>	5	0	1	1	0	1	1
<i>Undetermined</i>	18	0	0	1	0	2	0
Total	50	0	1	4	1	4	2

Data Notes:

- * 2006/2007 Cases were entered to web based CDR Case Reporting System (N=586)
 - Numbers reported were limited to cases that were positive for any acts of omission/commission that caused/contributed to death (N=86).
 - Supervisor numbers were further limited to cases where a supervisor was present at time of death (N=50).

Different standards and guidelines determine what is known about supervisor at the time of death. Local Teams' identification is limited by information included in reports. Some events, such events as motor vehicle, contain little information about supervision.

Public policy and advocacy were promoted through CDR at a national level. State CDR programs responded to a survey for the Scripps Investigative Report concerning sudden unexplained infant death. Results from this report were distributed through media nationally.

An ad-hoc Policy and Procedure Committee was established to review the current CDR Policy and Procedure Manual. The criteria for a Local Team review and confidentiality sections are a priority. The Department of

Education (DOE) requested that the DOH create a process to request parent permission for release of DOE information to comply with Family Educational Rights and Privacy Act (FERPA) guidelines. The American Bar Association's Center on Children and Law is advocating for changes to FERPA to allow for this release without parental consent.

FY 2008 and 2009 Activities

In January 2008, version 2 of the case reporting form was released with the following revisions: documentation of referrals and substantiations to CWS for child maltreatment of the child or caregiver; CWS prevention services; family preservation services; and if the child had ever been removed from the home.

Content from the newly released Centers for Disease Control and Prevention (CDC) Child Maltreatment Surveillance "Uniform Definitions for Public Health and Recommended Data Elements" are also included in the updated Version 2.0, CDR Case Reporting System, and the CDR Case Reporting System Data Dictionary. CDR reviews of deaths in 2007 addressed additional questions about standards of care related to neglect and adequate supervision. Determination of neglect or omission continues to be a difficult area for the civilian Local Teams to understand and report consistently. This has been identified as a training issue, which will be addressed with the assistance of the National Center for CDR in November 2008.

Due to participation in CDR, a policy on adequate child supervision was created by Army personnel and has been adopted for all Army installations in Hawaii. Effective collaboration with the Hawaii Domestic Violence Fatality Review (DVFR) Program occurred to present "*Hawaii Joint DVFR and CDR Training: Collaboration for Prevention Training*" in 2008.

A team of five representing diverse geographic areas and designated professions from Hawaii attended the "*National Sudden Unexplained Infant Death Investigation (SUIDI), Train the Trainer Academy*" in May 2008. The Academy is promoting the CDC protocol for investigation of infant death to improve the reporting of cause and manner of unexplained infant deaths.

FY 2009 CDR Goals

- Revise the CDR data agreement to reflect the new CDR Case Reporting System process.
- Improve compliance with the CDR review criteria to include reviews of all deaths.

- Continue training and evaluation of Local Team knowledge needed to improve data entry into the web based system.
- Update and distribute the CDR Policy and Procedure Manual.
- Train Military Team annually due to changes in personnel.
- Consult and train to emphasize injury prevention in areas where neglect and injury overlap by experts in the field.
- Utilize Hawaii SUIDI Team to strengthen the Coroner and Medical Examiner system for reporting infant deaths.
- Document outcomes and impact resulting from actions recommended by teams and CDR Council.

B. Planned CAPTA Activities, New Strategies for Improvement and Methods to Measure Progress in FY 2009

FSS: No change planned in FY 2009 to FSS activities, strategies for improvement, and methods to measure progress.

CDR: The activities, new strategies for improvement, and methods to measure progress are discussed under "A" above.

C. Revisions to the Goals and Objectives

FSS: None.

CDR: The FY 2009 goals are discussed under "A" above.

D. CAPTA Areas Selected for Improvement in SFY 2009

The areas Hawaii has selected for improvement from the 14 CAPTA improvement categories for use of grant funds are:

- To improve intake, assessment, screening and investigation of CAN reports through continued implementation of DRS and FSS.
- To support and enhance collaboration among public health agencies, the child protection system, and private community-based programs to provide CAN prevention and treatment services through review of child death cases, evaluation of findings and recommended prevention strategies.

E. Activities the State Intends to Implement with CAPTA State Grant Funds in FY 2009

- FSS
- CDR

F. Description of Services and Training to Be Provided Under CAPTA

FSS: Differential response is a process that assesses each report to CWS of suspected CAN to determine the most appropriate, most effective

and least intrusive response that can be provided by CWS or our community partners.

To facilitate the implementation of Hawaii's DRS (implemented statewide beginning December 1, 2005), DHS funds FSS, or community-based Family Strengthening Services, for families referred but not accepted for CWS investigation and who are assessed as presenting low risk of harm to a child/children. Services are voluntary, short-term (up to 6 months) and include assessment, service planning, short-term counseling and intervention.

CDR: As mandated under State law, the Department of Health (DOH) CDR Program conducts a multidisciplinary review of child deaths in Hawaii, including non-resident deaths, to reduce the incidence of preventable deaths based on risk factors.

A preventable death is defined in state statute as a *“death that reasonable medical, social, legal, psychological, or educational intervention may have prevented.”*

The CDR Nurse Coordinator screens all child deaths to determine those cases to be reviewed. Child deaths deemed non-preventable are not reviewed.

CWS staff participate on the reviews and evaluate findings. DOH CDR issues a written report on findings and prevention recommendations.

G. Description of Substantive Changes to CAPTA Use:

None.

H. Citizen Review Panels

See ATTACHMENTS D and E for CRP report and CWS response.

I. Description of Procedures for Criminal Background Checks for Prospective Foster and Adoptive Parents

In the certification/approval of foster and adoptive homes, the Department conducts CAN registry checks and criminal history clearances on all adult household members. In conformance with Federal law, DHS policy prohibits the licensing of a foster parent/home if:

- At any time, there has been a felony conviction for CAN; spouse abuse, a crime against a child or children, including child pornography; or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.

- If within the last five years, there has been a felony conviction for physical assault, battery or a drug related offense.

Other situations of confirmed CAN or other criminal convictions would need to be assessed if they pose a risk to children in care.

IX. CHAFFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. Service Description

CWS Policy – Requirement That All Youth Age 16 and Older in Out-of-Home Care Shall Have an Independent Living (IL) Transition Plan to Prepare for Emancipation/Independent Living

CWS policy requires that every foster youth, age 16 and over under DHS placement responsibility must have an IL transition plan and services to help them prepare for and make a successful transition to young adulthood.

Because the procedures recognize that youth benefit from problem solving and life skills development and preparation early on, particularly during the critical middle school years, it recommends that planning for independent living begin at age 12 and contracted services be utilized to support the plan.

Community-Based IL Services Through Purchase of Service (POS) Contracts

Contracted IL services are available statewide to assist in IL transition plan development and linkage to services.

Target Group: Age 12 – 15, 16+ under DHS placement responsibility, and former foster youth, age 18 - 21, who exited under DHS placement responsibility.

Service Components:

- For foster youth, age 12 – 15, under DHS placement responsibility, and who are likely to remain in foster care until emancipation, the focus is on age and developmentally appropriate skills
 - Delivery is primarily through group sessions
 - Self image; self esteem
 - Goal setting, problem solving and decision-making skills
 - Communication and interpersonal skills
- For foster youth, age 16 and older under DHS placement responsibility, who are likely to remain in foster care until emancipation, and former foster youth, age 18 - 21, who exited foster

care while under DHS placement responsibility, the focus is on skills needed for daily living

- Delivery is through group and individual sessions
 - Individualized assessment and service plan
 - Educational support in high school and for higher education
 - Employment readiness
 - Develop individualized IL plan with youth
 - Daily living skills
 - Linkage with community resources
 - Housing assistance
 - Supervised transitional IL apartments
- In addition, beginning July 2004, group conferencing and decision-making services, provided by EPIC through community facilitators, is available to help foster youth in developing their transition plan for independent living.

“E Makua Ana” (“Becoming an Adult”) Youth Circles – a facilitated Ohana Conferencing (family group decision-making) process is available for youth, age 16 or older, about to exit State custody/foster care. The circle’s purpose is to celebrate the teenager’s emancipation and bring together the teenager’s supporters *“family”* and service providers who can help the teen develop a plan for his/her future independence. The circles are solution-focused and youth driven. This service is DHS funded.

Youth circles can help to:

- Reduce homelessness among emancipated youth
 - Connect youth to their circle of support, which may include the families from whom they were removed
 - Give youth the opportunity to gain more information about further education, training, financial assistance, housing options and other social services
 - Encourage youth to dream big while giving them the tools and supports to achieve their dream
- The State provides a *higher education board allowance* to former foster youth pursuing higher education.
Benefit - \$529 per month until age 22, if eligibility criteria are met.
Criteria - Apply within 1 year after completing high school; attend an accredited institution of higher learning (academic or vocational); sign an application/agreement and provide documentation of enrollment, attendance and grades; attend school and make progress to completing the program. After the end of each session the youth must provide grade reports and sign an agreement for the next session. Youth must also apply for scholarships and grants including the Free

Application for Federal Student Aid (FAFSA) and Bradley & Victoria Geist Scholarship.

B. Accomplishments Achieved and Progress Made in SFY 2007, SFY 2008 and Planned Activities for SFY 2009 for Each of the Five Purposes

1. Help Youth Make the Transition to Self-Sufficiency

Youth served:	SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007
Age 12 – 15	98	68 -30	74 +6	82 +8	64 -18
Age 16+ in foster care	144	150 +6	202 +52	226 +24	164 -62

Youth served in SFY 2007 By Region	Oahu	Maui	East Hawaii	West Hawaii	Kauai	State Total
Age 12 –15	8	6	39	9	2	64
Age 16+ in foster care	66	27	35	21	15	164

- In SFY 2007, 145 families were involved through youth circles for transitioning youth. In the first 3 quarters of SFY 2008, 94 families were involved.
- In SFY 2007, 18 foster youth, age 16+, were placed with specially trained independent living foster parents to help ready the youth for the transition.
- 12 foster youth were placed in staff supervised transition apartments.

2. Help Youth Receive Education, Training and Services Necessary to Obtain Employment

- 118 youth were provided by contracted IL providers with assistance, information, referral, or linkage to services to assist in the completion of high school in SFY 2007
- 145 were referred/linked to employment readiness programs
- 195 were assisted by the IL provider with development and exploration of vocational/employment options

3. Help Youth Prepare for and Enter Post-Secondary Training and Educational Institutions

- 227 former CWS foster youth, age 18-21, were provided State-funded higher education allowance payment (up to \$529 a month) in SFY 2007.
- 111 are receiving Federal, State or private grants, loans or scholarships

4. Provide Personal and Emotional Support Through Mentors and the Promotion of Interaction with Dedicated Adults

Hawaii Foster Youth Coalition (HFYC) is a youth designed and youth run organization providing a voice for youth currently and formerly in foster care. This organization is the youth advisory board for DHS. Their active components include (1) youth helping youth (being a mentor for a younger youth in care, networking and support), (2) youth leadership development, (3) youth advocacy, and (4) serving as advisors to the CWS system. DHS uses CFCIP funds for an executive director and for activities that facilitate youth development and peer mentoring, and promotes development of interpersonal and problem solving skills. There are established chapters in each county statewide.

5. Provide Financial, Housing, Counseling, Employment, Education and Other Appropriate Support and Services to Former Foster Care Recipients Between Age 18 - 21

Youth served:	SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007
Age 18 – 21, on employment track served	13	49 +36	114 +65	NA	164
Age 18 – 21, on higher education track served	57	55 -2	96 +41	123 +27	153 +30
Total age 18 – 21 served	70	104 +34	210 +106	NA	317

- 129 of the former foster youth in colleges/universities are *receiving IL case management and support services* to help them manage for successful completion, SFY 2007.
- *Housing assistance:*
 - 110 former foster youth were assisted in obtaining housing after exiting foster care, SFY 2007.
 - 3 were provided emergency housing assistance.
 - 4 were provided transitional housing/rental support
 - No Chaffee funds were used for this purpose. Other funding sources were tapped. Current Chaffee grant funds are insufficient for basic IL services. The State maintains basic services with additional; SGF and taps other resources to include services such as housing assistance.

C. Collaboration Activities in SFY 2008 (To Date) and Planned for SFY 2009

Foster youth and former foster youth have been actively involved in CWS improvement planning and in helping prepare for and carry out CFSR Round 2. Youth were actively involved in designing the Countdown to the

CFSR Conference in July 2008. They opened the event with a culturally appropriate chant and procession. They co-facilitated and participated in small group discussion and activities. They contributed to the talking points for the small group sessions.

D. Training Conducted in SFY 2008 (To Date) and Planned for SFY 2009

ATTACHMENT B, SFY 2009 Training Plan

E. Trust Fund

Hawaii has chosen not to establish a trust fund program for youth receiving IL services or transition assistance at this time.

F. Youth Involvement in Planning

Youth Circles:

Facilitated Ohana Conferencing is available for youth about to exit foster care to bring together important people and support services to develop a pragmatic transitional plan for the youth.

Hawaii Foster Youth Coalition (HFYC) is a youth designed and youth run organization providing a voice for youth currently and formerly in foster care. This organization is the youth advisory board for DHS. There are youth chapters statewide in each county.

G. Option to Expand Medicaid

Hawaii has not enacted the Chafee option to extend Medicaid to youth who have aged out of foster care.

After leaving foster care the youth is generally eligible to receive individual Early Periodic Screening Diagnosis and Treatment (EPSDT) coverage, up to age 21, in accordance with Hawaii's Medicaid or Medicaid managed care requirements. In preparation for the youth's exit from foster care, the youth's name, address and employment information is provided to the Med QUEST Division (MQD). MQD then sends the youth an application for continued medical coverage. Hawaii chose to retain the process of applying for continued coverage to reinforce the life skills development process of choice, decision-making and action. Former foster youth must meet an asset and income test to qualify for this program.

H. Results of Indian Tribe Consultation

It is Hawaii's policy to ensure fair and equitable treatment for Indian youth in care as it relates to Chafee benefits and services. Procedures are in

place and training is provided to promote family, youth and tribal involvement in decisions affecting Native American youth.

If there is any information that a child may be an Indian child our procedure is to notify the Bureau of Indian Affairs and request assistance to determine whether the child is a member of an enrolled tribe, or if their tribal affiliation can be determined, if that information is available. If a tribe can be identified they are notified and provided the opportunity to intervene, to date only 1 tribe has chosen to do so in Hawaii.

As noted under the Tribal Consultation Section, DHS has consulted with the Department of the Interior and the Bureau of Indian Affairs in Portland, and has in place agreed upon procedures for tribal notification and involvement.

During the first half of FFY 2008, October 2007 through March 2008, there were 28 American Indian children in CWS foster care. There were no Alaskan Natives in foster care during this period.

Age breakdown:

Age 0 – 3	3
Age 4 – 11	13
Age 12 – 18	12

Length of stay in care:

18 months or less	5
19 – 24 months	1
24+ months	22

Breakdown by sections:

Leeward Oahu	12
Diamond Head	4
Central Oahu	4
East Hawaii	7
West Hawaii	1
Maui	0
Kauai	0

X. ETV

A. Service Description

Education and Training Voucher (ETV) funding is available to assist former foster youth pursuing higher education. This is in addition to the State funded higher education allowance payment.

Benefit – Federal guidelines allow up to \$5,000 per year toward the cost of attendance at an accredited institution of higher learning. This can include tuition, room & board, books, clothing, transportation and other expenses directly related to the cost of attendance. If youth is receiving ETV on 21st birthday may continue to be eligible until age 23.

Criteria - Meet eligibility criteria for DHS higher education allowance program, with the following exception, youth who would have been eligible but did not apply for the higher education board allowance within one year of completing high school may apply for ETV. Complete an application that includes documentation of the “cost of attendance”, enrollment, financial awards, grants and loans, and a personalized independent living transition plan that includes a budget and plan for successful completion of the planned education.

B. Accomplishments and Progress Made to Establish, Expand or Strengthen the State’s Postsecondary Educational Assistance Program

Act 198 enacted this year gives former foster youth additional time to apply for and receive higher education benefits.

Under prior law, former foster youth were eligible for a higher education benefit allowance of \$529 per month up to and including age 21. The allowance helps pay for living expenses while attending school or vocational training. Interested youth had to apply within 1 year of their high school graduation.

The new law increases the maximum age that youth can receive higher education allowance from 21 to 26 years and increases the duration of education benefits from the current 48 months maximum to 60 months.

The new law also helps former foster youth from ages 22 to 26 who are currently attending college or vocational school by enabling them to apply for the higher education benefit allowance within 1 year.

C. How ETV Program is administered

The ETV Program is administered by the State. ETV procedures and requirements are part of CWS procedures and are shared with all CWS staff, contracted IL providers, HFYC, the Hawaii Foster Parents Association (HFPA), and EPIC Youth Circles.

- The applications for ETV and State higher education board allowance are provided to all staff and service providers.
- Youth can go to any of the organizations noted above for assistance in completing the application.

- Youth are to submit their completed application to their CWS caseworker or to the CWS Intake Units, if the youth is no longer in an active CWS case.
- The CWS unit determines eligibility and recommends award amount.
- The application with supporting documentation and recommendation is sent to Program Development for review and approval.
- The CWS unit enters the Service Action Code (SAC) into CPSS, the electronic case record system, authorizing ETV and a check is cut from the system.
- Later, the youth provides documentation of how the ETV funds were used.
- The youth also provides documentation of their academic progress or standing (their grade point average or GPA) in support of their application for ETV and higher education board. The GPA trend is reviewed as part of eligibility determination.
- Support for youth in higher education is available through contracted IL providers.

XI. FINANCIAL AND STATISTICAL INFORMATION REPORTING

A. Number of Youth Who Received ETV Awards in FFY 2007 and FFY 2008 (To Date)

Number of ongoing ETV awards in FFY 2007:	41
Number of new awards in FFY 2007:	41
TOTAL FFY 2007	82
Number of ongoing awards (to date) in FFY 2008	0
Number of new awards (to date) in FFY 2008	0
TOTAL FFY 2008 (to date)	0

It should be noted that FFY 2008 ETV funds are being processed now (September 2008). Applications for ETV are currently issued once a year. Beginning December 2008, they will be issued twice a year – in December and August/September. This will align the ETV application cycle with the State Higher Education Board application cycle

B. FFY 2006 Title IVB-2 Non-supplantation Requirement

FFY 2006 State Non-Supplantation	
	State
Family Strengthening Services	\$277,033
Comprehensive Counseling and Support Services	\$4,473,730
Molokai and Lanai Support Services	\$232,300
Domestic Violence Shelter and Support	\$732,403
Emergency Shelters	\$1,190,863
Sex Abuse Treatment	\$534,982
Ohana Conferencing	\$644,450
TOTAL	\$8,085,761

FFY 1992 FAMILY SUPPORT AND FAMILY PRESERVATION (IVB-2) NON-SUPPLANTATION BASELINE	
	State
Intensive Home-based Services	\$962,664
Individual and Family Counseling	\$313,923
Mother-Infant Support Teams for Infants at Risk	\$492,066
Group/Family Treatment	\$287,188
Sex Abuse Treatment	\$908,002
Domestic Violence Shelter and Support	\$1,891,784
Family Treatment	\$348,000
Residential Treatment for Families	
Treatment for Children, Ages 3 – 7	\$54,996
TOTAL	\$5,258,623

XII. ADDITIONAL REQUIRED SUPPORTING INFORMATION

A. Juvenile Justice Transfers

In SFY 2007, there were 16 CWS youth whose placement settings were coded as “Detention Home (DH)” and 20 as “Jail”, or the youth correctional facility.

SFY 2007	Youth Correctional Facility (Jail)	Detention Home (DH)
East Hawaii	5	3
West Hawaii	5	3
Kauai	0	1
Maui	3	0
Leeward Oahu	3	6
Diamond Head	2	2
Central Oahu	2	1
STATE	20	16

SFY 2006	Youth Correctional Facility (Jail)	Detention Home (DH)
East Hawaii	2	7
West Hawaii	6	2
Kauai	0	2
Maui	0	0
Leeward Oahu	4	10
Diamond Head	1	5
Central Oahu	4	2
STATE	17	28

SFY 2007	Permanent Custody (PC) to DHS		Co - PC		Foster Custody (FC)		Temporary Custody (TC)		Other Arrangements (OA)	
	Jail	DH	Jail	DH	Jail	DH	Jail	DH	Jail	DH
STATE	9	12	1	0	7	3	1	1	2	0

SFY 2006	Permanent Custody (PC) to DHS		Co - PC		Foster Custody (FC)		Temporary Custody (TC)	
	Jail	DH	Jail	DH	Jail	DH	Jail	DH
STATE	11	14	0	1	6	11	0	1

1 CWS youth in jail was an adopted youth returned to foster care.

1 CWS youth in DH was an adopted youth in temporary foster custody

B. Inter-country Adoptions

Families with children adopted from other countries can receive post-adoption support services, e.g., support groups, workshops, information and referral services through community-based programs funded by CWS. In SFY 2007, there were 3 international adoption families on Oahu participating in a community-based permanency support program.

CWS procedural instructions direct Intake to enter DIA – Disrupted/Dissolved International Adoption, as a problem area in the IA24 or CA24 Child Data Screen of the electronic information system, CPSS.

Workers are also instructed to document in the intake narrative or in the log of contacts (CA52) the name of the agency that handled the adoption, the plans for the child, and the reason for the disruption/dissolution.

CWS has generated a report on a Federal fiscal year basis identifying CWS clients with the problem area code "DIA". The FFY 2007 report showed no DIA intakes.

C. Child Welfare Demonstration Projects

None

D. Foster and Adoptive Parent Recruitment

Because a little over one-third of the children in CWS foster care in SFY 2008 were Hawaiian/part-Hawaiian, DHS continues to encourage providers to develop a recruitment strategy/plan to increase the number of families of Hawaiian heritage available for match.

HOMES LICENSED BY DHS			
	6-30-04	6-30-08	<i>Difference From Baseline</i>
	Baseline	Year 4 of 5 Year Plan	
General Licensed Homes	725	610	-115
Special Licensed Homes – Relatives & Fictive Kin	1,173	648	-525
Adoptive Homes	84	103	+19

HOMES LICENSED BY DHS							
	6-30-04	6-30-05	<i>Difference From Baseline</i>	6-30-06	<i>Difference From Baseline</i>	6-30-07	<i>Difference From Baseline</i>
	Baseline	PIP Year 1		PIP Year 2		Post-PIP; Year 3 of 5 Year Plan	
General Licensed Homes	725	718	-7	731	+6	701	-24
Special Licensed Homes – Relatives & Fictive Kin	1,173	1,151	-22	949	-224	870	-303
Adoptive Homes	84	99	+15	124	+17	118	+34

DHS significantly increased funding from over \$1 million in SFY 2006 to over \$7 million in SFY 2008 to expand recruitment, training and support for general licensed and child-specific licensed resource families, including Hawaiian resource families. This bold funding move reflects the Department's commitment to move aggressively to improve placement stability, especially for Hawaiian/part-Hawaiian children who are over-represented in foster care.

Year	Contracts to Recruit, Train and Support General Licensed and Child Specific Foster and Adoptive Homes	Amount	Contracts Specifically to Recruit Hawaiian Foster Homes	Amount
SFY 2009	CFS – IVB2 Permanency Support Services	\$232,279		
	CCSS – Oahu – Specialized support for foster parents	\$100,000		
	PIDF – Hui Hoomalu	\$6,232,250	PIDF – Kokua Ohana	\$525,000
	SFY 2009 TOTAL	\$6,564,529	SFY 2009 TOTAL	\$525,000
SFY 2008:	PIDF – Hui Hoomalu	\$6,425,054	PIDF – Kokua Ohana	\$525,000
	CFS – IVB2 Permanency Support Services	\$232,279		
	CCSS – Oahu – Specialized support for foster parents	\$100,000		
	HOPE In the Name of Christ (Inc)	\$150,000		
	SFY 2008 TOTAL:	\$6,907,333		
SFY 2007:	PIDF – Hui Hoomalu	\$5,134,759	PIDF – Kokua Ohana (September 2006 – June 2007)	\$525,000
	CFS – IVB-2 Permanency Support Services	\$232,279		
	CCSS – Oahu – specialized support for foster parents	\$100,000		
	HOPE In the Name of Christ (Inc)	\$150,000		

	SFY 2007 TOTAL	\$5,617,038	SFY 2007 TOTAL	\$525,000
SFY 2006: Baseline	Hawaii Behavioral Health	\$839,000	PIDF – Kokua Ohana (July 2005 – August 2006)	\$174,918
	CFS – IVB-2 Permanency Support Services	\$232,279		
	CCSS – Oahu – Specialized support for foster parents	\$100,000		
	HOPE In the Name of Christ (Inc)	\$150,000		
	Hawaii Foster Parent Association	\$250,000		
	SFY 2006 TOTAL	\$1,571,279		

What the data is telling us:

- Less Hawaiian/part-Hawaiian children are removed from their homes and placed in CWS foster care.

SFY 2008: 1,169, less than half (46%) of the SFY 2004 numbers

SFY 2007: 1,774

SFY 2006: 2,160

SFY 2005: 2,358

SFY 2004: 2,557

- They represent a portion of the CWS foster care population that is going down.

Hawaiian/part-Hawaiian children comprise 31.3% of the general child population, 0 – 17 years of age, in Hawaii (2007 Census American Community Survey estimates). They comprise 34.9% of the CWS foster care population in SFY 2008. We are making progress on the disparity and their over-representation in foster care, primarily through front-end family preservation improvements.

SFY 2008 34.9% 1,169 of 3,350

SFY 2007: 44.8% 1,774 of 3,959

SFY 2006: 47.6% 2,160 of 4,537

SFY 2005: 48.8% 2,358 of 4,834

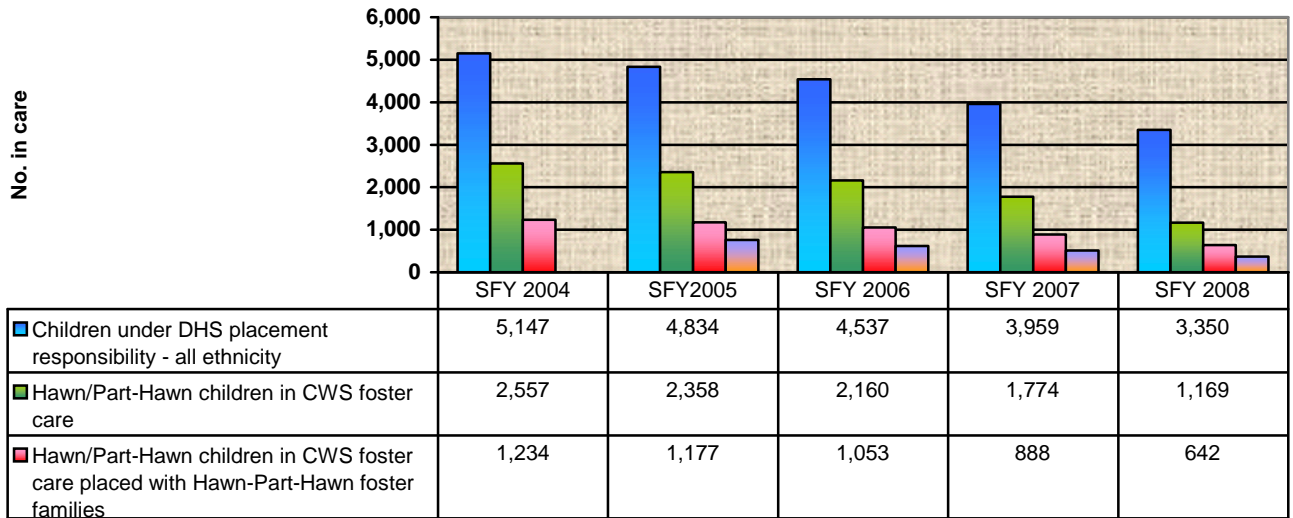
SFY 2004: 49.7% 2,557 of 5,147

- Proportionately more are placed in Hawaiian/part-Hawaiian foster homes, particularly with relatives who agree to become certified foster parents for a specific child or children.

SFY 2008: 54.9% 642 of 1,169
 SFY 2007: 50.1% 888 of 1,774
 SFY 2006: 48.8% 1,053 of 2,160

- Proportionately more Hawaiian children are placed with relatives.

SFY 2008: 57.0% 366 of 642
 SFY 2007: 57.3% 509 of 888
 SFY 2006: 58.6% 617 of 1,053



E. Adoption Incentive Payment
None.