

FY1999 Base

(Actual)

IVB1: \$1,189,108

IVB2: \$1,019,589

CAPTA -

BSG: \$ 132,788

IVE-

ILP: \$ 17,889

5 Year Plan Period

FY2000—2004

*FY2000 (Actual):*

IVB1: \$1,195,367

IVB2: \$1,222,967

CAPTA -

BSG: \$ 132,367

IVE-

ILP: \$ 636,879

*FY2001 (Actual):*

IVB1: \$1,249,405

IVB2: \$1,395,807

CAPTA -

BSG: \$ 128,954

IVE-

ILP: \$ 514,994

*FY2002 (Actual):*

IVB1: \$1,230,726

IVB2: \$2,184,128

CAPTA -

BSG: \$ 132,774

IVE-

ILP: \$ 578,976

*FY2003 (Actual):*

IVB1: \$1,223,079

IVB2: \$2,264,404

CAPTA-

BSG: \$ 126,732

IVE-

ILP: \$ 637,044

# FY 2000-2004 Children and Family Services Plan

## FINAL REPORT

# TABLE OF CONTENTS

*2003 Child and Family Services Review Findings Summary*

*Hawaii's Basic Child Welfare Profile*

*Performance Report Card*

## FY 2000 - 2004 FINAL REPORT:

### I. Goal 1: Improve outcomes for children.

The goal is to improve the experiences of children and families currently in or entering the child welfare system in terms of safety, permanency & child well-being by promoting effective methods of service delivery.

Status reports on safety objectives, permanency objectives and child well-being objectives.

### II. Goal 2: Build a results oriented organization.

To improve outcomes and attain positive results, the child welfare system must have the necessary capacity to achieve its outcome goals and performance objectives.

- An array of services flexible to meet the individual needs of children and families served by the child welfare system
- A qualified workforce sufficiently trained, supervised (supported), with manageable caseloads, to carry out the agency's mission in accordance with the agency's policies, procedures and practice principles, and help families and children achieve satisfactory outcomes
- A supportive internal work environment for retention of qualified staff
- An adequate pool of prepared foster and adoptive parents to help provide protection and permanency for children
- Coherent policy/operating standards (rules), and procedures to guide action
- Technology and an information system that support casework and program management with easy to retrieve and reliable information
- Ability to obtain, maximize, and efficiently and effectively utilize funding/resources to carry out the mission

Status reports on capacity-building objectives.

## 2003 CHILD AND FAMILY SERVICES REVIEW FINDINGS SUMMARY

A Statewide Assessment (SWA) report was completed in April 2003. It was a self-assessment by Hawaii that reviewed progress made since 1999 in meeting the State Children and Family Services Plan (CFSP) goals and objectives, and State performance on 7 outcomes and 7 systemic factors, and 45 performance indicators. As a follow-up to the SWA, the federal Administration for Children and Families (ACF) conducted its on-site Child and Family Services Review (CFSR) of the Hawaii Child Welfare Services (CWS) system during the week of July 14 – 18, 2003. The federal CFSR findings report was transmitted to the State in November 2003. Listed below are the areas of strength identified by ACF based on the SWA and on-site review results and the areas needing improvement.

The areas needing improvement are prioritized and addressed in both the short-term, 2-year Program Improvement Plan (PIP) and the 5-year, FY 2005 – 2009 CFSP, transmitted under separate cover.

### Strengths:

- ? Helped children achieve safety by meeting the national outcomes data and case review standard for low incidence of repeat maltreatment
- ? Services to family to protect children in-home and prevent removal
- ? Proximity of foster care placement
- ? Placement with siblings
- ? Helped achieve permanency for children by continuing to meet the national outcomes data standard for timely reunification and timely adoption
- ? Was 1 of 25 states in 2003 to be recognized by ACF and awarded an adoption incentive bonus for its performance in FFY 2002 in helping to achieve permanency for children by more completed adoptions than in prior years
- ? Children received appropriate services to meet their educational needs
- ? Information system that can identify specific information for each child in foster care
- ? Conducted periodic review of case plans in conformance with federal requirements
- ? Has a process for timely permanency hearings for children that meets federal requirements
- ? Has a process for termination of parental rights that meets federal requirements

## Areas Needing Improvement:

- ? Untimely investigative response
- ? Incidence of maltreatment in foster care
- ? Assessment of risk
- ? Foster care re-entries
- ? Stability of foster care placement
- ? Untimely establishment of permanency goal for child – concurrent planning not consistently evident
- ? Reunification, guardianship, or permanent placement with relatives
- ? Barriers to timely adoption
- ? Permanency goal of other planned permanent living arrangement (transition plans and independent living services and supports for youth in foster care)
- ? Parent-child and sibling visitations
- ? Preserving connections
- ? Relative placements
- ? Relationship of foster child with parents
- ? Needs assessment and services to address needs of child, parents and foster parents
- ? Child and family involvement in case planning and review
- ? Caseworker visits with child, parents and foster parents
- ? Assessing and addressing physical and mental health needs of child
- ? Written case plan developed jointly with parents
- ? Notification of foster and pre-adoptive parents of hearings and reviews
- ? Standards for quality services
- ? An identifiable quality assurance system
- ? Limited or no specialized skills training for CWS supervisors on an ongoing basis for job performance consistent with organizational expectations
- ? Limited or no core training for newly hired CWS supervisors to prepare them for their job consistent with organizational expectations
- ? Limited or no specialized skills training for CWS caseworkers on an ongoing basis for job performance consistent with organizational goals and objectives and expectations
- ? Core training for newly hired CWS caseworkers needs to address concerns identified in the CFSR and PIP
- ? Annual ongoing training of foster and adoptive parents

For Hawaii, as for other states reviewed, the CFPSR has emphasized the following as key to CWS performance and outcomes, and the focus for improvement:

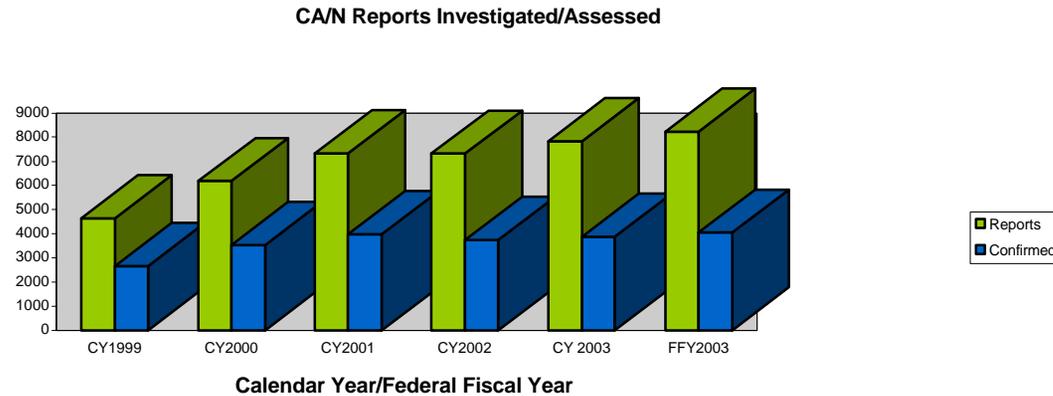
- ? Regular, monthly face-to-face contact with the child, parents and foster parents by the caseworker.
- ? Quality assessment throughout the life of a case that identifies and regularly reviews family, child and foster family needs and appropriate services to address needs.
- ? Family engagement/involvement in case planning and review.

The challenge for Hawaii and federal partner, ACF, in the next 5 years, FY 2005 – 2009, will be to assure there are sufficient qualified staff for monthly face-to-face contact of all children, parents and foster parents, to support family involvement, and to conduct quality assessments consistently throughout the State. Another challenge will be to assure there are sufficient qualified community-based alternative response resources to appropriately and effectively handle diverted or triaged cases.

Identifying what additional resources both Hawaii and ACF will bring to the table to effect needed improvements is part of improvement planning. As identified in both the PIP and CFSP, one federal contribution will be IV-E funding participation for the CWS Training Academy initiative.

## HAWAII'S BASIC CHILD WELFARE PROFILE

**Reports of child abuse/neglect (CAN) investigated/assessed by Child Welfare Services (CWS) continue to increase every year, challenging the system's capacity for timely investigative response. There were 69% more reports investigated/assessed in 2003 than 5 years earlier in 1999.**



NCANDS Database:	CY 1999	CY 2000	CY 2001*	CY 2002	CY 2003	FFY 2003*
Reports investigated/assessed	4,646	6,184	7,334	7,318	7,835	8,228
Confirmed	2,669	3,533	3,982	3,744	3,868	4,046
Confirmed incidence rate (per 1000 children)	9.2	12.1	13.5	12.7		

\* Adjusted.

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

**Hawaii has a high rate of children being removed from home and placed in foster care.** (A persistent trend per NCANDS 1999 – 2002 data.)

**As a result, the number of children entering foster care and in foster care continues to increase every year challenging the system's capacity to provide quality care.** (AFCARS data.)

- 15.2% Of unconfirmed reports resulted in removal.  
[Again, Arizona led the pack, with a 16.4% rate, followed by Hawaii, and West Virginia, at 11.6%.]

NATIONAL AVERAGE - CY 2002

- 18.9% Of substantiated reports resulted in children being removed from their home.
- 4.2% Of unsubstantiated reports resulted in removal.

Children in Foster Care (AFCARS database):

Number of children:	In care on 10/1	Entered care	Exited care	In care on 9/30	Total served	Net change from 1 <sup>st</sup> day to last day of FFY
FFY99	2,156	1,683	1,634	2,205	3,839	+49
FFY00	2,154	1,929	1,682	2,401	4,083	+247
FFY01	2,311	2,193	1,920	2,584	4,504	+273
FFY02	2,509	2,350	2,097	2,762	4,859	+253
FFY03	2,673	2,308	2,038	2,943		+270

**Despite these challenges, Hawaii continues to meet the national outcomes data standard for:**

- ? **A low rate of repeat maltreatment.**
- ? **Timely reunification.**
- ? **Timely adoption.**

**In addition, Hawaii was 1 of 25 states to be recognized by ACF and awarded a federal adoption incentive bonus for helping achieve permanency for children by more completed adoptions in FFY 2002 than in prior years.**

**Also, Federal IV-E foster care eligibility reviewers found court activities in Hawaii to be a STRENGTH and an example of model practice in terms of judicial determinations of reasonable efforts and review of permanency plans. They found documentation of court action to be timely, clear, explicit and child-specific.**

## Performance Report Card

Hawaii's performance in achieving safety and permanency for children is rated and compared against national outcomes data standards established by the federal Department of Health and Human Services (DHHS). The standards were developed using information from the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). The standards were set at the 75th percentile point, where 25% of the reporting states were above the standard and 75% were below the standard.

We utilize the national outcomes data standards for performance monitoring, analysis and improvement planning.

To provide perspective, we also compare our performance to that of other reporting states, utilizing national median data, when available.

In addition, we monitor and report on other performance data indicators.

Please note that there may be gaps in the data presented because validated data may not have been readily available at the time of report preparation. For example, state and federal fiscal year 2004 data are not generated until after the close of the respective fiscal year, both of which end after the report's due date. When data synthesis requires multiple source packaging, there is a lag. For example, rate per 100,00 children data may lag due to the delayed availability of annual Hawaii child population data estimates.

Data Indicator	Description	National Standard	National Median	Hawaii
<b>Safety</b>				
<b>Recurrence of maltreatment</b> (another substantiated report) <sup>1</sup>	Of all children who were substantiated report victims during the first 6 months of the period under review, 6.1% or fewer had another substantiated report within 6 months.	6.1% or less	7.4% (CY99) 7.9% (CY00) 7.7% (CY01) 7.5% (CY02)	6.7% (CY99) 6.4% (CY00) 7.2% (CY01) 4.8% (CY02) 5.9% (CY03) 6.0% (FFY03) <sup>2</sup>
? Met national outcomes data standard				
<b>Incidence of child abuse/neglect in foster care</b> (by foster parent or residential)	Of all children in foster care in the state during the period under review, the percentage of children who were the subject of substantiated or indicated	0.57% or less	0.52% (1999) 0.45% (2000) 0.42% (2001) 0.35% (2002)	1.7% (1999) <sup>3</sup> 1.5% (2000) 0.96% (2001) 1.03% (2002) 1.31% (2003)

Data Indicator	Description	National Standard	National Median	Hawaii
<p><b>Child maltreatment fatalities,</b> # of confirmed reports and rate per 100,000 children and # of confirmed maltreatment deaths in foster care</p>	<p>Counts the number of children reported as having died as a result of child abuse/neglect, e.g., those children for whom a case record has been opened either prior to or after death, or may include a number of children whose deaths have been investigated as possibly related to maltreatment.</p>	<p>No established national data standard</p>	<p>Rate per 100,000 children: 1.6 (CY99) 1.84 (CY00) 1.96 (CY01) 1.98 (CY02)</p>	<p># of child maltreatment deaths investigated and confirmed by CWS: 5 (CY99) 3 (CY00) 3 (CY01) 7 (CY02) 6 (CY03) 6 (FFY03)</p> <p>Rate per 100,000 children: 1.73 (CY99) 1.01 (CY00) 1.01 (CY01) 2.37 (CY02)</p> <p># of confirmed maltreatment deaths in foster care: 5 of 5 (CY99) 0 of 3 (CY00) 0 of 3 (CY01) 0 of 7 (CY02)</p>
<p><b>Response Time to Initiate Investigation/ Assessment</b></p>	<p>Counts the average time between the login of a call to the State agency alleging child maltreatment and the face-to-face contact with the alleged victim, where this is appropriate, or to contact with another person who can provide information.</p> <p>NOTE: Hawaii is reporting the time from</p>	<p>No established national data standard. However, many states have set timeframe standards for responding to reports. Generally, high priority response is within 1 hour</p>	<p>52 hours, or 2.17 days (CY02)</p>	<p>264 hrs, or 11.0 days (CY 2001)</p> <p>282 hrs, or 11.75 days (CY02)</p>

Data Indicator	Description	National Standard	National Median	Hawaii
	investigation.	priority responses range from 24 hours to 14 days.		
<b>Permanency</b>				
<b>Foster care re-entries</b>	Of all children who entered foster care during the year under review, 8.6% or fewer of those children re-entered foster care within 12 months of a prior foster care episode.	8.6% or less	10.6% (FFY99) 10.3% (FFY00) 10.7% (FFY01) 9.7% (FFY02)	10.5% (FFY99) 10.2% (FFY00) 10.0% (FFY01) 9.1% (FFY 02) 10.6% (FFY 03)
<b>Stability of foster care placements</b>	Of all children who have been in foster care less than 12 months from the time of the latest removal, 86.7% or more children had no more than 2 placement settings.	86.7% or more	83.1% (FFY99) 84.3% (FFY00) 91.2% (FFY01) 84.1% (FFY02)	84.3% (FFY99) 85.0% (FFY00) 83.8% (FFY01) 84.3% (FFY02) 84.5% (FFY03)
<b>Length of time to achieve reunification</b>	Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, 76.2% or more children were reunified in less than 12 months from the time of the latest removal from home.	76.2% or more	64.8% (FFY99) 68% (FFY00) 69.9% (FFY01) 68.0% (FFY02)	76.0% (FFY99) 82.1% (FFY00) 80.3% (FFY01) 83.8% (FFY 02) 81.3% (FFY 03)
? Met national outcomes data standard				
<b>Length of time to achieve adoption</b>	Of all children who exited foster care during the year under review to a finalized adoption, 32% or more children exited care in less than 24	32% or more	24.1% (FFY99) 19.7% (FFY00) 21.0% (FFY01) 23.5% (FFY02)	47.3% (FFY99) 43.2% (FFY00) 51.8% (FFY01) 47.5% (FFY 02) 49.4% (FFY 03)

Data Indicator	Description	National Standard	National Median	Hawaii
<b>Number of completed adoptions</b>		No established national standard		281 (FFY99) 280 (FFY00) 260 (FFY01) 366 (FFY02) 296 (FFY03)
<b>Number of completed legal guardian-ships</b>		No established national standard		135 (FFY99) 144 (FFY00) 212 (FFY01) 225 (FFY02) 215 (FFY03)
<b><i>Child Well-being</i></b>				
<b>Number of CWS youth exiting foster care due to emancipation</b>		No established national standard – the desire is to see the number small and decreasing		118 (FFY99) 121 (FFY00) 139 (FFY01) 138 (FFY02)

# FY 2000 – 2004 CHILDREN AND FAMILY SERVICES PLAN (CFSP) FINAL REPORT

June 2004, Updated September 2004

Specify the accomplishments and progress made toward meeting each goal and objective in the CFSP, including (1) improved outcomes for children and families, and (2) a more comprehensive, coordinated, effective child and family services continuum.

## ***Goal 1 - Improved Outcomes for Children***

The goal is to improve the experiences of children and families currently in or entering the child welfare system in terms of safety, permanency and child wellbeing by promoting effective methods of service delivery. Provided below is a report on the progress made.

### ***SAFETY***

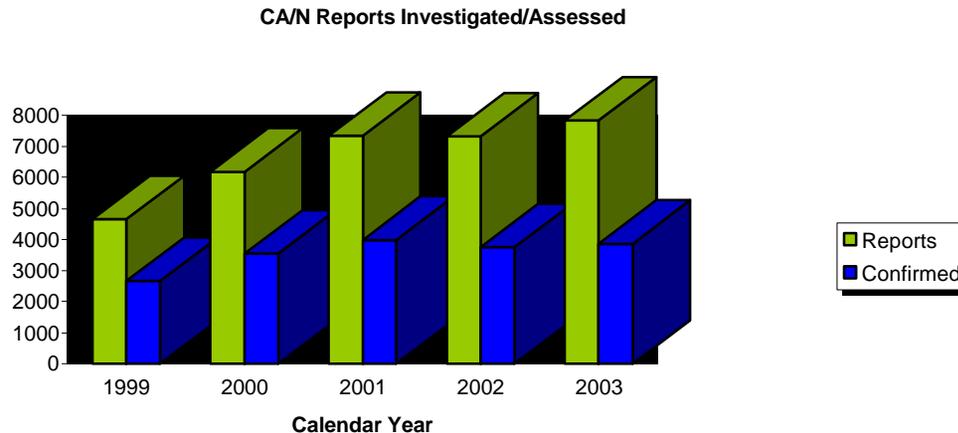
- ✍ Children are protected from abuse/neglect in their own homes.*
- ✍ Risk of harm to children is minimized and safety is assured.*

**Reports of child abuse/neglect (CAN) investigated/assessed by Child Welfare Services (CWS) continue to increase every year challenging the system's capacity for timely investigative response. There were 69% more reports investigated/assessed in 2003 than 5 years earlier in 1999.**

Uniform Terminology	
Intake	Activities associated with the receipt (login) of a referral, the screening (intake assessment) of the referral, the decision to accept the referral for investigation/assessment or for services, and the enrollment of individuals or families into services.
Referral	Notification to CWS Intake of suspected child maltreatment. This can include 1 or more

Uniform Terminology	
Assessment	A process by which CWS determines whether a child, family or others involved in a report of alleged maltreatment is in need of services.
Disposition	A determination made by CWS that evidence is or is not sufficient under State law to substantiate (confirm) the alleged report.

Heightened public awareness following media attention on several high profile cases and the impact of the growing problem of substance abuse in communities in general, and use of crystal methamphetamines (or "ice") in particular, on child safety are reflected in the marked increase in reports investigated/assessed and confirmed. *Report* here means each childreport that is investigated or assessed. A child is counted each time he or she is the subject of a report that is investigated or assessed.



	1999	2000	2001*	2002	2003	FFY 2003**
Reports investigated/assessed	4,646	6,184	7,334	7,318	7,835	8,228
Confirmed	2,669	3,533	3,982	3,744	3,868	4,046
Confirmed incidence rate (per 1000 children)	9.2	12.1	13.5	12.7	13.1	

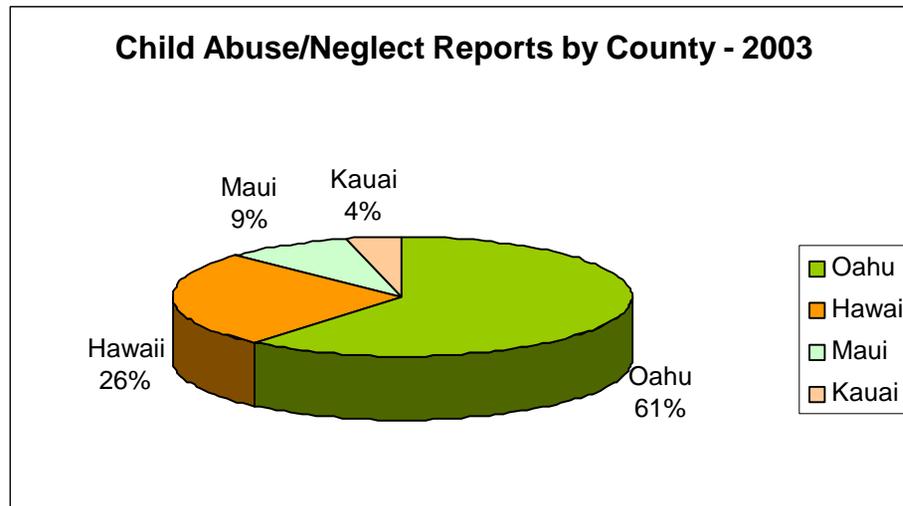
\* Adjusted.

about the impact of "ice", polysubstance abuse and domestic violence on families they are seeing coming through the CWS door.

	CY98	CY99	CY00	CY01	CY02	CY03
Hawaii's incidence rate of confirmed CAN per 1000 children in child population	7.3	9.2	11.9	13.2	12.7	13.1
National rate	12.9	11.8	12.2	12.4	12.3	

**Breakdown By County - 2003:**

	Oahu	Hawaii	Maui	Kauai	STATE
Reports investigated/assessed	4,628	1,924	849	434	7,835
Confirmed	2,375	1,006	330	157	3,868
Confirmation rate	51.3%	52.3%	38.9%	36.2%	49.4%



Percentage of confirmed reports by county - 2003

The majority of confirmed reports in 2003 were on Oahu.  
 61% Island of Oahu (City & County of Honolulu)  
 26% Hawaii County  
 9% Maui County  
 4% Kauai County

**The incidence rate of confirmed CAN or threat of CAN per 1000 children in the population, however, suggests that children in Hawaii County are at greater risk for CAN or threat of CAN.**

<u>Island</u>	<u>2003 Incidence Rate</u>	<u>2003 Confirmed Reports</u>	<u>2000 Census Child Population</u>	<u>2002 Child Pop.</u>
Hawaii	<b>25.9 per 1000 children</b>	1,006	38,852	--
Kauai	10.2 per 1000 children	157	15,443	--
Maui/ Molokai/ Lanai	10.1 per 1000 children	330	32,711	--
Oahu	11.4 per 1000 children	2,375	208,758	--
STATE	13.1 per 1000 children	3,868	295,767	295,514

[NCANDS 2002, 2003; 2000 Census; CPSS 2003]

**Age of Victims: More Infants Reported and Confirmed for Maltreatment or Risk of Maltreatment.**

The number of infants (under 1 year of age) who were confirmed victims of maltreatment or risk of maltreatment (“threatened harm”) increased from 358 (13.4% of victims) in 1999 to 548 (14.6%) in 2002, then dropping slightly to 535 (13.8%) in 2003. The numbers are reflective of **the growing number of drug-exposed infants coming through the protective services door.**

NCANDS data:	CY99	CY00		CY01		CY02		CY03	
# of confirmed victims of maltreatment or risk of maltreatment under 1 year of age	358	482	+124	563	+81	548	-15	535	-13
Total victims of maltreatment	2669	3533		3930		3744		3868	
% of total victims of maltreatment or risk of maltreatment	13.4%	13.6%		14.3%		14.6%		13.8%	

Percent of total victims of maltreatment or risk of maltreatment in 2002 who were infants (under age 1):

AGE:	# of confirmed reports Hawaii - 2001	% of confirmed reports Hawaii – 2001	# of confirmed reports Hawaii – 2002	% of confirmed reports Hawaii - 2002	# of confirmed reports Hawaii – 2003	% of confirmed reports Hawaii – 2003	% Nationally – 2002
Infants under 1	563	14.3	548	14.6	535	13.8	9.6
1	272	6.9	218	5.8	231	6.0	6.2
2	258	6.6	199	5.3	235	6.1	6.2
3	224	5.7	215	5.7	230	6.0	6.1
4	226	5.7	211	5.6	225	5.8	6.0
5	225	5.7	221	5.9	194	5.0	6.0
6	207	5.3	204	5.5	215	5.6	5.9
7	233	5.9	208	5.6	208	5.4	5.9
8	199	5.1	210	5.6	183	4.7	5.7
9	191	4.9	189	5.1	220	5.7	5.6
10	226	5.8	193	5.2	198	5.1	5.4
11	166	4.2	202	5.4	202	5.2	5.2
12	192	4.9	183	4.9	216	5.6	5.2
13	184	4.7	185	4.9	182	4.7	5.1
14	173	4.4	155	4.1	190	4.9	5.0
15	142	3.6	154	4.1	149	3.9	4.6
16	147	3.7	135	3.6	140	3.6	3.5
17	85	2.2	99	2.7	93	2.4	2.0
18-21	-		-	-	-	-	0.1
Unknown	17	0.4	15	0.4	22	0.5	0.5
TOTAL	3930	100.0	3744	100.0	3868	100.0	100.0

It should be noted that during SFY 2000 (July 1999- June 2000) Hawaii's Healthy Start Program expanded **hospital-based, universal screening at birth** to identify families at high risk for adverse infant/child outcomes (primarily CAN) from 60% **to full statewide coverage**. This early identification and early intervention initiative along with **state mandated reporting requirements for hospital staff** may also be factors influencing the growth in infants reported to CWS.

This year the 2004 State Legislature passed S.B. 2165, S.D. 1, H.D.1, C.D.1, which amends HRS Chapter 587 and requires health care providers involved in the delivery or

The bill also requires DHS to seek available federal grants, submit a state plan for the grants, adhere to federal reporting requirements, and adopt rules necessary to obtain the grants.

The bill became **Act 210-04** upon approval of the Governor.

### **Maltreatment Type Trend**

With the increasing number of reports where substance abuse is suspected and with the increasing number of substance exposed infants being reported, we have seen a shift in the pattern of maltreatment types, with notable increases in threatened harm (usually drug-exposed infant reports as confirmed for threatened harm) and neglect. Prior to 1999, there tended to be more confirmed physical abuse reports than neglect.

With training and increased awareness of the trauma experienced by children who witness domestic violence, there has been growth in the rate of confirmed psychological/emotional abuse as well.

Maltreatment Type of Child Victims (%) (NCANDS)	1999	2000	2001	2002	2003	National 2002
Neglect	8.1	14.6	15.4	18.5		58.5
Other (Hawaii: = threatened harm cases)	84.8	84.3	81.1	87.1		18.7
Physical abuse	6.5	13.7	13.3	12.7		18.6
Sexual Abuse	5.3	7.0	6.9	6.6		9.9
Psychological/emotional maltreatment	1.6	3.2	4.1	3.3		6.5
Medical neglect	0.6	1.6	1.8	2.2		2.0
Unknown	-	-	-	-		0.2
TOTAL %*	106.9	124.4	122.6			
Number	2669	3533	3930	3744	3868	

\* Sum may exceed 100% because a child may have multiple harms.

### **Disposition**

At the completion of factfinding (investigation/assessment), the department must make a clear decision (disposition) as to whether the report of harm or threat of harm has been confirmed, unconfirmed or unsubstantiated.

**Hawaii's confirmation rate (51.2%) in 2002 was higher than the national rate (30.4% for *Substantiated, Indicated* and *Alternative Response-Victim* combined).**

[NOTE: Hawaii's disposition of "confirmed" is equivalent to federal terminology for *Substantiated + Indicated + Alternative Response – Victim* (where CWS assessment confirms CAN with risk level assessed as LOW/MODERATE, closes the case and refers to diversion for followup). Hawaii's disposition of "unsubstantiated" is equivalent to federal terminology for *Intentionally False*. Hawaii's disposition of "unconfirmed" is equivalent to federal terminology for *Unsubstantiated*.]

Federal Disposition Terminology	Hawaii 2002 (%)	Hawaii 2003 (%)	National Average 2002 (%)
Substantiated (Hawaii's disposition of <b>confirmed</b> is equivalent to this federal disposition)	51.2	49.4	26.8
Indicated			3.5
Alternative response– victim			0.1
Alternative response– non-victim			4.7
Unsubstantiated (Hawaii's disposition of <b>unconfirmed</b> is equivalent to this federal disposition)	48.8	50.6	60.4
Intentionally false (Hawaii's disposition of <b>unsubstantiated</b> is equivalent to this federal disposition)	-	-	0.2
Closed with no finding			1.7
Other			2.5
Unknown			0.1

In February 1999, Hawaii implemented statewide use of a safety and risk assessment tool developed in consultation with the National Resource Center on Child Maltreatment for intake, investigation/initial assessment and other decisions throughout the life of a case. The tool is intended to help guide safety and risk determination and assign an appropriate level of response.

NOTE: As part of the DRP, Hawaii will be re-examining its intake screening criteria

assist CWS workers in determining risk factors, assessing safety concerns, assessing family needs, making safety decisions and developing safety and family service plans.

### **Screening of Intake Referrals - Screen In and Screen Out Rate**

States are to voluntarily submit data to NCANDS each year on referrals to Intake alleging CAN and intake decisions to screen in or screen out the referral. An intake referral is notification to CWS of suspected child maltreatment. This can include 1 or more children. *Screened-in referrals* are intake reports that meet CWS policy for accepting a child maltreatment referral. *Screened-out referrals* are intake referrals of alleged maltreatment that do not meet CWS policy for accepting a referral for investigation/assessment.

Hawaii's procedures require all intakes to be logged into the CPSS Intake Subsystem.

The IU61 screen (Intake Disposition Screen) documents whether an intake was accepted for investigation/assessment (screened in) or not accepted (screened out).

Nationally, states reported that, in 2002, more than 2/3 (67.1%) of the intake referrals of alleged maltreatment were screened in, or accepted for investigation/assessment; 32.9% were screened out.

Hawaii provides data on intakes accepted for investigation/assessment (referrals screened in) but does not submit data on intake referrals of alleged maltreatment screened out.

Some of Hawaii's reasons for not accepting an intake report for investigation include:

- ✍ Non-protection issue; not within the responsibility of the CWS agency and may include referral to other agencies.
- ✍ Insufficient information to enable followup to be conducted.
- ✍ Alternative response, or diversion to a contracted agency to provide assessment and referral services for LOW and MODERATE risk intake referrals.

NOTE: Intake referral/report counts are different from the child report counts used for CAN reporting.

Prior to implementation, the department had briefed mandated reporters, stakeholders and community advocates of this shift to diversion due to the growing number of reports and the adverse effect on the department's ability to effectively respond.

Critical decisions are made at intake. As intake workload continued to rise from CY 1999 to CY 2003, it became imperative for CWS to maximize intake resources and centralize intake expertise to ensure the availability of quality intake services to all jurisdictions in the State.

In SFY 2002, DHS requested, through the budget process, Legislative and Governor's approval of a plan to reorganize and establish a centralized statewide CPS intake unit with a single CPS hotline number for 24hour statewide coverage. The reorganization plan was finalized and formally approved on October 23, 2003. Transfer of intake responsibilities to Statewide Intake is being phased in: Oahu Intake has been providing intake services for West Hawaii since October 2002; for Maui since March 2004; Kauai and East Hawaii in October 2004. This action is intended to improve the consistency, reliability and quality of intake services and decisions, including decisions to divert appropriate cases to DHS contracted diversion programs and other community resources, through sufficient staffing coverage and supervision, and the development and application of a uniform set of operating and decisionmaking standards.

### **Alternative Response – Family Strengthening Services**

Alternative response:

? A process to:

- Provide a less intrusive response.
- Avoid labeling caregivers as perpetrators.
- Facilitate access to necessary services for families at risk.

? Directed at less severe maltreatment & LOW RISK situations.

? Does not require making a determination of whether maltreatment occurred.

? Practice:

- 2/3 of local CPS agencies reported that they provide alternative response.
- Generally, the same workers that provide investigations provide alternative response. Workers & supervisors make the decision which response is appropriate.

In Hawaii, calls that do not meet the threshold for assignment to investigation/assessment are referred to DHS contracted diversion program (alternative response) services or to other community resources for services.

- ? In SFY 1999, DHS provided \$96,699 to pilot community-based diversion services on Oahu.
- ? In SFY 2000, \$260,301 was provided to expand services statewide.
- ? By SFY 2004, DHS increased funding for statewide diversion services to \$781,899. In addition, provided an additional \$393,300 in flex funds to community-based service providers in Molokai (MISS) and Lanai (LISS) to provide a range of services (family support + diversion + crisis intervention + assessment + counseling + clinical therapy + homebased support services + visitation + transportation + parenting education/skillbuilding + foster parent support + pre & post permanency services to adoptive families/legal guardians/other permanent custodians), to provide diversion services, as needed. Kauai provider, Child and Family Services, also received in SFY 2004, \$262,000 in flex funds to provide a range of front-end services, including diversion services.
- ? LOW and MODERATE RISK cases are referred to community-based agencies to provide short-term (up to 6 weeks) outreach and followup, and link the family with appropriate community resources, public and private.

Diversion services are intended to be voluntary and short-term in duration. Program Development (PD) requires contracted providers to assess family needs and develop an individualized plan with clear goals and objectives, ongoing feedback and progress reports to the family and DHS. The diversion program includes, but is not limited to the following service components:

- ? Information and Referral.  
Assist the family with accessing appropriate services.
- ? Follow-up contact.  
After referral, follow up to insure that family is receiving appropriate services or help.
- ? Short-term social services of not more than 3 weeks. Beginning in SFY 2004, the service period was extended to 6 weeks.

## CAN Prevention

With the number of child maltreatment reports accepted for investigation/assessment and confirmed climbing every year, it is important to create a learning environment for those involved in prevention and intervention to integrate efforts, review and share information on what is happening in practice, what is working, what is not working and what can be improved.

The 2003 State Legislature encouraged the partnership of CAN prevention (specifically the Department of Health (DOH) Healthy Start Program) and CAN intervention (specifically the DHS CWS program) with passage of **Senate Concurrent Resolution 13 (SCR 13-03)**. In SFY 2004, the SCR 13 Task Force met and developed the preliminary Work Plan found in **ATTACHMENT A** of this report.

Both DOH and DHS have committed to the following in the **next 4 years**:

- ? Reduce the number of young children, age 0- 5, confirmed for abuse/neglect.
- ? Reduce the number of CAN cases, with children age 0- 5, requiring medical treatment.
- ? Reduce recurrence of confirmed maltreatment among children age 0-5.
- ? Reduce out-of-home placement of children age 0-5.
- ? Establish a memorandum of agreement (MOA) between DOH and DHS to commit to implement SCR 13.
- ? Decrease time between Healthy Start hospital assessment, CWS intake and appropriate referral to services.
- ? Coordinated assessment tools to assess maltreatment risk used by DOH Healthy Start, DHS and DHS diversion programs.
- ? Increase client satisfaction with DOH Healthy Start and DHS.
- ? Increase Healthy Start and CWS worker satisfaction.

The State Legislature also reaffirmed its commitment to the **Hawaii Children's Trust Fund (HCTF) as the public-private partnership for the prevention of CAN** and the promotion of communitybased family strengthening and support.

HCTF was established in 1993 by HRS 350B, as a public-private partnership entity, to make grant awards to religious organizations, government agencies, or nonprofit

HCTF, through DOH, receives **Child Abuse Prevention and Treatment Act (CAPTA) Community-Based Child Abuse Prevention (CBCAP) Grant** funds and uses the federal funds, along with its endowment funds, to carry out its CAN prevention mission.

HCTF is federally required to coordinate the CBCAP plan with the PIP and CFSP. DHS is an active participant in the CBCAP review and planning process. The HCTF partners are actively engaged in informing the CFSP as well.

Through the use of the CBCAP and endowment funds, HCTF intends to create a network of community-based, prevention-focused, family resource and support programs that coordinate services among existing multidisciplinary organizations. In order to:

- ? Increase the family's capability to create a healthy environment in which each member may develop to the member's fullest potential.
- ? Increase the parents' ability to provide a safe and nurturing environment for their children.
- ? Increase their ability to form healthy relationships and to avoid and cope with dangerous situations.

A demonstration of the power of public-private partnership in attracting private funds for public goals is the success of HCTF in obtaining a \$9 million contribution in 2003 from the Maude Wodehouse Estate.

Estimated annual earning from the Wodehouse trust to HCTF is approximately \$400,000, bringing the total amount that can be distributed annually to prevent child abuse/neglect to an estimated \$1,000,00 (roughly \$600,000 in federal CBCAP funds + \$400,000 in endowment funds).

In 2002, HCTF **commissioned the UH Center on the Family to conduct a focused review and needs assessment of community resources for family strengthening and CAN prevention.** The HCTF needs assessment report was completed on July 31, 2002. The report included a review of focus communities by types of services, clients served and staffing, accessibility and adequacy, risk and protective factors. The focus communities included: Maui County, Kauai County, East Hawaii, West Hawaii, Honolulu, Central Oahu, North Shore and Windward Oahu, and the Leeward Coast of Oahu. An overall analysis of child abuse rates vs. CAN prevention services, teen birth rates vs. services for pregnant teens, and client and staffing analysis was also presented. The needs assessment report was shared with stakeholders and serv

In 2003, in preparation for the CFSR, the PCAH conference, with federal CBCAP funds and support from the National Resource Center (NRC) for Community-based Family Resource and Support Programs and DHS, oriented participants on the role of family support programs in the CFSR.

A key CAN prevention program in the State is the **DOH Healthy Start Program**. With a budget of \$19,296,119 (\$18,217,620 for community-based contracted services and \$616,241 for administrative support) in SFY 2004, and \$21,799,837 in SFY 2003, it represents a significant part of the State's overall CAN prevention strategy.

Healthy Start began in July 1985 in one location on Oahu as a CAN prevention demonstration project. Today, Healthy Start is statewide at 19 sites and is replicated in over 300 sites nationwide as Healthy Families America. Healthy Start has 2 major components: (1) the early identification component (universal hospital-based screening and risk assessment) and (2) the home visiting component (use of trained paraprofessionals working under professional supervision to provide intensive, long term (3 years) home visiting in order to improve family functioning, promote child health and development, enhance positive parenting skills, and prevent CAN through risk reduction). Home visiting includes both direct service and linkage with community resources. Direct service includes: (1) provide emotional support to parents (especially isolated families), (2) encourage them to seek needed professional help, (3) teach them about child development, and (4) role model parenting skills and problem-solving techniques.

The John Hopkins University School of Medicine, with DOH and others, conducted a \$2.6 million, 3-year evaluation of Hawaii's Healthy Start Program (\$400,000 Robert Wood Johnson Foundation + \$836,932 federal Maternal and Child Health Bureau + \$667,595 David and Lucille Packard Foundation + \$405,000 Annie E. Casey Foundation + \$294,738 Hawaii DOH). The National Institute of Health has committed more than \$5 million in funding for the next phase of ongoing evaluation.

Among the findings of the evaluation:

- ? It is difficult to engage and retain at-risk families in home visiting— high attrition rate.
- ? The study cautioned use of CPS statistics as an indicator need to take into account "*statistical regression*." or the movement of those with extreme scores

- ? Called for **reform of training programs that prepare home visitors** to (a) identify family risk factors, (b) motivate families to address them, and (c) enable families to access treatment services, and **for improved supervision**.

In response to the problems identified by the study and in recognition of the increasing complexity of family issues that prevention programs are dealing with, DOH early on sought assistance from HCTF initially and the State Legislature thereafter for funding to address supervision and training issues. The Healthy Start model was revised to include, and funding support was provided for, a Child Development Specialist position and a Clinical Specialist position to support the paraprofessional home visitors in identifying known risk factors, appropriately directing families to community resources/services and effectively supporting families in addressing known risks.

HCTF values the lessons learned from the Healthy Start experience and, as part of its strategy for continuous improvement, is building into its network development strategy a systematized process for self-evaluation and peer review, and knowledge building through training and technical assistance to service providers to strengthen prevention competencies in family assessment, identification of known risk factors, linkage to appropriate services, and in providing effective support to families for risk reduction and improved parent-child interaction.

### **Investigative Response Time**

Hawaii, like other states, has established, in procedures, a time standard for prioritizing and initiating CAN investigation/assessment. Referrals initially screened at intake as HIGH or SEVERE risk, and accepted for investigation/assessment, require immediate response, within 2 to 24 hours. Reports accepted for investigation/assessment, but are not considered as HIGH or SEVERE risk, are categorized as needing response within 5 working days.

Hawaii defines response time as time between the login of a referral from a reporter alleging maltreatment to face-to-face contact by the CWS social worker with the alleged victim. NCANDS defines response as "time between the login of a call from a reporter alleging maltreatment to face-to-face contact with the alleged victim, where this is appropriate, or to contact with another person who can provide information."

Federal policy defines initiation of an investigation as when initial face-to-face contact with the alleged child victim is made. or when an attempt is made to have face-to-face

Hawaii's policy on investigative response is more restrictive.

National average 2.17 days (52 hours)  
Hawaii 11.75 days (282 hours)  
[Source NCANDS 2002]

The data provided by Hawaii to NCANDS counts the time from Intake login of a referral to assignment for investigation/assessment.

In discussions with supervisors regarding the data, they explain that workers are actually responding immediately but may not be able to locate the child or family, so they may not be able to make face-to-face contact with the child but have started the investigative/assessment process and have contacted others who can provide information. In West Hawaii, workers have reported that the police have asked CWS staff not to make contact with the child until a forensic interview with the child is set up at the Children's Justice Center. Thus, the West Hawaii social worker may not have been able to make face-to-face contact with the alleged victim, due to an agreement with the county police; they have, however, made contact with the police who are jointly investigating the report.

Hawaii's rules and procedures are currently being updated to conform with ASFA requirements, and CWS is reexamining its restrictive response time definition. In keeping with the PIP, CWS is developing an investigative response time data report that captures time from intake login to face-to-face contact with alleged child victim.

### **Cases Opened for Services**

NCANDS data indicate that Hawaii tends to open proportionately more child cases for services than the national average. In 2002, **84.3%** (3,156 out of 3,744) of Hawaii's confirmed child reports were opened for post-investigation services compared to national average of 58.7%. In FFY 2003, 84.8% (3,429 of 4,046) were opened for services.

Post-investigation services are federally defined as services to address the safety of a child and are usually based on an assessment of a family's strengths, weaknesses, and needs (needs assessment). These services include individual counseling, case management, family-based services (services provided to the entire family, e.g., counseling or family support), in-home services (such as family preservation), foster

*frontloading services*, or early involvement of families in services. Hawaii data for 2002 indicate that 67.35% of the families investigated but not confirmed received services compared to the national average of 31.1%.

### **Time to Services**

In 2002, the average number of days to services was 8. The national average, in terms of number of days to services was 54. This again is reflective of Hawaii's policy to frontload services because of the Federal Adoption and Safe Families Act (ASFA) shortened decision-making timeframes.

DHS services, including POS contracted services, are generally available on a statewide basis, and designed to promote frontloading services.

### **Cases Entering Foster Care**

Hawaii: In 2002, almost half (49.8%) of the confirmed CAN reports resulted in children being removed from the home/entering foster care; in FFY 2003, 49.1%. This trend is consistent throughout the 5-year period from 1999 to 2002 to FFY 2003. Also, 15.2% of the unconfirmed reports in 2002 involved children being removed from the home/entering foster care.

Nationally, 18.9% of the substantiated reports in 2002 resulted in children being removed from the home/entering foster care; 4.2% of the unsubstantiated reports involved children being removed from the home/entering foster care.

Discussions with supervisors suggest that the high rate of removals is reflective of the multiple and complex needs of the families coming to CWS attention, many of whom are affected by layers of issues including substance abuse (particularly "ice"), domestic violence, and other challenges. These issues are often not quickly or easily resolved, and tax the capacity of the service system to provide appropriate home-based services that would allow children to remain safely in the home.

The high rate of removals has taxed recruitment, licensing and match efforts to meet the demand for suitable, appropriate homes.

### **Cases with Court Action Initiated**

[NOTE: Regarding court actions, another data source AFCARS – provides another perspective on court actions. Preliminary data on the manner of removal for all children in foster care during the first half of FFY 2004 indicate that 3,028 of 4,219 (71.77%) children in foster care at any time during the first half of FFY 2004 were court ordered; 28.23% were removed from home through voluntary agreement/consent.]

### **Child Deaths Due to CAN**

States receiving Child Abuse Prevention and Treatment Act Basic State Grant (CAPTA-BSG) funds – Hawaii is one of them – are required to report specific child maltreatment information to NCANDS to the extent practicable, including the number of child deaths in the state resulting from CAN.

It should be noted that DHS has in place protocols to immediately activate **child protective review panel (CPRP)** for child death in active CWS cases, as well as in other serious abuse situations. State law (**HRS 587-88**), in effect since 1998, requires DHS to establish a CPRP to review each case of serious abuse and submit a report of findings and recommendations to the DHS director. HRS 587-88 defines **serious abuse** as “*re-abuse, hospitalization or death arising from abuse*”

The law specifies that CPRP members appointed by DHS **shall include** but not be limited to:

- ✍ The **physician** that treated the child
- ✍ **CPS worker** assigned to the case
- ✍ Worker’s **supervisor**
- ✍ **Guardian ad litem** for the child, if applicable
- ✍ Multidisciplinary team (**MDT**) members
- ✍ **Other CPS workers and their supervisors.**

DHS has contracted with POS service provider, Kapiolani Child Protection Center, to convene and activate multidisciplinary teams (MDT) and others identified by State law to serve as the statutorily required CPRP and conduct review of “*serious abuse*” cases (*re-abuse, hospitalization or death arising from abuse*).

The law enables DHS to use information from this review process to continually assess, learn from and bring about change, when needed, to improve the experiences of children and families currently in or entering the child welfare system.

8 were infants under 1 year of age  
4 were toddlers, 1– 3 years old

\*\*\*\*\*

5 in foster care at time of death  
4 under voluntary family supervision by CWS  
2 closed CWS cases  
1 parent - a former DHS foster child

\*\*\*\*\*

Cause of death:

5 natural cause  
    For example, 1 toddler had complex medical needs, required skilled nursing facility (SNF) level care; was placed in a child-specific licensed foster home, where foster mom was a registered nurse (RN).  
3 accidental  
    1 toddler - accidental drowning– toddler left unattended  
    1 infant - car accident, voluntary family supervision case  
    1 toddler - accidental death (asphyxiation/swallowed a penny); in foster care (kinship care)  
3 undetermined  
    1 infant - co-sleeping and prone sleeping position issue (sleeping in van with parents), voluntary family supervision case  
    1 drug-exposed infant; in foster care  
1 homicide, CWS closed case, death occurred at babysitter's house

\*\*\*\*\*

In addition, Hawaii uses its CAPTABSG funds to support review of all child deaths in the State through the **DOH-administered child death review (CDR) process**. For example, a report of child death allegedly due to suspected CAN may not be accepted for CWS investigation if there are no other siblings in the home in need of protective intervention. In this situation, the police would continue to investigate for possible criminal charges and prosecution. The CDR team would review the circumstances of death to determine if there were indicators that could have prevented the resulting death.

The DOH CDR system is established under State law (HRS 3:1-341) to reduce the

### Child Deaths Due to CAN Accepted for CWS Investigation and Confirmed

	CY99	CY00	CY01	CY02	CY03	FFY03
Child deaths due to maltreatment investigated & confirmed by CWS	5	3	3	7	6	6
Hawaii rate per 100,000 children	1.73	1.01	1.01	2.37		
National rate per 100,000 children	1.6	1.84	1.96	1.98		
Hawaii rate of confirmed maltreatment deaths in foster care	5 of 5	0 of 3	0 of 3	0 of 7	0 of 6	

In CY 2001, there were 3 child deaths due to suspected CAN assigned for CWS investigation and confirmed.

All were infants under the age of 1.

\*\*\*\*\*

- 2 Involved drug use by mother
  - 1 was a case where the infant died 2 days after the report was made and after discharge from the hospital. The case was reviewed by the MDT and was also referred to the Felony Physical Abuse Task Force for team review as the medical examiner classified the case as a homicide.
- 1 Cause of death undetermined; teen father and infant previously known to CWS

In CY 2002, there were 7 child deaths assigned for CWS investigation and confirmed:

- 1 Was a stillborn; mother tested positive for use of "ice" and amphetamines during her pregnancy
- 4 Were infants under the age of 1
  - 1 death due to suffocation
  - 1 death due to bathtub drowning
  - 1 shaken baby case
  - 1 accidental/car crash; driver/father was using "ice"
- 2 Were 1 year old

In CY 2003, there were 6 child deaths investigated by CWS and confirmed for maltreatment:

- 4 Oahu
- 2 East Hawaii

\*\*\*\*\*

- 3 Infants under 1 year of age
- 3 Toddlers, age 2– 3

\*\*\*\*\*

- 2 Accidental deaths
- 1 Homicide
- 1 Undetermined; no foul play; infant tested positive at birth for opiates; CWS history, active CWS case
- 1 Undetermined; infant tested positive for methadone in blood (used for cancer treatment by household member)

**Objective 1.1. Reduce recurrence of CAN.**

Recurrence of substantiated CAN within 6 months (%)							National Median	National Standard
	CY99	CY00	CY01	CY02	CY03	FFY03	CY02	
Children with 1 or more recurrences	99	111	121	85	121	119		
%	6.7	6.4	7.2	4.8	5.9	6.0	7.5	6.1% or less
Number	1,474	1,734	1,669	1,780	2,045	1,988		

Recurrence by maltreatment type breakdown, CY 2002:

1 <sup>st</sup> Maltreatment Type	2 <sup>nd</sup> Maltreatment Type	Frequency	Percent
Harm	Harm	23	27
Harm	Threatened Harm	11	13
Threatened Harm	Harm	23	27
Threatened Harm	Threatened Harm	28	32

Recurrence by maltreatment type breakdown, CY 2003:

1 <sup>st</sup> Maltreatment Type	2 <sup>nd</sup> Maltreatment Type	Frequency	Percent
Harm	Harm	20	16
Harm	Threatened Harm	25	21
Threatened Harm	Harm	24	20
<b>Threatened Harm</b>	<b>Threatened Harm</b>	<b>52</b>	<b>43</b>
TOTAL		121	100

Recurrence Rate – range and median for reporting states, CY 2002:	LOW	Delaware Pennsylvania	1.2%
		<b>Hawaii</b>	4.8%
	National standard		6.1% or less
	MEDIAN		7.5%
	HIGH	New York	13.7%

**Objective 1.2. Reduce incidence of CAN in foster care by foster parent or residential facility staff.**

Maltreatment in foster care (%)						National Median	National Standard
	1999	2000	2001	2002	2003	2002	
Children in foster care maltreated (substantiated report) by foster parent or residential facility staff, Jan - Sep	60	57	39	45	59		
%	1.7	1.54	0.95	1.03	1.31	0.35	0.57% or less
Number in foster care from Jan – Sep	3,434	3,711	4,105	4,386	4,494		

## **PERMANENCY**

- ✍ *Children will have permanency and stability in their living situations.*
- ✍ *The continuity of family relationships, culture and connections will be preserved for children, for their social, emotional and spiritual growth and development, and their sense of identity and self esteem*

Permanency means that a child has a safe, stable, custodial environment in which to grow up, and a lifelong relationship with a nurturing caregiver.

Permanency has assumed a central place in child welfare policy because it provides a foundation for a child's healthy development.

Permanency can be achieved in a number of ways. A child can be protected in his or her own home, or through reunification with his or her rehabilitated parents. Extended family can provide legally sanctioned care through adoption or guardianship, or other permanent arrangements. Adoption by non-relatives is another alternative. Adoption is generally considered the optimal form of permanence when biological parents are unable to provide a safe, stable and nurturing home.

As a result of focused leadership and commitment in Family Court and DHS, more children today are exiting foster care to a permanent home within a shortened time frame.

A valuable tool in helping to achieve timely safety and permanency objectives is **Ohana Conferencing**. The 2001 Legislature legally recognized it as an important part of child welfare case planning.

The service was developed and first used in November 1996 as a collaboration between the Family Court in Oahu and DHS. Since then, DHS has expanded services statewide.

Ohana Conferencing:	SFY99	SFY04	Increase
Statewide funding	\$350,000	\$940,000	+590,000

Ohana Conferencing, or family group conferencing and family decisionmaking services, involves families in case planning and safety, permanency and well-being decisions concerning their children through all stages of a child welfare case, including pre-foster care decisions, foster custody placements, and permanency decisions such as

Ohana Conferencing service providers also provide free legal services for adoption, legal guardianship and power of attorney to kinship caregivers and next of kin in confirmed CAN cases that have not yet been adjudicated.

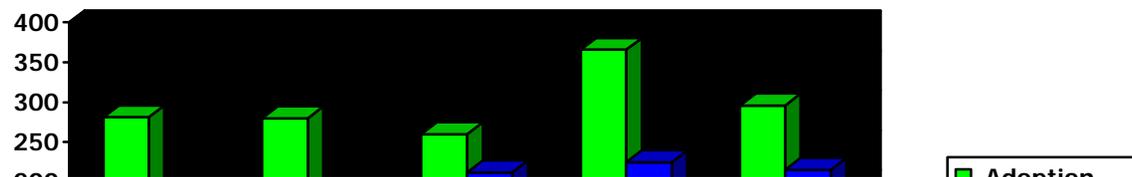
Beginning SFY 2004, EPIC became the sole contracted service provider of Ohana Conferencing services statewide; PARENTS no longer serves Maui/Lanai/Molokai.

	SFY 01	SFY02	SFY03
# of Ohana Conferences conducted	485	545	478
# of families served		401	393
# of completed legal guardianships facilitated	43	41	40
# of completed adoptions facilitated	7	17	10

NOTE: Beginning June 2004, EPIC will offer group conferencing and decisionmaking services for the following additional purposes:

- ? **Youth Circle Ohana Conference:** To help foster youth, age 16 and older, develop a **transition plan for independent living** and emancipation from State custody, through “youth support circle” process.
- ? **Case Closure Ohana Conference:** To celebrate successful completion of services and bring closure to CWS involvement; to remember what it took to reach goal of a safe home- personal strengths and the supports received from family, friends and community; and to facilitate the family’s development of a safety plan, for themselves, identifying the strengths and supports that they can continue to call upon after case closure to help avert or deal with crisis.

**Objective 1.3. Increase the number of children achieving permanence through completed adoptions.**



AFCARS Foster Care Data File and Adoption Data File, March 15, 2004	FFY99	FFY00	FFY01	FFY02	FFY03*
Children in foster care on 9/30 [point in time]	2,205	2,401	2,584	2,762	2,943
Children adopted	281	280	260	366	296

- ? **September 2003:** Hawaii was **one of 25 states recognized by ACF and was awarded \$208,000 as an Adoption Incentives Payment bonus for helping children achieve permanence** by more completed adoptions in FFY 2002 than in prior years.

The bonus has to be expended by September 2004. The funds are being used to help pay for growth in adoption assistance costs.

Factors contributing to the increasing number of children achieving permanency through adoption:

- ? Use of Ohana Conferencing services to facilitate permanency decisions such as adoption. 17 adoptions were completed through Ohana Conferencing facilitation in SFY 2002; 10 in SFY 2003.
- ? Availability of federal IV-E or State-funded adoption assistance (AA) payments (\$529/month, same as foster board).

	SFY00	SFY01	SFY02	SFY03
Average monthly number of children receiving adoption assistance	1120	1567	1804	2125
Note: The average monthly number of children receiving adoption assistance in SFY 2003 is almost double the number in SFY 2000.				
Data source: 2-13-04 CWS-PD response to legislative budget committee				

Number of children exiting CWS foster care to adoption	AFCARS Foster Care File Data– Updated March 15, 2004	AFCARS Adoption File Data – Updated March 15, 2004	Discrepancy
FFY 1999	273	281	
FFY 2000	301	280	21 (7%)
FFY 2001	280	260	20 (7.1%)
FFY 2002	387	366	21 (5.4%)
FFY 2003	336	296	40 (11.9%)

Unlike other states, the number of completed adoptions in Hawaii’s AFCARS Adoption File transmission is less than the number of exits from foster care due to adoption in Hawaii’s AFCARS Foster Care File transmission. Other states tend to input the data in the AFCARS Adoption File (not necessarily in the Foster Care File) because they know that the Adoption Incentives payment bonus is based on the Adoption File numbers. Hawaii will be reviewing the exception reports to reduce the degree of data discrepancy in order to assure that we have fully maximized the count used for adoption incentive payment bonus.

Median months from entry into foster care to discharge to adopton:		Months	Standard
	FFY 1999	24.6	Less than 24 months
	FFY 2000	25.3	
	FFY 2001	23.6	
	FFY 2002	24.4	
	FFY 2003	24.3	

November 2003: Federal reviewers expressed concern that among the factors contributing to adoption delays were:

- ✍ Caseworker turnover
- ✍ Need for up-front, early involvement of the permanency unit, consistent with concurrent planning
- ✍ Overcrowded court dockets which result in continuances
- ✍ Under-utilization of *Order to Show Cause* hearings in some Circuit Courts

CWS improvement efforts include:

- ? Increasing the pool of adoptive parents by addressing recruitment issue

**Objective 1.4. Increase the number of children achieving permanence through legal guardianship.**

Number of children exiting CWS foster care to legal guardianship	AFCARS Foster Care File Data Updated March 15, 2004
FFY 1999	135
FFY 2000	144
FFY 2001	212
FFY 2002	225
FFY 2003	215

Factors contributing to the increasing number of children achieving permanence through legal guardianship:

- ? Use of Ohana Conferencing services to facilitate permanency decisions such as legal guardianship. 41 legal guardianships completed through Ohana Conferencing facilitation in SFY 2002; 40 completed in SFY 2003.
- ? Availability of statefunded permanency assistance (PA) payments (\$529/month, same as foster board) for legal guardians and permanent custodians.

	SFY00	SFY01	SFY02	SFY03
Average monthly number of children receiving permanency assistance	443	607	776	951
Note: The average monthly number of children receiving permanency assistance in SFY 2003 is more than double the number in SFY 2000.				
Data source: 2-13-04 CWS-PD written response to State Legislature questions.				

- ? Difficulty of care (DOC) supplement (up to an additional \$570/month) to the PA payment available for care of child who requires a higher level of daily care and supervision due to problems identified by a treating professional.
- ? Availability of medical coverage, clothing allowance and special circumstances

Median months from entry into foster care to discharge to guardianship:		Months
	FFY 1999	24.8
	FFY 2000	19.5
	FFY 2001	17.3
	FFY 2002	23.6
	FFY 2003	18.9

**Objective 1.5. Reduce foster care re-entry.**

	FFY99	FFY00	FFY01	FFY02	FFY03	National Median FFY02	National Standard
Children entering care for the 1 <sup>st</sup> time	78.4	79.8	79.2	79.4			
Children re-entering care within 12 months of a prior episode	10.5	10.2	10.0	9.1	10.6		8.6% or less
Children re-entering care more than 12 months after a prior episode	10.8	9.4	10.1	10.3			
Missing data	0.2	0.6	0.7	1.2			
Total %	100.0	100.0	100.0	100.0			
Number	1,683	1,929	2,193	2,350	2,308		

Foster care re-entry rate– range and median for reporting states, <b>FFY 2002</b> :	LOW		1.2%
	National Standard		8.6% or less
		<b>Hawaii</b>	<b>9.1%</b>
	MEDIAN		9.7%

- ? Utilizing \$348,491 in IVB2 funds, the program expanded services statewide in SFY 2001.
- ? In SFY 2004, provided pre and post-permanency services statewide with \$380,000 in IVB2 funds, except for East and West Hawaii, where funds for this service are included in their Comprehensive Counseling and Support Services contract as well as in the West Hawaii Mental Health and Supportive Living contract.
- ? Partnered with the Adoption Connection Project to secure adoptive placements and post-permanency support services, including a mentoring program for adoptive parents and a support group for school-aged adopted children.

**Objective 1.6. Increase placement stability.**

To minimize disruption in children’s lives, children should experience a minimal number of foster care placements from the time they are removed from their home until the time they have found a permanent home. In many situations, an initial emergency shelter placement of up to 30 days, or emergency foster home placement, or short-term emergency placement with relatives, is necessary until stable, more permanent, arrangements can be made, preferably with the child’s extended family or with one of the department’s licensed homes. It should be noted that it takes time to search for relatives willing to provide care and to “approve” their homes as safe, and children may have to be placed in foster homes licensed as safe until that time.

To meet the national standard, 86.7% or more of the children in foster care for less than 12 months must have no more than 2 placement settings. The standard builds in the assumption of 2 placement settings as acceptable- emergency placement plus a more suitable, appropriate safe placement match.

% of children in foster care for less than 12 months with no more than 2 placement settings		Hawaii	National Outcome Data Standard
	FFY 1999	84.3%	86.7% or more
	FFY 2000	85.0%	
	FFY 2001	83.8%	
	FFY 2002	84.3%	
	FFY 2003	84.5%	

	# of children reunified	Children reunified in less than 12 months		National outcome data standard
		#	%	
FFY 1999	1,044	793	76.0	76.2% or more
FFY 2000	1,019	837	82.1	
FFY 2001	1,236	993	80.3	
FFY 2002	1,280	1,072	83.8	
FFY 2003	1,279	1,040	<b>81.3</b>	

% of children reunified in less than 12 months– range and median for reporting states <b>FFY 2002:</b>	LOW		38.8%
	MEDIAN		68%
	National Standard		76.2% or more
		<b>Hawaii</b>	<b>83.8%</b>
	HIGH		90.9%

**Objective 1.8. Reduce length of time to achieve adoption.**

Time to adoption (%)– AFCARS foster care file data						National Median	National Standard
	FFY99	FFY00	FFY01	FFY02	FFY03	FFY02	
Less than 24 mos.	47.9	42.8	51.8	47.6	<b>49.4</b>	23.5	32.0% or more
Less than 12 mos.	10.1	6.0	13.6	8.3			
At least 12 mos., but < 24 mos.	37.8	36.8	38.2	39.3			
At least 24 mos., but < 36 mos.	21.6	36.1	27.9	34.4			
At least 36 mos., but < 48 mos.	18.3	10.4	12.9	11.9			
48 or more mos.	12.2	10.7	7.5	6.2			
Missing	-	-	-	-			
TOTAL %	100.0	100.0	100.0	100.0			



Per VLSH, in SFY 2003, about 48 sibling groups on Oahu were referred to Project Visitation - some served, some pending assignment/match to volunteers, and some on hold pending information from social workers. An average of 17 active sibling groups (average sibling group size = 8) were served, with an average of 136 children getting visits.

## **CHILD WELL-BEING**

- ✗ Families have enhanced capacity to provide for their children's needs.*
- ✗ Children receive appropriate services to meet their educational needs.*
- ✗ Children receive adequate services to meet their physical and mental health needs.*
- ✗ CWS foster youths will transition from foster care equipped with the knowledge and skills for life as independent adults.*

### **Enhancing Family Capacity to Provide for Their Children's Needs**

The SWA and CFSR cited access to needed substance abuse treatment services as a major obstacle.

A number of steps are being taken to address this issue:

- ? Beginning January 2004 for the Neighbor Islands and March 2004 for Oahu, the DHS Benefits, Employment and Support Services Division (BESSD) has opened its substance abuse assessment and treatment services contract to all eligible TANF/CWS parents referred by CWS. An eligible TANF/CWS parent is a parent whose HAWI case is open or in received status, and at least one child remains in the home, either via CWS voluntary or court-ordered family supervision at the time of CWS referral for BESSD substance abuse services.
- ? \$949,026 in IVB2 funds has been used to provide substance abuse treatment and support services for Maui (Aloha House), Oahu (Salvation Army Women's Way and Leeward Kokua Project), and East Hawaii (BISAC).
- ? **Oahu Family Drug Court** is a Family Court, DHS, and DOH Alcohol and Drug Abuse Division (ADAD) and Public Health Nursing Branch (PHNB) partnership to serve child welfare families with substance abuse problems. The Family Drug Court has been awarded a \$1.2 million, three-year (which ends in September 2005)

are staying in treatment longer because of better monitoring/more people are involved with the case.

### **Educational Status of Children**

The Safe Family Home Guidelines, in state statute, require CWS workers to initially and periodically, at 6 month intervals, assess the educational status and needs of the child in assessing the safety of the home. When jurisdiction is established, judges and GAL also review the educational status of children.

The CFSR found Hawaii in conformance with the federal standard.

**Felix Consent Decree:** On August 2, 2000, the Department was court ordered to hire 8 multi-agency case coordinators (MACC) to comply with the Felix consent decree. The role of the MACC is to provide case coordination, attend individual educational plan (IEP) meetings, and to collaborate with the Department of Education (DOE), the Department of Health (DOH) and the Judiciary.

At the same hearing, DHS was also court ordered to hire an additional 21 case support aides (CSA) to add to the existing 10 CSA. The role of the CSA is to provide essential support to social workers by transporting children to visit their parents and siblings, transport children to their therapy appointments, arrange physical examinations, deliver documents, file, take phone messages, and enter data into the Child Protective Services System (CPSS) database.

The Department has identified 647 Felix special needs children in its CWS caseload.

### **Health Care for Children**

All children, after face-to-face contact and social work investigation/assessment, who are **assessed as HIGH or SEVERE risk** on the DHS 1517, Child and Family Assessment Matrix, **are required to be medically examined to determine the extent of harm and to determine the type of treatment necessary** to insure their safety and well-being.

In addition, for admission into foster care, **pre-placement physical examination** (PPE) is required. The child is to be examined by a licensed physician within 48 hours

blood work, developmental assessment, drug/alcohol screen, if needed, behavioral assessment and mental health referral, if indicated).

If initial developmental screening indicates a need for further assessment for developmental delays for infants and toddlers under 3 years of age, a referral shall be made to H-KISS, the Hawaii Zero-to-Three Keiki Information Service System, so that a care coordinator can be assigned to assess, monitor and track the child's developmental and health needs and services.

If child is age 3 to 5, referral is made to Preschool Developmental Screening. The DOE will conduct assessment for school-age children, and may take 3 to 4 year olds if a problem has been identified.

If there is a medical condition, referral can be made to the Public Health Nursing Branch (PHNB) for assessment and care coordination.

Children in care are also required to have an **annual physical examination** (or at the frequency recommended by the child's primary care physician).

Because foster children are more likely to have developmental delays, behavior problems, emotional disorders, and suffer from poor dental health and skin problems, and **because it is beneficial to have a physician trained in child abuse conducting the required medical examination to determine the extent of harm and to determine the type of treatment necessary**, the **CARE (Children At Risk Evaluation) Program** was jointly developed by the Kapiolani Medical Center and DHS to do the following at 2 Oahu sites:

- ✍ Conduct medical evaluation for children reported to CWS to determine the extent of harm and to determine the type of treatment necessary
- ✍ Conduct pre-placement physical examination for children entering foster care with documentation of injuries and further tests as needed
- ✍ Conduct a comprehensive health evaluation for children new to foster care
- ✍ Conduct a thorough physical, developmental and behavioral evaluation of the child, and make appropriate referrals
- ✍ Gather and organize medical information- obtain past health records, including birth records, immunizations and blood work; organize all the health information into a written report that will be sent to the foster parent, the child's primary care physician and the CWS social worker

packaged to meet their specific needs such as case management, respite care, specialized day care, environmental accessibility adaptations, family training, attendant care, home maintenance, moving assistance, non-medical transportation. They can choose their case managers and other service providers with whom they wish to work.

NOTE: HFPA has received funds for and will be conducting a study on the health care of children who go through the foster care system in Hawaii. In July 2004, Caroline Ellermann, Assistant Professor in Nursing, and Sarah Casken, HFPA Executive Director, will begin discussion groups with (1) young adults, formerly in foster care, age 18-19, (2) foster parents, and (3) professionals involved with the foster care system, to determine:

- ? What are the health care needs of Hawaii's children in foster care
- ? What are the barriers to getting the health care needs met

### **Mental Health Care for Children**

CWS can access mental health services through different venues:

- ✍ A referral can be made to DOE School-based Behavioral Health (SBBH) Services for assessment and care coordination
- ✍ A referral can be made to the DOH Children and Adolescent Mental Health Division (CAMHD), a QUEST health plan, to determine if the child is SEBD (serious emotional and behavioral disturbance) eligible and is entitled to receive appropriate CAMHD intensive mental health services.
- ✍ A behavioral assessment can be conducted by CARE, and CARE can refer to CAMHD for mental health services, if indicated
- ✍ A behavioral assessment can be conducted by the QUEST or Medicaid-for-service health plan and treatment services may be obtained from a provider under that plan or a referral to CAMHD may be made.
- ✍ A psychological evaluation through the DHS contracted service provider, Kapiolani Child Protection Center.

Understanding the new service delivery system for mental health services with QUEST managed care, DOE-SBBH, and DOH-SEBD has been a challenge for old timers and new workers alike.

Problems related to accessing mental health services for children, particularly therapeutic foster homes, were cited during the SWA and CFSR

provide. This agreement brought the 2 state agencies together to find a mutually acceptable way of meeting the special needs of children.

- ? May 2004: **“Toughest of the Toughest Kids” Initiative** – CWS and CAMHD agreed that CWS section administrators and CAMHD Family Guidance Center (FGC) branch chiefs would meet to expedite the referral process for identified CWS “Toughest of the Toughest Kids” who need immediate placement into a CAMHD therapeutic setting. The number of CWS children in crisis who need immediate placement in a therapeutic setting is increasing, and the SEBD referral for some of these children have not been made or the SEBD determinations are pending.

The CWS section administrators and the FGC branch chiefs are to meet at least once a quarter to discuss specific children for whom there are delays in the SBED referral and determination process, concerns with the therapeutic foster home placement and resolution of concerns to ensure that children have their mental health needs met in a timely manner.

CAMHD provided clarification to the FGC that a hospital discharge summary containing a DSM IV diagnosis, or an evaluation that is completed by a Hawaii licensed psychiatrist, Hawaii certified clinical psychologist, or a Department of Education (DOE) psychologist, within 6 months of the SBED referral would meet the current mental health assessment definition and requirement.

CAMHD also clarified that mental health assessments over 6 months old can be supplemented by current supporting information, such as clinical progress notes, a letter from the child’s therapist or probation officer, a CWS worker case summary, or a mental health care coordinator case summary, to meet the requirement.

## ***Goal 2 - Build a Results Oriented Organization***

- Objective 2.1. Policies will be continually reviewed, updated and communicated to staff, other agencies and the public to ensure that operating standards are in place, and children and families are provided quality services that protect children and promote permanency and child well-being.**

Promulgation of rules for conformity and compliance with federal ASFA requirements is still pending completion.

**Objective 2.2. Staff will have the specialized knowledge and skills necessary to perform their job and to provide quality services.**

Per NAPCWA, CWS is responsible for ensuring that its staff has the specialized knowledge and skills necessary to perform their jobs and achieve organizational goals and objectives. Specialized skills training should be regularly available on an ongoing basis to staff already employed by DHS. Newly hired staff should have core training before assuming responsibility for caseloads. There should be opportunities for cross training of professionals in the CWS system.

DHS provides core training for newly hired CWS caseworkers, licensing workers, and support aides and assistants.

Refresher training is provided and a menu of training opportunities- conferences, workshops and other specialized training to enhance worker knowledge and skills is regularly made available.

Cross-training opportunities for service providers in the CWS system are also available.

The CFSR found that the following needed to be put in place or strengthened:

- ? Specialized skills training for CWS caseworkers needed on an ongoing basis consistent with organizational expectations.
- ? Core training for newly hired CWS caseworkers needs to address the concerns identified in the CFSR and PIP.
- ? Specialized skills training for CWS supervisors needed on an ongoing basis consistent with organizational expectations.
- ? Core training for newly hired CWS supervisors needed to prepared them for the job consistent with organizational expectations.
- ? Development of a CWS training academy and IVE partnership to meet the training needs of CWS

Second-year students are placed with DHS for their practicum. The DHS employees who are part-time students are able to do their practicum in DHS or with another agency.

A 2-year work commitment following graduation is required.

As of June 2004, DHS has employed 5 graduating classes (2000-2004) from the UH IV-E CWS training collaborative, with a total of **47 graduating students** over the years fulfilling their 2-year work requirement with CWS. **This year, for the first time, one of the graduates will be working in a Neighbor Island CWS section, Kauai.**

In January 1998, 40.6% of CWS administrators, supervisors and caseworkers, statewide, had a MSW degree. The goal was to increase the proportion of CWS staff with a MSW degree. **As of June 2004, 48.1% (+7.5%) of CWS administrators, supervisors and caseworkers, statewide, had a MSW degree.**

Challenges and opportunities:

- ? Meeting staffing needs on the Neighbor Islands for qualified MSW applicants. The University plans to put in place "distance education."
- ? Applicants who leave after fulfilling the 2-year work requirement with DHS CWS. Some participating applicants indicated from the beginning their plan to return to the mainland. Some expressed dissatisfaction with their employment placement. As a result, DHS has initiated employment placement matching so that the initial employment experience with DHS is a positive one. Feedback from the University is that this recent change appears to be working.

**Objective 2.3      Design and operate a quality assurance system for consistent delivery of quality services.**

The National Resource Center for Organizational Improvement developed, as a guide, a framework for quality assurance in child welfare. The guide identified 4 essential elements common to states with a comprehensive quality assurance system.

Generally, such states:

- ? Have established outcomes and indicators as part of a planning process and an

- ? Have the quality assurance processes operating in all jurisdictions throughout the state where services detailed in the state plan (CFSP) are provided.

Hawaii has some promising features in place for an **effective continuous quality improvement (CQI) system** but has not used these discrete features to full advantage by creating a **learning organization**, or an organization that reviews, analyses, synthesizes, shares (lessons learned) and uses information from all its activities to **manage for improvement on a systematic, consistent basis**.

#### 1. Operating Standards for Quality Services

The Program Development Staff Section (**PD**) of the Child Welfare Services Branch (CWSB) in the Social Services Division (SSD) translates the CWS mission and vision into action through rule promulgation and written procedures. Written rules are currently in place but are being updated for compliance with ASFA and other policy changes.

#### 2. Comprehensive Planning, Annual Performance Review and Reporting

The Planning Staff Section (**PLNG**) of the Support Services Office (SSO) in SSD supports CWS in strategic planning and annual performance/outcomes review and reporting. PLNG assists CWS in preparing its 5-year Child and Family Services Plan (CFSP) and its Annual Progress and Services Report (APSR) for submission to the federal Administration for Children and Families (ACF). The CFSP defines the CWS mission and vision, and targets program improvement strategies on issues that impact on improved outcomes for children and families. The APSR provides a performance report card on how well Hawaii is doing in meeting national standards for key outcome indicators. It also reports on progress made in building a results-oriented learning organization, based on family-centered practice, an array of services to meet the individualized needs of children and families, a training agenda to ensure that staff have the knowledge, skills and competencies for their job, and are supported by clear policy and procedures, and by wider multidisciplinary and community involvement.

Legislative and community stakeholder involvement in performance review and strategic planning has been through such groups as the State Legislature's Keiki Caucus and CPS Reform Roundtable, CAPTA Children's Justice Task Force, Family Court's "Big Five" meetings, Hawaii Children's Trust Fund, Hawaii Foster Parent Association, Hawaii Foster Youth Coalition, I-B Court Improvement Program. SCR13-03 meetings. CWS

effective, available and accessible family support, family preservation, timely reunification and adoption promotion services. They also serve to monitor and evaluate the effectiveness of the funded services in meeting the individualized needs of CWS children and families. The IVB2 Committees report annually to PLNG via PD their performance/outcomes data, findings and improvement plans for incorporation in the APSR.

There are 5 local-based **Citizen Review Panels** (CRP – Oahu, Maui, Kauai, East Hawaii and West Hawaii). These CAPTA-required review bodies, are authorized by DHS to help evaluate the CWS system operating in their communities and make recommendations for systemic improvement/ reform. Their review authority includes conducting case-based reviews to gather information on how policies are implemented in practice. They report annually their findings to PLNG via PD for incorporation in the APSR.

### 3. IV-E Eligibility Review and IVB Compliance Reviews.

The Management Information and Compliance Unit (**MICU**), under the Federal Revenue and Program Support Staff Section (FRPS) of SSO, supports CWS in conducting **IV-E** eligibility reviews. MICU also supports CWS in conducting **IVB** compliance reviews; however, IV-B compliance review activities have been held in abeyance due to competing work demands and expected CFSR/PIP changes.

During the week of March 8– 12, 2004, the **federal ACF conducted a IV-E foster care eligibility review (secondary review)**. The secondary review was required as a result of Hawaii being found not in substantial compliance during the primary review conducted April 2– 6, 2001. The purpose of the review was to validate the accuracy of Hawaii's financial claims for Federal **IV-E** payment to assure that appropriate payments were made on behalf of eligible children, to eligible homes and institutions, at allowable rates.

There were 2 error cases out of a sample of 150 cases plus one, comprising \$2,857.33 in Federal funds claimed. The error cases were due to the foster family home not being fully licensed during the claim period. To be eligible for title **IV-E** payments, a foster family home must meet all licensing requirements.

Because the ineligible cases and the dollar error rates did not exceed 10%, Hawaii's-IV E foster care maintenance program was found to be in substantial compliance with

## Hawaii's strengths and model practices

Federal IV-E eligibility reviewers saw strengths and promising practices:

### Court Activities

- ? Judicial determinations regarding reasonable efforts to prevent removal or reunify the child with the family were completed in less than 60 days and individualized judicial findings were reflected in the court orders.
- ? Review of the IV-E requirement pertaining to judicial determination of reasonable efforts to achieve a permanency plan for the child within 12 months of entry into foster care reflect that the court reviewed the permanency plan for each child.
- ? The court order clearly states the permanency plan goal for the child.
- ? The orders often cited the basis for the findings.
- ? When checklists were used, they were child specific and contained explicit judicial findings.
- ? In addition, the court hearing for this determination is scheduled/held every 6 months.
- ? In general, information provided in the court orders, petitions, and court reports is clear, complete and child specific. Judicial determinations were often attained timely.

### AFDC Eligibility Linkages

- ? Hawaii's IV-E eligibility workers continue to display proficient knowledge of the AFDC and IV-E eligibility requirements.
- ? The forms used to determine initial eligibility and re-certification are very effective in documenting how eligibility was confirmed.
- ? The forms were useful in the review because they clearly captured data demonstrating applicable incomes and resources, the steps for making eligibility decisions, and whether deprivation of parental support exists. In some cases, however, for "children determined eligible but not claimable," the reason for this determination was not noted on the form or in the eligibility file.
- ? The eligibility files contained all the information necessary for reviewers to assess whether DHS appropriately and accurately substantiated child and provider eligibility.
- ? Hawaii conducts re-certification eligibility reviews every 6 months and the forms

- ? Per federal reviewers, the system is incredibly adept at identifying days for which a case meets eligibility requirements, including placement in a fully licensed home/facility.

## Area in need of improvement

### Licensing

- ? When a foster home license comes up for renewal, the system takes prompt action to stop claiming IVE until the home is again fully licensed. The federal reviewers were concerned with the amount of time that it takes for license renewal activities to be completed- saw several instances where it took up to 4 months for license renewal to be completed. It appears that license renewal activities are not begun on a timely basis to ensure their completion prior to the end of the home licensure period.

#### 4. Special Case-based Review of Sentinel Events

State law calls for immediate activation of **child protective review panel (CPRP)** to review each serious abuse case (defined in statute as *abuse, hospitalization or death arising from abuse*). **Multidisciplinary teams** and others identified by State law with support from contracted service provider Kapiolani Child Protection Center, are convened to conduct special case-based review to evaluate sentinel events (*abuse, hospitalization and CAN fatality*).

#### 5. Purchase of Service (POS) Contract Monitoring and Utilization Reviews

The **POS Unit**, under the FRPS Staff Section of SSO, serves to support CWS through **contract monitoring (review of quarterly reports** from providers as well as **annual on-site monitoring)**, **utilization review**, and **review of complaint/satisfaction feedback** from CWS staff on contract services. POS service array changes are reported to PLNG for incorporation in the APSR. POS also facilitates POS service array planning for CWS.

#### 6. Review of Adverse Action Complaints

The DHS Administrative Appeals Office (**AAO**) **reviews adverse action complaints** and provides a **fair hearing process** for review of CWS decisions. The CWS

## 8. Supervisory Review

**Unit supervisors**, through review of unit cases, track and monitor unit and case level performance/outcomes. In this way, they can identify service needs, assess and manage performance, and can take quick corrective action when needed. They inform and report to state administration through their section administrators.

## 9. Section Review

**Section administrators** oversee units in their geographic area of service, involve community stakeholders and report to the state program administrator on the quality of services, actions taken to improve the quality of services, and feedback on how they measure and evaluate the effectiveness of their section over time. Per CWS procedures, sections have internal **Permanency Review Teams (PRT)** reviewing permanency decisions.

Reorganization of CWS, approved on October 23, 2003, served to emphasize the role of section administrators in CFSP community planning and in community education.

## 10. Judicial Review

We have Family Court oversight through **periodic review hearings and judicial determinations**. Informing the court are court-appointed and voluntary guardians ad litem (**GAL/VGAL**).

As noted above, the federal IVE foster care eligibility reviewers found that judicial determinations of reasonable efforts and review of permanency plans were timely, clear, explicit and child specific. **They cited court activities in Hawaii as a STRENGTH and as an example of model practice.**

[As a side note: The Governor signed into law **Act 211-04**. It takes effect July 2004. The new law provides for hearings open to the public on CPS matters in Family Court, upon request by a party, if a judge determines that doing so would be in the best interest of the child, and allows parents involved in CPS matters to bring a **new** lawyer advocate to hearings, unless the court finds that the presence of the advocate would not be in the best interest of the child.]

## 11. Multidisciplinary Review and Consultatio

#### Accountability Improvements:

- ? Beginning in 2001, produced and disseminated for the sections **quarterly outcomes data**. Provided on-site training for sections, including unit supervisors, on use of the data.
- ? In April 2002, training on "**Using Information Management to Support the Goals of Safety, Permanency and Well-being**" was conducted in partnership with the National Child Welfare Resource Center for Organizational Improvement and the CFSR Core Team. The CFSR Core Team saw administrator/supervisor training as an opportunity to move on one aspect of an overall strategy to build an ongoing quality improvement system and create a culture within CWS that supports achievement of outcomes.
- ? Feedback from SWA process: The need for ongoing and coordinated training and skill development specific to the performance of this aspect of their job was the clear message from supervisors and section administrators. This recommendation is included in the PIP.
- ? Performance and outcome data reviews are currently conducted as part of the CFSP and APSR (annual performance reporting) process. Supervisors and section administrators have been part of the data review process. The CFSR SWA process continued the effort to strengthen the data review process.
- ? In August 2002, the **National Child Welfare Resource Center for Organizational Improvement, the National Resource Center for Information Technology in Child Welfare (CWLA), and the National Child Welfare Resource Center for Family-Centered Practice** were brought in to provide technical assistance and help further develop state capacity in data review and performance and outcome evaluation.

As part of annual performance monitoring and reporting through the APSR, DHS continues to improve its data reporting and analysis of what seems to be working and making a difference in the numbers.

- ? We have involved foster youth, through the **Hawaii Foster Youth Coalition (HFYC)**, seeking their insights and experiences, and suggestions for improving the system and their active involvement in youth advocacy, outreach and peer mentoring.

**participate as co-trainer with a foster parent in the New Hire Core Training module, “Teamwork with Foster Parents and Youth.” ]**

- ? A say in case planning and decisions that affect their life. [Note: **Changes in state law and CWS procedures permit youth, age 16 or older, to participate in case planning decisions that affect them.**]
- ? The ability for foster youth to obtain a driver’s license, which they view as necessary to prepare them for independent living. [A concern for state attorneys because of the “long tail of risk and liability.”]
- ? Involvement in larger system reform planning and participation in CWS committees, task forces, etc. **Foster youth are represented on the State CWS Advisory Council and have been involved in various planning processes and groups.**]
- ? Resources to support and strengthen youth involvement. **Qhafee funds have been used to support HFYC and a number of foster youth involvement activities in which foster youth have leadership responsibilities in planning.**]

**Objective 2.4. Improve automated case tracking and management information system to effectively inform policy and practice.**

Hawaii’s automated Child Protective Services System (CPSS) was developed from 1985 to 1989 and has been operational on a statewide basis since February 1992.

There is access to the system for all staff, supervisors, and administrators from virtually every worker’s desktop and for after-hour crisis intake workers from remote sites through laptops utilizing land and cell phone technology. CPSS can be accessed 24 hours a day, 365 days a year.

It is a mainframe based system and is available to all child welfare service units on all islands as well as to state managers via LAN/WAN-based technology. Statewide conversion to the LAN/WAN-based system was completed in March 2003.

**Modification of the License Resource File (LRF) subsystem was completed in**

**Conversion to a statewide LAN based system** was completed in March 2003. The conversion provides the following enhanced capabilities:

- ? Every DHS worker has Internet access and Internet email capabilities.
- ? Select staff have remote access to CPSS from offsite locations including the client's home, courts, etc.
- ? On-line manual capabilities for access to updated policies and procedures.
- ? Forms management capabilities.
- ? Select users have access to an upgraded Criminal History Check system via the internet, which provides "mug shots" as well as record information.

The **CF SR found Hawaii's information system to be in basic conformity with the federal standard in that CPSS is able to determine the status, demographics, location and goals for all children in foster care in the state.**

Another indicator of conformity with this standard is the ability of CPSS to generate NCANDS, AFCARS and Outcomes Profile data, which are used by CWS for annual performance review and program improvement planning, and the reporting of that information to ACF through the APSR. It is through this process and the CF SR process that we learn of data irregularities and work to improve the quality of our data.

The **Federal IV-E Foster Care Eligibility Review (secondary review)**, which was conducted in March 2004, **recognized the CWS automated system as a featured STRENGTH.**

Federal reviewers noted the system's performance capabilities in the following instances:

- ? When a foster home's license comes up for renewal, the system generally takes prompt action to stop claiming IV-E until the home is again fully licensed.
- ? The system is incredibly adept at identifying days for which a case meets all eligibility requirements, including placement in a fully licensed home/facility.

The **Federal AFCARS Review** for Hawaii is scheduled for the week of September 13-17, 2004. The Federal review is conducted to verify the State's information system's capability to collect, extract and transmit AFCARS data accurately in accordance with federal regulations and ACF policies.

Pool of available licensed foster homes						
Point in time (as of 6/30)	SFY99	SFY00	SFY01	SFY02	SFY03	SFY04, As of 3/31/04
General licensed foster home	456	533	553	567	661	704
Child-specific licensed home, non-relative	290	304	320	370	397	406
Child-specific licensed home, relative	541	610	643	714	780	812
Emergency shelter family home	14	14	12	15	19	15
Certified independent foster home for developmentally disabled (DD) children				15	11	11
<b>TOTAL</b>	<b>1,301</b>	<b>1,461</b>	<b>1,528</b>	<b>1,681</b>	<b>1,868</b>	<b>1,948</b>
% change from prior year (+/-)	-	+12%	+5%	+10%	+11%	+4%
<b>Adoptive homes</b>				<b>58</b>	<b>73</b>	<b>83</b>

? As of March 31, 2004, there were 2,033 children in foster care under DHS placement responsibility and an additional 944 children under permanent custody (PC) of DHS in care. **40% were placed with relatives.**

As of 3-31-04:	# of children in foster care (FC)	# of PC children in care	(#) % of FC children placed with relatives	(#) % of PC children placed with relatives
Oahu	1,351	744	(620) 46%	(314) 42%
East Hawaii	293	42	(71) 24%	(13) 31%
West Hawaii	207	45	(60) 29%	(8) 18%
Kauai	66	64	(19) 29%	(25) 39%
Maui	116	49	(44) 38%	(19) 39%
STATE	2,033	944	(814) 40%	(379) 40%

? As of March 31, 2004, the department had **pool of 1,948 foster homes**. Of these, **812, or 42%, were child-specific licensed homes, relatives**. Geographic breakdown:

? The pool of licensed foster homes increased as follows:

	6-30-99	3-31-04	Change from SFY 1999 to SFY 2004 (as of 3-31-04)	% Change
Oahu	821	1,231	+410	+50%
East Hawaii	159	218	+59	+37%
West Hawaii	172	242	+70	+41%
Kauai	53	87	+34	+64%
Maui	74	132	+58	+78%
Molokai	21	30	+9	+43%
Lanai	1	8	+7	
STATE	1,301	1,948	+647	+50%

Homes Licensed By DHS – By Island								
As of <b>6-30-99</b>	STATE	Oahu	East HI	West HI	Kauai	Maui	Molokai	Lanai
General licensed foster home	456	204	69	98	33	40	11	
Child-specific licensed foster home, non-relative	290	214	28	32	5	10	1	
Child-specific licensed foster home, relative	541	394	62	42	15	21	7	1
Emergency shelter foster home	14	9				3	2	
<b>TOTAL</b>	<b>1301</b>	<b>821</b>	<b>159</b>	<b>172</b>	<b>53</b>	<b>74</b>	<b>21</b>	<b>1</b>

Homes Licensed By DHS – By Island								
As of <b>6-30-01</b>	STATE	Oahu	East HI	West HI	Kauai	Maui	Molokai	Lanai
General licensed foster home	553	244	94	105	35	49	26	
Child-specific licensed	320	217	21	47	18	16	1	

Homes Licensed By DHS– By Island								
As of <b>6-30-02</b>	STATE	Oahu	East HI	West HI	Kauai	Maui	Molokai	Lanai
General licensed foster home	567	255	112	86	37	56	21	
Child-specific licensed foster home, non-relative	370	281	22	37	12	17		1
Child-specific licensed foster home, relative	714	532	61	57	29	32	1	2
Emergency shelter foster home	15	10		1		3	1	
Certified independent foster home for DD children	15	15						
TOTAL	1681	1093	195	181	78	108	23	3
<b>Adoptive homes</b>	<b>58</b>	<b>16</b>	<b>1</b>		<b>19</b>	<b>22</b>		

Homes Licensed By DHS– By Island								
As of <b>6-30-03</b>	STATE	Oahu	East HI	West HI	Kauai	Maui	Molokai	Lanai
General licensed foster home	661	305	132	95	44	65	18	2
Child-specific licensed foster home, non-relative	397	293	25	53	16	10		
Child-specific licensed foster home, relative	780	569	57	82	28	41	1	1
Emergency shelter foster home	19	14		1	1	3		
Certified independent foster home for DD children	11	11						
TOTAL	1868	1192	214	231	89	119	20	3
<b>Adoptive homes</b>	<b>73</b>	<b>16</b>			<b>23</b>	<b>34</b>		

Homes Licensed By DHS – By Island								
As of <b>3-31-04</b>	STATE	Oahu	East HI	West HI	Kauai	Maui	Molokai	Lanai
General licensed foster home	704	335	133	93	39	73	26	5
Child-specific licensed foster home, non-relative	406	278	27	71	16	14		
Child-specific licensed foster home, relative	812	596	58	78	32	41	4	3
Emergency shelter foster home	15	11				4		
Certified independent foster home for DD children	11	11						
<b>TOTAL</b>	<b>1948</b>	<b>1231</b>	<b>218</b>	<b>242</b>	<b>87</b>	<b>132</b>	<b>30</b>	<b>8</b>
<b>Adoptive homes</b>	<b>83</b>	<b>16</b>			<b>22</b>	<b>45</b>		

### **Foster and Adoptive Parent Training; Training for Staff of Child Caring Institutions**

- ? A contracted service provider conducts, **for general-licensed homes**, recruitment, training and licensing.

The contracted provider uses the CWLA PRIDE (Parent Resources for Information, Development and Education) curriculum to train prospective foster parents.

The department began, in 1998, to supplement the recruitment, training and licensing/certification of foster and adoptive homes conducted by licensing staff by contracting with a private provider to meet our need for additional "usable" homes.

An agreement was reached that the private provider would recruit, train and license/approve general licensed foster homes and adoptive homes and CWS licensing staff would be responsible for recertification and for licensing child-specific relative and non-relative licensed homes.

- ? Adoptive families received training from the Adoption Connection. The Adoption Connection is a public-private partnership, which began in 1998, to recruit adoptive

process and eliminate the need for a separate Adoption Connection training for foster families interested in adopting. Training and licensing processes were made consistent with concurrent permanency planning.

There would no longer be separate tracks for PRIDE and Adoption Connection training, families now go through the same curriculum and are approved for both adoption and foster care. Families are licensed/approved as:

- ? A licensed foster home but approved to adopt.
- ? Risk-adopt (primarily approved for adoption but licensed as a foster home for children who are not legally free to be adopted).
- ? Approved for adoption (primarily for children who are legally free for adoption, but licensed as a foster home as well).

The shortened PRIDE curriculum is only an introduction to key foster care and adoption issues, and covers the following basics:

- ? Connecting PRIDE and the CWS system
- ? Working together to meet child's needs
- ? Helping children impacted by maltreatment: trauma and loss
- ? Strengthening family relationships
- ? Meeting developmental needs: discipline
- ? Permanence and preparation

This pre-service training needs to be followed with ongoing, in-service training and support. PRIDE-trained families, thus, are to be guided by the service provider and DHS licensing staff to access available training opportunities and resources to supplement the initial training.

The resources that are currently available include:

- ? Hawaii Foster Parent Association (HFPA) annual conference, workshops and quarterly newsletter and monthly RAPPORT parenting tips
- ? Foster Parents Handbook
- ? Foster and adoptive parent support groups
- ? Mentoring
- ? Various Internet websites, including [www.hawaiifosterparent.org](http://www.hawaiifosterparent.org) and [www.adopthawaii.com](http://www.adopthawaii.com)

- ? **Training for child-specific licensed homes (relative and non-relative)** – Oahu only - is provided by the **Hawaii Foster Parent Association (HSPA)**, a 3-hour session each week for 5 weeks. Topics include: teamwork, child development, discipline, attachment and loss, visitation, and advocacy.

Beginning in June 2004, HFPA provided training for child-specific licensed homes in West Hawaii. As part of PIP, CWS plans to expand HFPA training for child-specific licensed homes Statewide.

- ? Currently, for the Neighbor Islands, the training of child-specific licensed homes is conducted by DHS foster home licensing staff.
- ? DHS licensing policy requires general licensed foster homes to participate in the prescribed training prior to licensure. Child-specific licensed homes must complete the prescribed training within 1 year of placement of the first child. As part of PIP, DHS will take action to assure that child-specific licensed homes receive training soon after placement of the first child.

Feedback from stakeholders at the August 2002 kickoff Conference and from the CRP tells a little more:

- ? CRP heard from foster parents that the content of training has to become more practical and focused on the relevant aspects that foster parents will have to deal with. The panel heard on several occasions the complaint “Why didn’t someone tell me?” or “the information comes later not at all.”
- ? CRP recommended a better balance between theory and practical aspects in the training. They cite, for instance, there seems to be too much training on what sexual abuse is and not enough on how to handle a child who has been sexually abused.
- ? Foster parents should receive specific training for the more difficult children who are not candidates for a therapeutic foster home placement.
- ? 30 – 40% of foster parents drop out after the first placement, usually because they are not prepared to deal with the difficult behaviors of children placed in their care. If therapeutic foster homes are not available, children with difficult behaviors may be placed in foster homes with other children.

This facilitates not only immediate placement and thus avoiding further trauma, but also allows the relative or family friend who has agreed to foster this specific child to address issues in training that are specific to their family situation.

However, child-specific licensed foster homes should receive training as soon as possible after placement to help prepare them to meet the needs of children under their care.

- ? Both the training for general licensed homes and child-specific licensed homes involve **foster parents as co-trainers**. The CWLA PRIDE curriculum, which is a program based on national standards, is utilized.

As noted above, because of the unavailability of therapeutic foster homes and the placement of children with difficult behaviors general licensed and child-specific licensed homes, there is a need for practical training to prepare foster parents to deal with those behaviors. There is also a need for continuing advice/support when children are placed.

### **Licensing Standards**

Foster homes must meet the following minimum standards:

- ✍ Background checks - Criminal history (both state and FBI) and CA/N registry checks.
- ✍ Health—Physical exam and TB clearances
- ✍ Finances—Review of income and expenses
- ✍ Home environment—Space and safety requirements
- ✍ Overall assessment—Responsible, good moral character, stable, no substance abuse, able to work with the department

Adoptive homes must meet all of the above, with the addition of a more in-depth assessment of the family's ability to provide for the long-term and permanent needs of a child, motivation to adopt, and ability to deal with specific adoption issues.

Child-caring institutions must provide a comprehensive application which includes: location and building plans; a written statement of the institution's program and services

The institution must show evidence of having adequate resources to finance the operating costs of administration, maintenance, personnel, and to conduct a program, which protects and promotes the welfare of children. All staff must have a physical examination, including a current TB clearance.

**Standards Are To Be Applied Equally to All Foster and Adoptive Homes, and CCI That Serve Children in State Care or Custody**

All families, including relatives, must meet the same basic standards to be licensed or approved. This information is captured from doing background checks, home visits, and interviews with the family.

**Recruitment/Retention of Foster and Adoptive Parents That Represent the Ethnic and Racial Diversity of Children in Foster Care**

The Department contracts with a private agency to recruit, train and license/approve general licensed foster and adoptive parents. The agency is to identify the department's needs, in terms of children in care and develop a plan to recruit families that match these children. This would include recruiting families to match the ethnicity of the children in care. Because over 30% of the children in care are Hawaiian/Pacific Islander, DHS has encouraged the provider to develop a recruitment strategy/plan

Data source: AFCARS	Children in care on 9-30-02 (%)	Children waiting to be adopted – FFY 2002 (%)	Children adopted in FFY 2002 (%)
Alaskan/Native American Indian	0.6	1.1	0.3
Asian	16.2	20.4	21.3
Black	1.6	1.8	2.2
Hawaiian/Pacific Islander	31.6	37.2	30.1
Hispanic	1.8	1.8	2.2
White	9.7	7.9	6.8
2 or more races	33.5	27.9	33.1
Unknown	3.0	1.9	3.8
Missing data		0.1	0.3
TOTAL	100%	100%	100%

A data report pulled from CPSS for SFY 2004 indicates that, as of June 30, 2004, **52.7%** (1,571 of 2,981) of all children in foster care under DHS placement responsibility are Hawaiian/part-Hawaiian. More than half (51.8%, or 814 of 1,571 Hawaiian/part-Hawaiian children in DHS foster care) are placed with Hawaiian/part-Hawaiian foster parents. About a third (32.7%, or 514 of 1,571) are placed with Hawaiian/part-Hawaiian foster parents who are relatives.

As of 6-30-04:	Total number of <b>Hawaiian/part-Hawaiian children in foster care</b> under DHS placement responsibility  (And as a % of all children in foster care under DHS placement responsibility = 2,981)		Total number of <b>Hawaiian/part-Hawaiian children in foster care</b> under DHS placement responsibility <b>placed with Hawaiian/part-Hawaiian foster parents</b>		# placed in Hawaiian/PH <b>general-licensed foster homes</b>	# placed in Hawaiian/PH child-specific licensed homes – <b>friends, non-relatives</b>	# placed in Hawaiian/PH child-specific licensed <b>relative homes</b>
	#	%	#	%			
Oahu	1146	NA	615	53.6%	83	115	417
East Hawaii	117	NA	49	41.8%	25	3	21
West Hawaii	141	NA	73	51.7%	26	14	33
Maui	53	NA	29	54.7%	7	2	20
Molokai	12	NA	12	100%	11	1	0
Lanai	1	NA	1	100%	0	0	1
Kauai	73	NA	35	47.9%	12	1	22
Out-of-State	28	NA	0	0%	0	0	0
STATE TOTAL	1571	52.7%	814	51.8%	164	136	514

As noted above, a significant portion of the children in foster care are Hawaiian /part Hawaiian. An application for \$1.5 million under the Social Economic Development Strategies (SEDS) initiative of the Federal DHHS Administration for Native Americans (ANA) was submitted in April 2004 for the *Ohana Kokua Ohana* (Families Helping Families) *Project*. The project is a public– private partnership. In September 2004, ANA notified Hawaii of the award of \$715,536 for the 3 year project, with \$353,432 provided in the first year.

- ? Provide support services in some instances to prevent removal of children and in other cases to ensure that appropriate family and friends are identified and recruited as child-specific foster parents.
- ? Establish and operate Neighborhood Foster Homes.

Update on the specific measures taken by the State to comply with the Indian Child Welfare Act (ICWA).  
 NOTE: States are expected to consult with any tribe within the state's boundary, regardless if the tribe is federally-recognized or not.

150 (3.56%) of 4,219 children in CWS foster care at any time during the first half of FFY 2004 were identified as Naïve American Indian or Native Alaskan.

CWS procedures are in place and include identification, removal, and adoption guidelines for Native American 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 newly hired workers.

### **Recruitment Across State and Cross-Jurisdictional Boundaries for Children in Need of Adoptive Homes**

Generally, recruitment is done in the geographic areas where there is a need for homes. Each island has its own local recruitment effort. However, when a home cannot be found on a particular island for a child available for adoption, there are matching conferences with DHS staff and Hawaii Behavioral Health (the private, for-profit CPO contracted by DHS to recruit and approve adoptive homes) to facilitate use of available homes statewide.

Description of State's plan for effective use of crossjurisdictional resources to facilitate timely adoptive or permanent placements for waiting children:

The State's plan for effective use of crossjurisdictional resources to facilitate timely adoptive and permanent placements for waiting children is threepronged:

1. Interstate Compact on Adoption and Medical Assistance (ICAMA)
2. Interstate Compact on the Placement of Children (ICPC)
3. AdoptUSKids

The Department registers children in **AdoptUSKids** when we are not able to find a permanent home for the child in Hawaii. This is an electronic adoption exchange system that helps facilitate matching of children and families across the nation. Once preliminary matches are made, DHS is to follow up on those possible families to ensure that the matches are appropriate. As long as the child continues to be featured, the public has access to search for available children through the public component. Anyone, anywhere can search for available children on the Internet and find out more from the agency that registered the child.

Provide the number of children who were adopted from other countries and who enter into State custody as a result of the disruption of placement for adoption or the dissolution of an adoption; the agencies who handled the placement or adoption; the plans for the child; and the reasons for the disruption or dissolution.

Effective November 2002, procedures were put into effect to capture information on intakes involving disrupted or dissolved international adoptions.

The federal Adoption and Safe Families Act (ASFA) requires states to collect and report information on children who are adopted from other countries and who enter into state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption, including the number of children, the agencies who handled the placement or adoption, the plans for the child, and reasons for the disruption or dissolution.

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. 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.

Report identifying CWS clients with Problem Area “DIA” on a federal fiscal year (FFY) basis is generated and sent to Program Development for management purposes. The FFY 2003 (ending September 2003) report showed no DIA intakes.

Concerns have surfaced regarding adoptions involving Republic of the Marshall Islands (RMI) birth mothers, who may not fully understand the “Western” practice of adoption and therefore may not be providing informed adoption consents. These RMI adoptions are primarily private agency or independent adoptions, which are processed through the Interstate Compact on the Placement of Children (ICPC) program. Effective statewide in June 2004, Family Court procedures have been put in place to assure strict

- ? Foster parents needing extra support and services in dealing with children with behavior issues are provided help through the Comprehensive Support Services contract. This foster parent retention strategy is aimed at supporting families on the brink of giving up or before they get to that point.
- ? Another part of the support and retention strategy is the provision of DHS respite funds for CWS foster families.
- ? The department has tried to minimize barriers to the recruitment/retention of foster homes by keeping requirements to a minimum. The following changes have been made:
  - ? For families licensed for a specific child, allowances are made regarding the space requirements of the home and for separated couples to be foster parents.
  - ? Allowing the placement of more than five children in a foster home if they are siblings.
  - ? Allowing families on financial assistance to be licensed as foster families.
- ? Lack of sufficient number of foster homes. The department continues to have a **need for more foster homes, particularly for the teenagers, drug exposed infants, children with behavioral and social-emotional problems, and sibling groups.** At times, due to the lack of an appropriate foster home, the department is prompted to approve homes that only marginally meet the minimum standards for licensure or overload foster homes. In such situations, the placing worker must justify such actions and determine that there is no risk to the child's safety, health or well-being.
- ? Insufficient specialized foster homes for children with higher level need due to behavioral problems. Nonavailability/lack of access to DOH therapeutic foster homes is a problem. Impact – increased risk due to mix of children and overloading of foster homes, especially if foster families are not adequately trained/ prepared to handle children requiring behavior therapy.

support once a child is placed as they are oftentimes not prepared for the kinds of children placed.

Beginning SFY 2001, expanded (+\$100,000) specialized support to foster parents on Oahu and expanded (+\$300,000) targeted recruitment for foster families for children with special needs.

Foster parents needing extra support and services in dealing with difficult children/children with behavior problems are provided help. This foster parent retention strategy is aimed at supporting foster families on the brink of giving up or before they get to that point.

- ? The qualified, capable foster parents burn out because workers tend to overload them with more and more children.
- ? When multiple agencies are involved with a child, it takes a long time (sometimes up to 60 days) to access services while in the mean time the foster parent is trying to deal with the child's needs/issues at home.
- ? There continues to be a shortage of Hawaiian/part Hawaiian foster/adoptive homes with a majority (over 30%) of the children in foster care being Hawaiian/part Hawaiian. Hawaii has a high rate of placement with relatives and friends and this has helped to preserve family and cultural connections for the ethnically diverse population in CWS foster care.
- ? Concern has been expressed regarding low foster parent participation in continual training made available. There is no annual training requirement to ensure that foster care providers are able to provide quality care.

recruited						
Potential foster families that start PRIDE training	45	55	33	34	100	267
Potential adoptive families that start PRIDE training	3	3	7	0	30	43
Foster families trained & certified	31	20	11	24	67	<b>153</b>
Adoptive families trained & approved	3	2	5	1	21	<b>32</b>

? Began “**Parents as Recruiters,**” a collaboration of HFGA, Adoption Connection, Hawaii Behavioral Health (the contracted agency for recruitment) and DHS, as a recruitment strategy where successful foster and adoptive families are enlisted to recruit more families like themselves.

**Objective 2.6. Maximize Title IV-E funding.**

In total, Hawaii received **\$24,806,255 in federal IV-E funds in SFY 2003**, up (+\$3,938,604, a 19% increase) from the \$20,867,651 received in SFY 1999.

SFY 1999: \$20,867,651  
 SFY 2000: \$22,716,788  
 SFY 2001: \$24,490,474  
 SFY 2002: \$22,933,792  
 SFY 2003: \$24,806,255

[Source: DHS Fiscal Management Office, Accounting Staff.]

These funds contribute to the revenue base for CWS services.

In SFY 2003, IV-E accounted for 27.2% of the funds spent in the HMS 301, Child Welfare Services, budget program. [Note: This does not include board and board related expenditures, which is budgeted in HMS 303.] In SFY 1999, IV-E accounted for 25.6% of the funds spent in HMS 301.

IV-B/2	765,860	987,966	1,154,137	1,227,307	1,654,949	+889,089
Family Violence Prevention and Services Grant (FVPS)	325,000	487,500	371,517	780,772	775,721	+450,721
IV-B/1	657,498	1,193,938	412,122	440,631	469,018	-188,480
IV-E, CFCIP	21,832	15,762	704,908	358,871	637,219	+615,387
CAPTA BSG 1	149,480	213,430	87,049	170,699	158,692	+9,212
CAPTA – Children Justice Act (CJA)	77,201	143,574	54,236	130,483	0	-77,201
CAPTA BSG 2	13,454	7,852	78	5,183	0	-13,454
Adoption Opportunity Grant	47,465	55,625	0	0	0	-47,465
HMS 301 TOTAL EXPENDITURES	\$29,178,682	\$33,396,032	\$34,041,764	\$39,397,818	\$41,528,208	+12,349,526

Source: DHS Fiscal Management Office, Accounting Staff.

In SFY 2003, IVE accounted for 30.3% of the funds spent in HMS 303, the Foster Board and Board-Related Payments, budget program. In SFY 1999, IVE accounted for 41.6% of the funds spent in HMS 303.

HMS 303, Foster Board and Board-Related Payments, expenditures by revenue source						
	SFY99	SFY00	SFY01	SFY02	SFY03	SFY03 diff. from SFY99
State General Funds	\$13,199,299	\$15,497,070	\$23,099,292	\$23,385,583	\$26,183,260	+12,983,961
IV-E	\$9,891,309	\$9,904,397	8,047,611	8,929,722	11,670,823	+1,779,514
XX SSBG-TANF transfer	0	0	0	1,913,580 (TANF transfer)	0	
IV-B/1	\$729,312	\$849,367	705,816	592,362	766,152	+36,840
HMS 303 TOTAL EXPENDITURES	\$23,819,920	\$26,250,804	\$31,852,719	\$34,821,247	\$38,620,235	+14,800,315

Source: DHS Fiscal Management Office, Accounting Staff.

A number of revenue maximization strategies are underway, including:

- ? IV-E maximization: In SFY 2004, adopted use of the **preponderance of evidence method (POEM)** for verification of financial eligibility. Previously, if no other evidence of income existed through automated or other sources, Hawaii did not calculate a family's income until the parents verified the income in writing. ACF

- ? Maximize IV-E administrative claims.
- ? Maximized use of TANF resources for family strengthening
- ? Maximized transfer of TANF to Title XX Social Services Block Grant (SSBG) for CWS

**Objective 2.7                      Build staffing capacity.**

- ? August 2000: Created 31 new case support aide positions and 8 multi-agency care coordinator (MACC) positions.
- ? Converted 65 temporary CWS positions to permanent as part of the CWS worker retention strategy.
- ? Beginning July 2004, adding 37 positions to facilitate PIP implementation:

East Hawaii:	3	case support aides (CSA)
	2	crisis aides
	2	crisis workers
West Hawaii:	3	CSA
	2	crisis aides
	2	crisis workers
Maui:	2	CSA
Kauai:	1	CSA
Oahu:	14	CSA
	3	crisis aides
	3	crisis workers

Information on activities in the areas of training/technical assistance (TTA), research, evaluation or management information systems activities carried out in support of the goals and objectives in the plan.

Four major evaluation activities occurred in this 5-year plan period: the SWA (report submitted April 2003), the onsite CFSR (July 2003), the IV-E foster care eligibility

the CWS social worker assigned to the case recommends the service and the family volunteers or agrees to participate.

The study conducted focuses on outcomes in voluntary agreement cases where Ohana Conference was used and where it was not used. Thirtythree (33) voluntary agreement cases where Ohana Conference was used and 27 voluntary agreement cases where Ohana conference was not used were randomly selected. The outcomes for 54 children in the 33 Ohana Conference cases and for 30 children in the 27 non-conferenced cases were reviewed.

The data and findings are still being reviewed by DHS, the Oahu service provider and the consultant conducting the study, Loren Walker, J.D., M.P.H. Among the preliminary findings reported:

- ✍ All the cases in the sample were initially voluntary foster custody cases. All were Oahu cases.
- ✍ The average time an Ohana Conference case remained open (11.5 months from the time a case was reported to CWS to the time the case was closed) was less than the average time a non-conferenced case remained open (20 months).
- ✍ There were fewer children (1 out of 54) subject to permanent custody (PC) when Ohana Conference was used. For non-conferenced cases, 9 out of the 30 children were subject to PC.
- ✍ Participant satisfaction: An attempt was made to contact each of the 60 families in the sample. Phones were usually disconnected or assigned to a new customer; 28 of the 60 were reached.

Of the 16 Ohana Conference families reached:

- 10 Indicated that the case plan/review process was positive
- 4 Found the process satisfactory
- 1 Felt it was negative
- 1 Felt mixed– felt the process was both positive and negative.

Description of the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system. (States should provide contextual information about the source of this information and how they define reporting population.)

We have reviewed potential ways we could extract this information from our system. Under “placement responsibility– termination reason,” we have a code that captures “transfer to another agency,” which includes youth transferred to the youth correctional facility. We will be creating a new code to separate out the youth transferred to the youth correctional facility.

We have data on youth under CWS placement responsibility who are in the following placement settings:

For the month of June 2004:

Placement setting, monthly report	East Hawaii	West Hawaii	Kauai	Maui	Oahu	State
Detention home	2	2	0	0	6	10
Jail (youth correctional facility)*	0	0	1	1	0	2
Hospital	0	1	0	0	7	8
Psychiatric/residential treatment	4	2	6	0	36	48

\* Per PD, DHS can still retain foster custody if a CWS foster youth goes to the Hawaii Youth Correctional Facility. It depends on whether the judge decides to terminate foster custody; that happens if a youth is to be in HYCF until the age of majority. If the youth has a shorter length of incarceration at the youth facility, the judge may choose to have DHS retain foster custody.