Child and Family Services Reviews

Statewide Assessment

Hawaii

February 1, 2025

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Acronym List

A+	After School Program
ACF	Administration of Children and Families
AFCARS	Adoption and Foster Care Analysis Reporting System
AHT	Abusive Head Trauma
APCPSB	Adult Protective and Community Support Branch
APPLA	Another Planned Living Arrangement
APSR	Annual Progress and Services Report
ARP	Administrative Review Panel
ARP	American Rescue Plan
ASFA	Adoptions and Safe Families Act
BESSD	Benefits, Employment, and Support Services Division
BICAPSA	Big Island Coalition Against Physical and Sexual Assault
BID	Best Interest Determination
BPAC	Birth Parent Advisory Council
BPTS	Birth Parent Talk Story
CAA	Consolidated Appropriations Act
CAMHD	Child and Adolescent Mental Health Division
CAN	Child Abuse and Neglect
CAP	Correction Action Plan
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBC	Capacity Building Center for States
CBCAP	Community-Based Child Abuse Prevention, through Department of Health
CCWIS	Comprehensive Child Welfare Information System
CCCH	Childcare Connection Hawaii
CCDBG	Child Care and Development Block Grant
CCH	Catholic Charities Hawaii
CCI	Child Caring Institutions
CCSS	Comprehensive Counseling and Support Services
CDR	Child Death Review
CFP	Casey Family Programs
CFS	Child & Family Service
CFSP	Child and Family Services Plan
CFSRs	Child and Family Services Reviews
CIP	Court Improvement Project
CJA	Children's Justice Act
CJC	Children Justice Centers of Hawaii
CP Hui	Community Partnership Hui
CPJAD	Crime Prevention and Justice Assistance Division
CPO	Child Placing Organizations
CPP	Child-Parent Psychotherapy
CPSS	Child Protective Service System
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel
CSA	Child Safety Assessment

CSAC	Certified Substance Abuse Counselor
CSEA	Child Support Enforcement Agency
CSEC	Commercial Sexual Exploitation of Children
CSRA	Comprehensive Strength and Risk Assessments
CWCQI	Child Welfare Continuous Quality Improvement
CWDL	Child Welfare Data Leaders
CWS	Child Welfare Services
CWSB	Child Welfare Services Branch
D4EA	Data for Equity and Action
DAG	Department of Attorney General
DAG-FLD	Deputy Attorney General's – Family Law Division
DAG-HHS	Department of Attorney General's – Health and Human Services Division
DCMP	Disaster Case Management Program
DDD	Developmental Disabilities Division
DHS	Department of Human Services
DOE	Department of Education
DOH	Department of Health
DPS	Department of Public Safety
DRS	Differential Response System
DV	Domestic Violence
DVAC	Domestic Violence Action Center
DVFRB	Domestic Violence Fatality Review Board
DVR	Division of Vocational Rehabilitation
DVSF	Domestic Violence Safe Families
EA	Extended Assistance
EAP	Equity Action Plan
ECAS	Early Childhood Action Strategy
ECS	Economic and Concrete Supports
EIC	Equity Improvement Collaborative
EPSDT	Early and Periodic Screening, Diagnostic and Testing
EPYP	Expectant Parenting and Young People
ETV	Education and Training Voucher
FAP	Family Advocacy Program
FCT	Family Court
FEMA	Federal Emergency Management Agency
FFH	Family First Hawaii
FFPSA	Family First Prevention Services Act
FHSD	Family Health Services Division
FYI	Foster Youth to Independence
FPH	Family Programs Hawaii
FPPEU	Federal Payment Programs Eligibility Unit
FRC	Family Resource Centers
FSAC	Family Supported Arrangements Continuum
FSP	Family Service Plan
FSS	Family Strengthening Services
FTS	Family Treatment Services, Salvation Army
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act

FWH	Family Wrap Hawaii
GAL	Guardian Ad Litem
HANAI	Hawaii Assures Nurturing and Involvement Training
HAR	Hawaii Administrative Rules
HCAN	Hawaii Children's Action Network
HCF	Hawaii Community Foundation
HCHTTF	Honolulu County Human Trafficking Task Force
HCTF	Hawaii Children's Trust Fund
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement
HE	Higher Education
HIDOE	Hawaii Department of Education
HI LYNC	Hawaii Interagency Local Youth Networks of Care
HI SYNC	Hawaii State Youth Network of Care
HMSA	Hawaii Medical Service Association
HOSN	Hawaii Ohana Support Network
HP	Hooikaika Partnership
HPD	Honolulu Police Department
HPHA	Hawaii Public Housing Authority
HRS	Hawaii Revised Statutes
HRSA	Health Resources and Services Administration
HSCADV	Hawaii State Coalition Against Domestic Violence
HUD	Housing and Urban Development
HVS	Home Visiting Services
HYNSC	Hawaii Youth Services Network Collaborative
IAC	Interagency Advisory Committee
ICAMA	Interstate Compact on Adoption and Medical Assistance
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IHBS	Intensive Home-Based Services
IHI	Independent Living, Higher Education, Imua Kakou
IFSATS	Intrafamilial Sex Abuse Treatment Services
IK	Imua Kakou
IL	Independent/Interdependent Living
ILC	Independent Living Collaborator
ILP	Independent Living Program
IMT	Implementation Management Team, Family First Hawaii
IPP	Individualized Program Plan
IT	Information Technology
KKC	Kauai Community College
KKV	Kokua Kalihi Valley
KPD	Kauai Police Department
KPO	Ka Pili Ohana
KS	Kamehameha Schools
LASH	Legal Aid Services of Hawaii
LEAG	Lived Experience Advisory Group
LEEF	Lived Experience Engagement Framework
LEP	Limited English Proficiency

LMS	Learning Management System
LT	Liliuokalani Trust
MCCJC	Maui County Children's Justice Committee
MCHB	Maternal and Child Health Branch
MCCH	Missing Child Center of Hawaii
MDT	Multidisciplinary Team
MEO	Maui Economic Opportunity
MFSS	Maui Family Support Services
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MLT	Management Leadership Team
MLPC	Medical-Legal Partnership for Children
MOU	Memorandum of Understanding
MQD	MedQuest Division, Department of Human Services
MST	Multi-Systemic Therapy
NACAC	North American Council on Adoptable Children
NCMEC	National Center for Missing & Exploited Children
NHT	New Hire Training
NIRWC	National Indigenous Women's Resource Center
NP	National Performance
OC	Ohana Conferencing
OHA	Office of Hawaiian Affairs
OHCD	Office of Housing and Community Development
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OJT	On-the-Job Training
OMS	Online Monitoring System
OSRI	On-Site Review Instrument
OYS	Office of Youth Services
PACT	Parents & Children Together
PACW	Physical Abuse Child Welfare
PD	Program Development, Child Welfare Services Branch
PIP	Program Improvement Plan
PIP3	3RD Program Improvement Plan
PONW	Pouhana O Na Wahine
POS	Purchase of Service
PP	Permanent Plan
PP	Parent Partners
PSA	Public Service Announcement
PSS	Permanency Support Services
PSSS	Promoting Safe & Stable Families
PUR	Period Under Review
QA	Quality Assurance
QAR	Quarterly Activity Reports
QIC-EY	Quality Improvement Center - Engaging Youth
RAP	Rental Assistance Program
RCG	Resource Caregiver
RCSAPS	Rape Crisis & Sexual Assault Program Services
RHLU	Resource Home Licensing Unit
RSP	Risk-Standardized Performance

SAMHSA	Substance Abuse and Mental Health Services Administration
SATC	Sex Abuse Treatment Center
SD	Staff Development
SDO	Staff Development Office, Department of Human Services
SFHR	Safe Family Home Report
SHAKA	State of Hawaii Automated Keiki Assistance
SNAP	Supplemental Nutrition Assistance Program
SOMT	Sex Offender Management Team
SPC	Strategic Planning Committee
SSAIV	Social Services Assistants
SSD	Social Services Division
SwSA	Statewide Self-Assessment
TANF	Temporary Assistance for Needy Families
TMM	Two Makua Meetings
TPR	Termination of Parental Rights
UA	Urinalysis
UH	University of Hawaii
UHMC	University of Hawaii, Maui College
VCM	Voluntary Case Management
VOCA	Victims of Crime Act
WIC	Women, Infants, and Children
WQIT	Workforce Quality Improvement Team
WWK	Wendy's Wonderful Kids
YMCA	Young Women's Christian Association
ZTT	Zero to Three

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its Risk-Standardized Performance (RSP) relative to the national performance for the CFSR statewide data indicators

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration
- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and

Temporary Assistance for Needy Families (TANF).
The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system- level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

- Collecting and analyzing data from selected partner and stakeholder groups through surveys, interviews, and/or focus groups
- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?
- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews

[3] Source: https://fcda.chapinhall.org/wp-content/uploads/2014/07/2014-07-Principles-Language-and-Shared-Meaning_Toward-a-Common-Understanding-of-CQI-in-Child-Welfare.pdf

- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website at https://www.acf.hhs.gov/cb.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the *CFSR Procedures Manual*, "Statewide Assessment" section (available on the CB website at https://www.acf.hhs.gov/cb, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.[4] The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
  - PIP and PIP progress reports
  - CFSP and APSR
  - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
  - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
  - State administrative data and aggregate performance information and measures
  - Case record review results
  - Other available statewide data, e.g., learning management system reports,

[4] Capacity Building Center for States' "Change and Implementation in Practice" series, available at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups

- Review the *CFSR Procedures Manual*, "Capacity Building Collaborative Data Support Services" section, available on the CB website at https://www.acf.hhs.gov/cb, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment

Section I: General Information

Name of State Child Welfare Agency:

Hawaii, Department of Human Services, Child Welfare Services

State Child Welfare Contact Person(s) for the Statewide Assessment

Name: Elladine Olevao

Title: Child Welfare Services Branch Administrator

Address: Social Services Division, Department of Humas Services
810 Richards Street, Suite 400
Honolulu, HI 96813

Phone: (808) 586-5708

E-mail: EOlevao@dhs.hawaii.gov

List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name.

Name	Title	Organization
Daisy Hartsfield	Social Services Division Administrator	Hawaii Department of Human Services, Child Welfare Services
Elladine Olevao	Branch Administrator	Hawaii Department of Human Services, Child Welfare Services
Tonia Mahi	Assistant Branch Administrator	Hawaii Department of Human Services, Child Welfare Services
Stacie Pascual	Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Kisha C. Raby	Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Lynne Kazama	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Theresa Minami	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Rachel Thorburn	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Charlotte Kamauoha	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Florence Calderon	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Lavina Forvilly	Assistant Program Development Administrator	Hawaii Department of Human Services, Child Welfare Services
Winnie Nishimiya	Section Administrator, Oahu	Hawaii Department of Human Services, Child Welfare Services
Puafisi Tupola	Section Administrator, Oahu	Hawaii Department of Human Services, Child Welfare Services
Kepuanani Lee	Section Administrator, Oahu	Hawaii Department of Human Services, Child Welfare Services
Karlan Osorio	Section Administrator, East Hawaii	Hawaii Department of Human Services, Child Welfare Services
Julia Larson	Section Administrator, West Hawaii	Hawaii Department of Human Services, Child Welfare Services
Annie Reinecke	Section Administrator, Maui	Hawaii Department of Human Services, Child Welfare Services

Name	Title	Organization
Lisa Rapozo	Section Administrator, Kauai	Hawaii Department of Human Services, Child Welfare Services
Ching Hsin Duncan	TA Section Administrator, Oahu	Hawaii Department of Human Services, Child Welfare Services
Keith Spencer	Staff Development Administrator	Hawaii Department of Human Services
Michael Tovey	Staff Development Specialist	Hawaii Department of Human Services
Kirk-Lyn “Stacia” Over	Staff Development Specialist	Hawaii Department of Human Services
Grant Fernandez	Staff Development Specialist	Hawaii Department of Human Services
Sharon Adric	Staff Development Specialist	Hawaii Department of Human Services
Rosaline Tupou	Business Co-Lead for CCWIS	Hawaii Department of Human Services, Child Welfare Services
Ming Yu	Data Analyst	Department of Human Services, Audit, Quality Control, and Research Office
Dorelia Miller	Senior Customer Success Manager	Department of Human Services, BINTI Customer Support
Melody Spencer	Resource Home Licensing Supervisor	DHS/CWSB/Resource Home Licensing Unit
Julie Sueyoshi	CCI/CPO Licensing Worker	DHS/CWSB/Resource Home Licensing Unit
Laura Liebling	Program Director II	Catholic Charities Hawaii - Permanency Support Services
Robyn Kadokawa	Program Director I	Catholic Charities Hawaii - Permanency Support Services
Loren Yoshida	Program Director I	Catholic Charities Hawaii - Permanency Support Services
Chiyomi Chow	Director of Programs	Family Programs Hawaii
Emma Kurashige	Ohana Conference Manager	EPIC Ohana
Chassidy C. Shinno	Director of Strategy & Innovation	EPIC Ohana
Mitchell Odo	Deputy Director	EPIC Ohana
Brooke Ward	Program Manager	Hale Kipa
Charyl E.O. Makanui	Program Administrator	Catholic Charities Hawaii - Statewide Resource Families Program
Nicole Trost	Program Director I	Catholic Charities Hawaii
Julio Herrera	Supervising Deputy Attorney General	Department of the Attorney General

Name	Title	Organization
Ian Tsuda	Deputy Attorney General	Department of the Attorney General
Erin Torres	Deputy Attorney General	Department of the Attorney General
Emily G. Cureton	Court Improvement Program Co-Coordinator	Contractor
Kyle Suan	Program Specialist and Court Improvement Program Co-Coordinator	Family Court of the First Circuit
Carol Matsuoka	Program Specialist and Court Improvement Program Co-Coordinator (former)	Family Court of the First Circuit
Manohar Reddy Rangaiahgari	Data Analyst	eWorldes
Harish Jain	Data Analyst	eWorldes
Raymond Syla	Data Analyst	eWorldes
Maria Flores	Data Analyst	eWorldes
Rakel Faaland	Data Analyst	eWorldes
Tracy Firsching	Data Analyst	eWorldes
Anil Guarajala	Data Analyst	eWorldes
Kawiki Kilili	Director	University of Hawaii Maui College—Software Development Center, SHAKA
Patricia Chin*	HI HOPES Program Coordinator	EPIC Ohana
Kim Nabarro*	Parent Partner	EPIC Ohana
Heide Lilo	Project Director (former)	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Kristine Tuitama	CQI & QA Program Manager	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Robyn DeMello	Project Manager	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Angela Doi	Training & Review Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Janice Low	Program Improvement Analyst	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Jason Badua	Data Analyst	University of Hawaii Maui College—Hawaii Child Welfare CQI Project

Name	Title	Organization
Lee Lacerdo	Quality Assurance Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Leslie Cintron	Quality Assurance Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Mia Quevedo	Program Improvement Analyst	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Leslie Cintron	Project Coordinator	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Misty Lei Sao	Lead QA Compliance Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Rona Martin	Program Improvement Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Valerie Cadena	Project Specialist	University of Hawaii Maui College—Hawaii Child Welfare CQI Project
Tiffany Ige	Program Manager	University of Hawaii School of Law
Krystal Piceno	Law Fellow	University of Hawaii School of Law

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Insert description:

Hawaii Child Welfare Services Program Development staff partnered with its contracted provider Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) project staff in the primary drafting of this CFSR Statewide Self-Assessment (SwSA). This collaborative group lead collecting the necessary data and input from stakeholders.

There are numerous CQI activities that occur throughout the year, every year, where Hawaii Child Welfare Services Branch (CWSB) gathers input on its practice and functioning. This past year, Hawaii ensured that the CFSR items – both performance and systemic – were discussed in the meetings of various forums to ensure broad perspectives would be included in its SwSA. A selection of these forums is listed below.

1. Monthly Child Welfare Services Branch
2. Attendees: Branch Administrators, Regional Section Administrators, a Program Development Administrator, the Staff Development Administrator, Deputy Attorneys, and the HCWCQI Program Director.
3. Quarterly Management Leadership Team (MLT)
4. Attendees: CWS Branch Administrators, Statewide CWS Supervisors and Section Administrators, Program Development staff, HCWCQI staff, and SSD Staff Development staff.
5. Quarterly Statewide Supervisors' Team
6. Attendees: All Statewide CWS Supervisors
7. Quarterly All State Team
8. Attendees: CWS Branch Administrators, Zero-to-Three Family Court judge, CWS Assistant Program Development Administrators, community service providers, Department of Health representatives, Department of Education representatives, SSD Staff Development Administrator, and SSD Administrator
9. Bi-Annual Statewide Support Staff
10. Attendees: All Statewide CWS Support Staff
11. Bi-Weekly Branch Huddles, as needed
12. Attendees: Branch Administrators and Regional Section Administrators
13. Quarterly CWS Advisory Committee
14. Attendees: Community members, youth and parents with lived experience in CWS, resource caregivers, CWSB staff, HCWCQI staff, social services providers, court staff, and Department of Health representatives.
15. Quarterly Court Stakeholders
16. Each circuit in the State holds a separate meeting each quarter.
17. Meetings are facilitated by the Court Improvement Project (CIP).

18. Attendees: CIP staff, judges, GALs, CASAs, CWS Branch Administrators, CWS Assistant Program Development Administrators, CWS Section Administrators, CWS Supervisors, and Parents' Attorneys
19. Contracted Providers Forums
20. Meetings are held usually for a specific service with all providers statewide.
21. Attendees: SSD Purchase of Service (POS) Program Specialists, Assistant Program Development Administrators, and contracted provider program directors and supervisors.
22. Weekly Program Development Team
23. Attendees: all CWSB Program Development Staff
24. Lived-Experience Advisory Group
25. Attendees: CWS Assistant Program Administrator, youth and parents with lived experience in CWS, staff from a contracted provider to support those with lived experience (pre-meeting, post-meeting, and during the meeting)
26. Tri-Annual Family First Hawaii (FFH) CQI Hui
27. Attendees: Community members, cultural consultants, youth and parents with lived experience in CWS, resource caregivers, CWS staff representatives from all levels, DOE representative, DOH representatives, and community service providers.
28. Bi-Monthly Equity Improvement Collaborative (EIC)
29. Attendees: CWS Assistant Program Development Administrators, CWS Branch administrator, parents with lived experience in child welfare, former foster youth, Casey Family Programs representative, community cultural specialists, and representatives from key community organizations with an equity and Native Hawaiian focus
30. Monthly FFH Data Quality Group
31. Attendees: HCWCQI project staff, CWS Assistant Program Development Administrators, the University of Hawaii FFH Evaluation Team, representatives from eWorldes and SHAKA (Hawaii's contracted database programmers)
32. Quarterly Strategic Planning Committee
33. Attendees: CWS Branch Administrators, Assistant Program Development Administrators, Casey Family Programs representative,
34. Quarterly CWS Section Staff
35. Statewide, each CWS section holds a meeting each quarter for all of its staff to discuss relevant practice issues.
36. Attendees: All CWS staff in each region, an Assistant Program Development Administrator, CWS Branch Administrators

The CWS PD and HCWCQI team compiled the qualitative information from these meetings and included it in their narratives for the items. In addition to this data, for some items, the SwSA drafting team reached out to individuals with specific knowledge relevant to the item. For example, for Systemic Factor #35, the team reached out to the CWS resource caregiver licensing staff statewide to understand their successes and challenges with recruitment.

The team also met repeatedly with Hawaii's database programmers from SSD OIT, eWorldes, and SHAKA, to have them pull data with different constraints and variables; and then discussed the findings with them to ensure proper understanding of the quantitative data.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross- cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populations, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets
Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

Insert description:

Description:

Hawaii's Child and Family Services Plan Vision states: Within their communities, children and families are safe, connected, nurtured, supported, and thriving.
This vision is aligned with the vision of the Department of Human Services that states: The people in Hawaii are thriving.

This vision was developed for the 2020 – 2024 CFSP through the All-State Team that included members from the Court Improvement Program, Family Court and Zero-To -Three Specialty Court on Oahu, the Hawaii Department of Health- Community-Based Child Abuse Prevention Program (CBCAP) and CWSB representatives. The vision is shared and reviewed at various meetings with stakeholders as CWSB works together to support children and families throughout Hawaii. This vision continues to be the vision for the 2025 – 2029 CFSP, as CWSB works collaboratively with other agencies and community providers to support families in the context of their communities, cultures, and individual needs. The shared vision helps all stakeholders and partners see where their roles and work align to provide a continuum of services and supports for families within their communities.

A primary goal of Hawaii CWSB is to facilitate the integration of programs that serve children and families into a continuum of services that spans prevention and protection through permanency and promotes wellbeing.

Child Abuse Prevention and Treatment Act (CAPTA) Requirements CAPTA requires "…establishment of a triage system that: (A) accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or

project; (B) provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and (C) provides further investigation and intensive intervention where the child's safety is in jeopardy" (Section 105(2) amended June 25, 2003).

Differential Response is a process that assesses each report to Child Welfare Services (CWS) to determine the most appropriate, most effective, and least intrusive response that can be provided by CWS or our community partners to a report of child abuse or neglect. CWSB has a well-established system that responds to families based on their needs and level of intervention.

In addition to implementing a system to respond to reports CWSB partners with a variety of government agencies and community organizations to promote an array of services to strengthen families and communities. Services and supports are designed as an array of resources and a spectrum of intensity to meet the needs of families when and where they need it in ways that incorporate natural, cultural, and geographic considerations.

In addition to serving families, the collaborative agencies and organizations help CWSB to review and improve the child welfare system and have contributed to the development and provision of services and interventions described in this Statewide Self-Assessment.

CWSB has identified priority areas based on the changing needs of families and of the landscape that the system functions within. Current CWSB Priorities include:

- Keep children safely at home whenever possible.
- Exit children from foster care as soon as safely possible.
- Focus on over-representation of Native Hawaiian families in CWS.
- Build and collaborate with community partners and providers.

All priorities, strategies, and partnerships are aligned with the overarching goals of Safety, Permanency, and Wellbeing. Utilizing these goals helps CWSB and others identify and develop policies, resources, and interventions to achieve these goals as a collaborative effort of entities that comprise the child welfare services system.

CWSB values and includes the voices and perspectives of families, children, youth, young adults, courts, and other system partners in assessing agency strengths and areas needing improvement; reviewing and modifying goals, objectives, and interventions; and monitoring CFSP and Program Improvement Plan progress, when applicable.

CWSB values collaboration and recognizes that ensuring the safety of the keiki of Hawaii is everyone's responsibility. Our work is deeply rooted in the values of Hawaii collectivist culture, embodied by the Aloha Spirit law, with its traits of Akahai (kindness), Lokahi (unity), Oluolu (agreeableness), Haahaa (humility), and Ahonui (patience). Coupled with the fundamental Hawaiian value of Laulima (many hands working together), these principles form the cornerstone of meaningful collaboration with all communities in Hawaii to achieve collective success.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Insert description:

Hawaii Child Welfare Services (CWS) recognizes that strong relationships with external partners are necessary to support the efforts made in strengthening families to keep children safe in their family homes and building a stable and competent workforce.

CWS makes concerted efforts to engage the community to gain their support and educate them about the work that CWS does. CWS recognized the need to partner with agencies that focus on supporting the Native Hawaiian population to address the overrepresentation of Native Hawaiian children in the foster care system. Through this type of partnership, CWS can leverage the financial resources, personnel, and programs provided by agencies that provide services to Native Hawaiians. For example, CWS is actively involved with Na Kama a Haloa, a community-based network that first came together in 2018 that weaves Native Hawaiian wisdom and perspective into the Hawaii foster care system.

CWS prides itself with including individuals with lived experience. The youth of the HI H.O.P.E.S. Initiative have been valuable partners with CWS in advocating for young people who have experienced foster care. Parents with lived experience have also been welcomed to the table and have provided critical leadership in developing Hawaii's Family First Hawaii Plan and executing foster placement prevention services. Both youth and parents have been strong advocates for CWS in the community and legislation.

Hawaii's Legislature is interested in efforts to improve CWS. Lawmakers have reached out to CWS to learn about the work. CWS shares information so that laws can be created to better support CWS and address community issues and concerns. CWS has had meetings with subject matter chairpersons to discuss issues about bills that are being considered. CWS continues to build its relationships with lawmakers in addressing concerns resulting from audits and community complaints. The collaborative efforts are reflected in laws that have been passed that CWS introduced and/or supported, Additionally, the Legislature has been responsive to CWS' needs by passing a budget that supports the operations of CWS, which includes the recruitment and retainment of CWS workers. With the support of the Legislature, DHS is able to provide a shortage differential to CWS staff and hopes this will continue until CWS has a robust and stable workforce.

Partnerships with other government agencies is another area that CWS continues to build. CWS works closely with the Attorney General's Office, meeting regularly to discuss legal matters affecting CWS practice. CWS also has regular meeting with the judiciary to discuss family court matters (child protective and juvenile justice cases) as well as ways to improve the child welfare system. CWS and the State Department of Education have been working closely to improve data sharing, mandatory reporting training, educational stability, and oversight of children known to CWS. CWS continues to work with the Department of Health to serve children with mental health and development needs and find appropriate placements, as needed. Within the Department of Human Services, CWS also works with the following Divisions and Attached Agencies to support families - the Benefit, Employment, and Support Services (administers Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families, Child Care Subsidy), MedQuest (administers Medicaid), the Office of Youth Services (provides programs and shelters for at-risk youth). Finally, CWS relies on its relationship with law enforcement statewide to keep children and staff safe. Collaboration with the county police departments helps to decrease the trauma families experience when removal of children from the family home is necessary., CWS relies on the Department of Law Enforcement to assist when there is an immediate safety concern for staff. They provide additional security as well as safety training. Also, the Prosecutor's Office has provided support in addressing issues related to the commercial sex exploitation of children.

While this above is not a full list of cross-system collaboration, it does reflect the collaboration with external partners to:

- successfully support families known to CWS,
- help keep the CWS workforce safe,
- build community trust and confidence in CWS, and most importantly,
- keep vulnerable children safe in their family homes.

Through collaborative efforts, the child welfare system continues to produce the desired child welfare outcomes.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

Insert description:

Description:

Given the challenges that agencies and systems face, CWSB is strengthened by its partnerships which help achieve outcomes for children and families.

There are a variety of initiatives designed to help and improve outcomes. Key initiatives that are cross cutting and help to address multiple outcomes are highlighted below.

Workforce

CWS recognizes the importance of the workforce. CWS workers are invaluable to achieve the mission that families in Hawaii are thriving. In recognition of their importance, CWSB has provided resources and is investing and exploring different strategies to honor the complicated and challenging work that CWSB staff do. Some examples that are being explored or have been implemented that target recruitment and retention are included below:

- Appropriate compensation for staff Shortage differential
    - Shortage differentials added funds to positions to recruit staff in geographic areas with high vacancies.
        - Some positions in specific locations have received shortage differential to support recruitment in areas that are experiencing staffing challenges.
        - To assist with filling vacant positions, CWSB has worked with its Human Resources Office and Legislature to offer shortage differentials for professional staff to assist with recruitment and plan to request legislative funding for shortage differentials for support staff.
- Performance initiatives/bounces
- Exploring more resources to support the workforce
    - Two contracts one which is the multi-disciplinary team and the other that conducts psychological evaluations of parents and children were expanded to provide supports to CWS staff in terms of psycho-educational sessions to assist staff with self-care in handling the different scenarios encountered by CWS staff with different child abuse and neglect cases to special debrief sessions when children die on cases or are seriously

injured. These contractors have been providing sessions to CWS sections over the last year. Supporting workforce may enhance staff wellness and enhance their work with families.
    - Citizen Review Panel (CRP) brought wellness packages to the different CWS sections to support staff.
- Enhancing staff training
- CCWIS - Modernizing technology to streamline the documentation system and promote the achievement of positive outcomes
- Staff Safety
    - Focus on physical and psychological safety of the CWSB workforce to improve retention
    - Efforts to secure additional funding for enhanced office security to adapt to current conditions and needs.
    - Legislative proposals to include CWS staff as a protected class against threats.

Safety
Child safety is the core of CWS work.

The mission of the Child Welfare Services Branch is to ensure the safety, permanency, and wellbeing of children in their own homes first or, when necessary, in out-of-home placements.

The completion of the Child Safety Assessment tool and process help to support casework practice in a number of areas including the following Child and Family Services Review (CFSR) items:

- 2 (prevent entry into care),
- 3 (risk and safety assessments),
- 13 (family engagement in case planning),
- 27 (ongoing training),
- 31 (agency responsiveness to the community).

These revisions also provide an opportunity for both a refresher and spotlight on safety practice and family engagement. Some examples that target safety practice are included below:

- The Child Safety Assessment and Child Safety Assessment and In-Home Safety Plan Instructions have been revised to enhance the application of the safety framework in practice and in alignment with the implementation of Family First Hawaii – keeping families together and supporting reunification, the work of the Family-Supported Arrangements Continuum workgroup – to support the full range of family-supported living arrangements (aka placements), and the Equity Improvement Collaborative and Equity Action Plan – to support consistent and unbiased practice.

- Engagement of Stakeholders in the process - input from CWSB workforce in the Family First Hawaii Case Pathways Workgroup, the Family Supported Arrangements Continuum Workgroup that includes CWSB representatives and Parent Partners from EPIC Ohana, representatives of the Equity Improvement Collaborative, and in consultation with the Administration for Children and Families contracted provider the Capacity Building Centers for States. In addition, CWSB representatives and parent partners have been involved in revising the tool and procedures and development of the training curriculum.
- As mentioned in the safety section, training has started with the Section Administrators and supervisors; and will continue with CWSB caseworkers.

- Continue to utilize technical assistance through ACF to enhance safety practice.

Prevention, Lived Experience, Culture, and Community

CWSB is committed to enhancing the child welfare system through strong partnerships and connections with stakeholders to strengthen the community to prevent entry into the child welfare system, promote permanency, and provide ongoing connections to resources post child welfare involvement. CWSB partners with stakeholders with an intentional focus on engaging those with lived experience and upholding culture throughout our work. Examples of work in this area are included below:

- Prevention partnerships and activities to support families within their communities to prevent CWS involvement and/or support families after involvement
    - Neighborhood Places – connecting families to resources to meet their needs as communities face a variety of economic, social, and health challenges.
    - Partnering with culturally based agencies to support healthy and supportive communities such as Liliuokalani Trust's work on Ka Piko.
    - Family Resource Centers – changes over time as the needs of families change.

- Family First Hawaii (FFH) - Hawaii's Family First Prevention Services Plan, has provided CWSB with opportunities to focus on prevention efforts and enhance the overall CWS system including integrating prevention, race equity and involving those with lived experience throughout our work. Throughout the implementation phase of Family First Hawaii (FFH), one of the primary focuses has been to bring culture, equity, diversity, and family voice and experience to the forefront of new initiatives, policy, and practice. CWSB continues to explore programs and services that are culturally sensitive, include programs and services with a foundation in Hawaiian values and activities that incorporate Hawaiian practices. FFH aims to prevent children from entering foster care by identifying and referring families to programs and services that best meet each family's need. FFH seeks to strengthen the child welfare system with a focus on prevention, partnership with individuals with lived experience, and culture. Some examples that highlight Hawaii's work in this area are as follows:

    - Family First Hawaii (FFH) activities and branch/section/unit meetings allow for regular discussion on preventing removals and identifying practice, opportunities for partnership with other systems, and resources needed to keep children safely at home or reunify as quickly as possible. For example, as part of FFH implementation, regular meetings with Section Administrators and supervisors are facilitated to discuss circumstances that resulted in short-stayers (children who were placed into foster care for 30 days or less) and what may have been effective to prevent removal. This can range from a safety plan participant in the home that was not available at the time of removal to systemic barriers such as not being able to interview a parent that had been arrested or was hospitalized. Discussing these circumstances creates opportunities to identify and work on enhancing system response and partnerships to prevent removal whenever safely possible.

    - FFH has also created space for the Lived Experience Advisory Group (LEAG) composed of family leaders – resource caregivers, parent partners, and young people with lived experience. LEAG has been critical to the development of policy and procedure to promote family-centered practice and lived experience voice. LEAG has continued to provide insight and enhance practice in additional areas of the child welfare system beyond FFH.

  - Casey Family Programs (CFP) has played a pivotal role in supporting and financing initiatives aimed at enhancing FFH implementation. In December 2021, CFP funded the creation of the FFH Puolo Metaphor video, designed to share the moolelo (story) and meaning behind the FFH logo and to illustrate FFH concepts in a culturally sensitive manner. This video was also crafted to engage and resonate with the Native Hawaiian communities on a deeper level, recognizing their unique cultural context and perspectives within the broader FFH framework. The FFH Puolo Metaphor video was integrated into staff training sessions and made publicly accessible in February 2022. Link: Puolo Metaphor - Long Version on Vimeo

  - FFH provided opportunities to engage with the media and the public to highlight the child welfare system's work, improvements, and opportunities for collaboration. This includes sharing information on child welfare services, the needs of families, and how people can be a support for families and the system that serves them.

- Na Kama a Haloa Na Kama a Haloa is a statewide collaboration of community stakeholders, including CWSB, led by EPIC Ohana in partnership with Annie E. Casey Foundation. This collaboration has continued to be successful in engaging the Native Hawaiian community and lived experience partners. There are five sub workgroups, known as Hui, each tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, promoting culture as a healing element, uplifting youth and family voice, training and supporting nurturing RCGs, and honoring sibling connections.

  - The Hui Kauhale developed a Native Hawaiian training curriculum for CWSB New Hire Training and provided feedback for the RCG's H.A.N.A.I. Orientation Training. This Hui also developed and produced a beautiful Puolo video for Family First Hawaii (FFH) Prevention Services with production funded by the Casey Family Programs.

  - Hui Pilina's training video on the importance of preserving sibling connections continues to be utilized in various trainings. This Hui also coordinates sibling events with HI HOPES, Project Visitation, CWSB, and community partners.

  - Hui Fostering Strong Connections (RCGs) received a donation from HMSA and EPIC produced a video on the beauty of Shared Parenting between RCGs and CWSB birth parents which continues to be used promote Shared Parenting.

  - The Hui Hilo group coordinated an event at the end of 2022 on Shared Parenting and created an inspiring video to promote this effort.

  - The Hui Makua, birth parent voices, has been connecting with national resources to provide trainings for developing and supporting parent partners. This has strengthened the WRAP parent partner program and also helped provide parent voice and representation at FFH.

- Malama Ohana – A legislative mandated working group tasked to seek, design, and recommend transformative changes to the State's existing child welfare system. It has helped to open more

avenues for collaboration to support the work of helping children and families. Recommendations include:

- Create a trauma informed workforce using funded expertise through the Office of Wellness and Resilience.
- Training for the CWSB workforce on and the provision of Cultural Value Based Services – all interactions and services are grounded in a trauma informed and culturally responsive approach
- Commit to an excellent workforce, through sustainable and comprehensive funding for state agencies, contractors and modernization of systems.

- Partnership and Collaboration with community agencies and organizations - Other collaborations are key to enhance the service array for children and families to access the resources and supports they need within their communities. As noted above, one of CWSB's priorities is to build and collaborate with community partners and providers. Some examples are listed below, and more information can be found in items 31 and 32 of this narrative:

  - Hawaii Department of Human Services (DHS) – Benefits, Employment, and Support Services Division (BESSD):
    - Temporary Assistance for Needy Families (TANF)
    - Supplemental Nutrition Assistance Program (SNAP)
    - Child Care Subsidies
  - Hawaii Department of Human Services – MedQuest Division:
    - Medicaid
    - Interstate Compact on Adoption and Medical Assistance (ICAMA)
  - Hawaii Department of Health (DOH):
    - The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) home visiting program
    - Community-Based Child Abuse Prevention (CBCAP) programs
    - Child and Adolescent Mental Health Division (CAMHD) – Medicaid program for children with higher levels of needs and partnership on Substance Abuse and Mental Health Services Administration (SAMHSA) grants
    - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federally funded program that provides Hawaii residents with nourishing supplemental foods, nutrition education, breastfeeding promotion, and health and social service referrals.
  - Hawaii Department of Education (DOE):
    - National School Lunch Programs
    - Educational Stability for Children in Foster Care (Hawaii DOE)
    - After School Program (A+): All elementary-aged children in foster care are able to enroll in a free after-school program, run by DOE, funded by the federal Child Care and Development Block Grant (CCDBG).
  - Hawaii Judiciary
    - Court Improvement Program (CIP)
  - Domestic Violence Services Providers
  - Home Visiting
  - Housing

CWS works to align the services within the community to ensure the needs of families are met.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

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

1. **Performance Data Highlights**
   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. **Brief Analysis**
   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
   - What does performance data show with respect to the impact of prevention efforts on safety outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. **Results of Deeper Data Exploration for Priority Focus Areas**
   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).
   - What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?

- What events, conditions, or factors contribute to or lead to the strength or challenge?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

SAFETY OUTCOMES 1 & 2

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

CFSR Item 1: Timeliness of Initial Response of Investigations



Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment (Safety Outcome 1)

Purpose of Assessment: To determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with child(ren) made, within the time frames established by agency policies of state statutes.

Data Source: HCWCQI

SFY 2023
42 Cases Reviewed
30 STRENGTHS, 12 AREAS NEEDING IMPROVEMENT

Case review data includes families served by Voluntary Case Management Services providers as part of Hawaii's differential response system. While a formal investigation of child abuse/neglect is not a component of this response, response time, services to maintain children safely in the home and initial and ongoing assessments as well as all well-being outcome items are reviewed and tracked in these cases.

Purpose

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

Summary

In 30 of 42 applicable cases (71%), response timeframes were met, or sufficient efforts were made for contact. Responses were timely in 25 cases.
In five cases that were not timely, there were reasons for delays that were beyond the control of the agency.

Reports were assigned timely from the Intake units and to investigators in the units. Efforts were well-documented in most of these cases in CPSS and/or SHAKA.

Twelve cases (29%) were rated as needing improvement. The investigation or assessment was not initiated timely, and/or contact with the children was not made in accordance with State timeframes.

- In three cases, there was limited documentation as to efforts and the reason for the delay.
    - In two of these cases, the investigation was not initiated.
    - In one of these cases, face-to-face contact was not made with all children named in the report.
- In two cases, there were delays in the assignment of the courtesy worker.
- In two cases requiring contact within two business days, face-to-face contact was made on day three and day five.
- In five VCM cases, efforts were not evident.
    - In three of these cases, there were delays in face-to-face contact attempts due to scheduling and provider agency conflict of interest.
    - In two of these cases, the youth was in a mental health facility and the agency reported the protocol is to wait until the youth is discharged to make face-to-face contact.

In addition to case review data, CWSB collects aggregate data that is entered in SHAKA that tracks response time for each report (there may be multiple children in each report) when all children in the family have been seen, noted in the first chart below, and data on trending timely which tracks that efforts were made to achieve timely contact when contact is completed within the timeframe may be delayed due to circumstance beyond the control of the agency, such as the family was out of state or moved and efforts were being made to locate their whereabouts. For example, a caseworker may have visited the home in a timely manner to see the children and family, but they were not present. The effort is considered trending timely, and caseworkers continue to make efforts to complete the face-to-face contact such as going at different times of the day, places they are known to be at, and talking with those that know the family to establish where they might be.

TIMELY RESPONSES: COMPLETED BY CWS AND VCM [CHART]



Chart illustrates a five-year percentage comparison trend (SFY 2019 - 2023) of completed timely responses for CWS and VCM.

Data Source: SHAKA

TRENDING TIMELY RESPONSES: COMPLETED BY CWS AND VCM [CHART]



Chart illustrates a five-year percentage comparison trend (SFY 2019 - 2023) of trending timely responses for CWS and VCM.

Data Source: SHAKA

Data Source: HCWCQI

Discussion

Over the past five years, CWSB has improved in this item from 59% in SFY 2019 to 71% in SFY 2023 with a high of 86% in SFY 2022.

Caseworkers and sections use the SHAKA tracker data as a tool to monitor timely response. Timely response to reports continues to be discussed at monthly branch meetings with section administrators to review current real-time data and identify strategies that support contact as well as opportunities for improvement. VCM providers utilize a variety of strategies within their agencies to track, monitor, and achieve contact.

CWSB may review procedures to determine if revisions or clarifications are needed. CWSB will continue to track and monitor timely response to ensure that timely face-to-face contact is made with children who are reported as alleged victims of abuse and/or neglect or subjects. CWSB will also focus on enhancing the workforce to support workers and recruitment and retention so that there is an adequate workforce to respond timely to report. CWSB initiated a workgroup to focus on recruitment and retention and will continue this work as Technical Assistance from ACF resumes.

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

ITEM 2: SERVICES TO FAMILY TO PROTECT CHILD(REN) IN THE HOME AND PREVENT REMOVAL OR RE-ENTRY INTO FOSTER CARE



Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care (Safety Outcome 2)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.

Data Source: HCWCQI

SFY 2023
48 Cases Reviewed
32 STRENGTHS, 16 AREAS NEEDING IMPROVEMENT

Purpose

This item is assessed for concerted efforts made to provide services to maintain the children safely in the home and to prevent children's entry into foster care or re-entry after reunification.

Summary

In 32 of 48 applicable cases (67%), concerted efforts were made to provide services to maintain children safely in the home and to prevent children's entry or re-entry into foster care, or a child in the family was removed without services because it was necessary to ensure their safety.

- In 19 cases, services were provided, and the child(ren) was not removed.
- In six cases, services were provided, and child(ren) was removed because of unmitigated safety concerns.
- In seven cases, services were not provided, and the child(ren) was removed because this action was necessary to ensure safety.

Sixteen cases (33%) were rated as needing improvement. In these cases, irregular caseworker visits with families and a lack of thorough assessments were factors in not ensuring that appropriate safety-related services were identified.

- In nine cases, concerted efforts were not made to provide appropriate safety-related services, and the children remained in the home.
- In seven cases, removal may have been prevented, but safety services were not offered or explored.

Discussion

Hawaii has made significant progress over the last five years in this item, increasing from 31% in SFY 2019 to 67% in SFY 2023, with a high of 82% in SFY 2022.

Regular visits are necessary to complete safety assessments to determine if appropriate services are

needed. When contact is not made regularly, it is challenging to assess for safety concerns and provide necessary services to prevent removal. Caseworkers continue to make efforts to respond, engage families, and to assess, plan, and monitor child safety.

Family First Hawai'i (FFH) activities and branch/section/unit meetings allow for regular discussion on preventing removals and identifying practice, opportunities for partnership with other systems, and resources needed to keep children safely at home or reunify as quickly as possible. For example, as part of FFH implementation, regular meetings with Section Administrators and supervisors are facilitated to discuss circumstances that resulted in short-stayers (children who were placed into foster care for 30 days or less) and what may have been effective to prevent removal. This can range from a safety plan participant in the home that was not available at the time of removal to systemic barriers such as not being able to interview a parent that had been arrested or was hospitalized. Discussing these circumstances creates opportunities to identify and work on enhancing system response and partnerships to prevent removal whenever safely possible.

To achieve the overarching goal of reducing short-stayer placements, a multifaceted approach was adopted. This included conducting a targeted CQI review to identify the primary causes for short-stayer placements; quarterly CWS reporting in FFH Implementation Management Team (IMT) meetings to identify and address systemic and practice-related barriers to family preservation; and the development of the FFH CQI Hui Short-Stayer Action Priorities through CQI processes.
These action priorities encompassed various measures, such as enhancing recruitment efforts for IHBS staff in Maui and Kauai, educating judges and court personnel on the ramifications of mutual parental Temporary Restraining Orders, equipping CWS personnel with effective engagement strategies for parents in challenging circumstances, and developing working agreements with local law enforcement to ensure timely access to parents who are arrested.

Matching services to needs is also important to ensure safety. Focusing on regular visits, matching services to needs, and identifying services/resources available may help improve in this item. Intensive Home-Based Services (IHBS) using the Homebuilders model continues to be a crucial service that supports maintaining children safely in the home, facilitating reunification, and stabilizing child placement in adoptive and legal guardianship homes when appropriate. By providing intensive, in-home interventions, IHBS addresses the underlying challenges families face, promotes long-term stability, and reduces the need for foster care placement.

Intensive Home-Based Services (IHBS) using the Homebuilders Model has been available on Oahu and Hawaii island starting as part of the Title IV-E Waiver Program to address short stayers in foster care. This service has been an effective resource for safety planning. IHBS services are in the process of being expanded to Maui and Kauai and potentially additional slots of Oahu.

Identifying services to match needs is a part of ongoing revisions to the safety assessment that is supported by training on safety assessment and management. CWSB continues to enhance assessment tools and procedures to support practice and achieve positive outcomes for families. Over the last year, this effort has been assisted through technical assistance from the Capacity Building Center for States. Revisions to the Child Safety Assessment tool will be implemented in phases. The first phase adds a minimum timeframe of six months to conduct a formal assessment, in addition to formal assessments conducted at critical case decision points and assessments through caseworker visits and ongoing contacts; adds an "Other" category to assess progress in services and changes in the family situation; and enhances the incorporation of the family voice and perspectives in assessing and managing safety. The second phase will highlight family strengths as part of the assessment and support the work of the family supported decision making process that includes revising the name of the in-home safety plan to

the protective plan which describes both in-home and out-of-home safety actions and service. The family supported arrangements work is described later in this section. The third phase will include changes in language that describe safety concerns and also list the strengths/protective capacities in the absence of a safety concern.

Parent Partners have been a critical addition to the process of enhancing practice in different areas. Recently, parent partners have participated in meetings to review and revise safety tools and procedures and provide valuable insight on the experience and perspective of families to create positive change in engagement and practice. Insight from the parent partners' experience and work with other families provides examples of how caseworkers can establish trust and partner with families to explain safety concerns, identify how the parent is addressing safety, and what other safety actions and services could be implemented to create a safety plan.

In addition, representatives from the Equity Improvement Collaborative (the purpose of the Equity Improvement Collaborative (EIC) is to promote and improve equity for *all* people who are involved with CWS, while building on existing work and partnerships) also provided valuable feedback on the revisions and noted the importance of concrete and family supports to enhance child safety. Training will be provided on each phase. Training on phase 1 has started with Section Administrators and supervisors as part of CWSB's implementation process that includes training leadership as the initial phase of training followed by training for caseworkers and pertinent partners. Parent Partners with lived experience in the child welfare system were involved in the curriculum development and co-presented with the CWSB training team as part of the training delivery to provide their expertise on how to enhance practice with families and identify how parents are keeping their children safe. As part of this module, workers brainstormed in groups to identify strengths and strategies that could enhance engagement and safety planning.

Revisions to the Child Safety Assessment process and practice will align the work of the Family Supported Arrangements Continuum (FSAC) workgroup that is providing clarification on partnering with and supporting families through a variety of arrangements including in-home and out-of-home activities to support child safety.

Family Supported Arrangements Continuum. The Placement Prevention Project was initiated in 2023 to provide staff with comprehensive guidance in facilitating informal arrangements with families to prevent children from entering foster care while keeping them safely with their families. Guidance included establishing clear protocols to ensure the safety and well-being of children during these arrangements, while also offering support to the families involved. The project has several key objectives:

1. Enhancing case practice and documentation to ensure that staff make reasonable efforts.
2. Conducting monthly reviews of short-stayer data to identify barriers to placement prevention and finding solutions and support resources.
3. Identifying and utilizing existing community and state-based services as alternatives to removal.
4. Collaborating with the Lived Experience Advisory Group (LEAG) to incorporate their expertise in family engagement, particularly in involving extended family, friends, and other natural supports.
5. Prioritizing efforts to engage fathers, including establishing a father support network and creating father Parent Partners.

Some workers also utilize Ohana Conferencing early in their work with families to develop safety plans and engage other family members and social supports in strengthening and supporting the family to implement safety action strategies.

CWSB is actively utilizing multiple strategies to identify safety services and support to meet the needs of families and prevent entry into foster care and promote reunification.

CFSR Item 3: Safety & risk assessment and management



Item 3: Risk and Safety Assessment and Management (Safety Outcome 2)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concern relating to the child(ren) in their own homes while in foster care.

Data Source: HCWCQI

SFY 2023
95 Cases Reviewed
48 STRENGTHS, 47 AREAS NEEDING IMPROVEMENT

Purpose

This item is assessed to determine whether concerted efforts were made to assess and address risk and safety for children in their own homes or while in foster care.

SUMMARY

In 48 of 95 applicable cases (51%), concerted efforts were made to assess and address risk and safety for children. Monthly or almost monthly face-to-face contact occurred, and thorough assessments were conducted. Formal safety assessment tools were completed, and safety plans were developed and monitored.

- Of the 37 cases opened during the period under review (PUR), the agency conducted an initial assessment that accurately assessed all risk and safety concerns in 30 cases (81%).
- Of the 93 cases that required ongoing risk and safety assessments, the agency accurately assessed all risk and safety concerns in 49 cases (53%).
- In 12 cases that required a safety plan, those safety plans were developed and monitored in five cases (42%).

Forty-seven cases (49%) were rated as needing improvement. Irregular monthly caseworker visits, including consecutive missed months of caseworker visits with families, significantly contributed to the lack of ongoing assessments. Assessments were not conducted at critical junctures, such as reunification, removal, and case closure. In addition, caseworkers did not conduct visits in the home and make efforts to see children alone.

- In seven cases, the agency did not conduct an initial assessment that accurately assessed all risk and safety concerns.
- In 44 cases, ongoing assessments were not conducted to accurately assess all risk and safety concerns.

- In five cases, there were maltreatment allegations that were not substantiated despite evidence.
- In three cases, when there were known concerns about safety and risk both in the family home and in foster care, sufficient action was not taken to address those concerns.
- In seven cases, safety plans were not monitored.

According to the Hawaii CFSR 4 Data Profile as of July 11, 2024, CWSB has slightly decreased from 21AB,FY21 to 22AB,FY22 and is now performing slightly lower than the national performance in the area of recurrence of maltreatment.

ABSENCE OF RECURRENCE OF CHILD ABUSE AND NEGLECT [CHART]



Chart illustrates a five-year percentage trend (SFY 2019 - 2023) of absence of recurrence of child abuse and neglect to the national standard. The blue bars in the graph indicate the national standard and the SFYs that met or exceeded the standard, while the gray bars represent the SFYs that did not meet the standard.

National Stand Data Source: Adoption and Legal Guardianship Incentive Payment Program - Earning History by State: FY 1998 – FY 2021 (updated July 2022) standard = 93.9% (blue bar) or higher. Outcomes higher than 93.9% are desired.

Data Source: CPSS (2)

Data Source: HCWCQI

Noted in the chart above of aggregate data for each State Fiscal Year, at the rate of 93.8% in SFY 2023, CWSB is just below the national standard of 93.9%.
In prior years, repeat maltreatment was not identified as an area for improvement in the cases reviewed for the annual CFSR. An area for further review may be to look at intakes with new reports on active cases to understand the circumstances of the assignments and in relation to the application of procedures.

Discussion

CWSB has made significant progress over the last five years in this item, increasing from 36% in SFY 2019 to 51% in SFY 2023, with a high of 63% in SFY 2022.

Regular visits are necessary to complete initial and ongoing safety assessments to determine if appropriate services are needed and being monitored. When contact is not made regularly, it is challenging to assess for safety concerns, to provide necessary services to prevent removal, and to monitor child safety.

Caseworkers continue to make efforts to respond, engage families, and to assess, plan, and monitor child safety. As mentioned in Item 2 above, Family First Hawai'i activities and meetings allow for regular discussion on developing safety plans to prevent removals and to identify practice, opportunities for partnership with other systems, and resources needed to keep children safely at home or to facilitate timely and appropriate reunification. Frequent and quality contact, engagement of relatives, engaging children and parents in case planning to develop and monitor safety plans, and quality relationships of the caseworker with the children, parents, and resource caregiver are sustained through additional forms of communication, including text messaging.

In general, workers are completing initial assessments that are accurate as noted in 81% of the cases reviewed. In some cases, initial assessments are not completed or may not be completed accurately, or all family members were not assessed initially.

Ongoing assessments may not be completed when visits are not conducted regularly and at critical times, such as reunification and case closure, to assess safety and risk. Ongoing support and training for workers and supervisors continues, as well as efforts to clarify safety assessment and planning in practice. CWSB continues to explore strategies to support caseworker visits and contact with families.

As mentioned in Item 2, revisions to the Child Safety Assessment include an added frequency of every 6 months if a formal Child Safety Assessment was not completed at a critical junction within that time period. Hawaii believes that requiring completion of the formal Child Safety Assessment tool at specified timeframes and circumstances may focus workers on assessing safety and in-home safety plans on an ongoing basis for children at home and assist in reunifying families more safely and quickly when children are in foster care. Completion of the revised Child Safety Assessment tool will also be integrated into the Family First Hawai'i eligibility determination and redetermination processes. In addition, representatives from the Equity Improvement Collaborative provided valuable feedback on the revisions that will help to strengthen the assessment process.

Engaging and partnering with families is critical to assessing safety. With parent partners with lived experience in the child welfare system, CWSB is working to enhance caseworker skills and strategies to engage parents in the process. Caseworkers are learning from parent partners and their peer caseworkers on strategies that have been helpful to engage families in the assessment process. Early parent partner supports have recently been implemented with the provider of wraparound planning services, a model that includes parent partner supports. The goal is to provide a parent partner earlier on in child welfare services involvement to engage parents in the initial and ongoing assessments and the case planning process with the goal of preventing entry into foster care or supporting reunification.

Court partnerships and functions that utilize more frequent court hearings provide the opportunity to assess and review safety concerns and strategies to mitigate safety concerns on an ongoing basis.

As part of PIP 3, the frequency of Ohana Conferencing was clarified to include initial and perioding ongoing conferencing that covers a variety of topics including safety assessment and safety planning.

As mentioned above, by providing clear and comprehensive guidance across key areas of safety assessment and planning, the Family Supported Arrangements Continuum aims to enhance the quality and consistency of child welfare practice, assessment, and service delivery for children and families involved in the child welfare system. At the last Management Leadership Training in November 2024, that includes supervisors and section administrators, a draft of the decision tree created by the Family Supported Arrangement Continuum workgroup was shared that outlined key assessment points, decisions, and safety management strategies. Once finalized, it will be shared with all caseworkers. Initial feedback noted that this could be a helpful tool to describe and clarify the assessment process and timelines as well as highlighted the safety decision making process at critical points throughout intervention.

CWSB continues to support monthly contact with parents and children and reviews and enhances its work on safety in collaboration with families and partners and through ACF provided technical assistance. In the next years, CWSB will continue to develop and implement the phases of change that include a timeframe for completion of safety assessments, family engagement throughout the process, activities that support in and out-of-home arrangements, and ongoing clarification on the safety

framework.

National Standard for Safety Outcome 1

Of all children served in foster care, what percent were not victims of a substantiated or indicated maltreatment by a resource caregiver or facility staff member during the fiscal year?

Annual Update

ABSENCE OF MALTREATMENT IN FOSTER CARE [CHART]

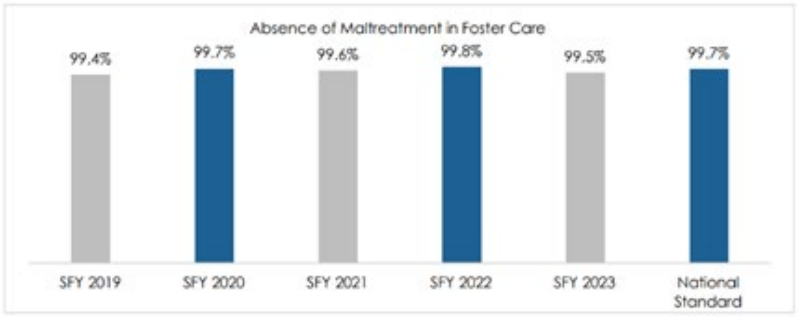


Chart illustrates a five-year percentage trend (SFY 2019 - 2023) of absence of recurrence of maltreatment in foster care to the national standard. The blue bars in the graph indicate the national standard and the SFYs that met or exceeded the standard, while the gray bars represent the SFYs that did not meet the standard.

National Standard = 99.7% or higher. Outcomes higher than 99.7% are desired.

Data Source: CPSS (2)

Data Source: HCWCQI

Noted in the chart above of aggregate data for each State Fiscal Year, at the rate of 99.5% in SFY 2023, CWSB is just below the national standard of 99.7%.
According to the Hawaii CFSR 4 Data Profile as of July 11, 2024, CWSB has improved from 21AB,FY21 to 22AB,FY22 and is now performing better than the national performance.

Discussion

Face-to-face contact may help caseworkers continually assess the safety of children in family homes and in resource homes. Increased worker contacts, assessment of needs, and the provision of services and supports for children may help strengthen the safety and stability of children in foster care.
CWSB caseworkers complete safety of placement tools for children in foster care both in resource caregiver homes and child caring institutions. The tools are completed within 30 days of placement and quarterly thereafter. These tools provide a formal assessment at specific timeframes in addition to the assessment of child safety as part of caseworker visits and provides the opportunity to review the needs of the child and supports that could assist caregivers to meet their needs.

Supports and training for resource caregivers also helps to maintain child safety in foster care by providing the necessary skills and resources to help caregivers meet the needs of children. A variety of training and resources are provided to resource caregivers throughout each year. CWSB continues to review and revise procedures and enhance practice to ensure child safety in foster care.

Home Visiting Services for children ages 0-5 are included in the Family First Hawai‘i service array and are available to families with children in the home and in foster care. This service is available to parents as well as resource caregivers to promote consistency of care for the child and, if provided to resource caregiver and parents concurrently, potentially strengthen the relationship of the resource caregiver and parent.

Guidance was issued on safe sleep and certified play yards to promote a temporary safe space for sleep. In the process, CWSB collaborated with the Department of Health to qualify resource caregivers to receive certified play yards for children in foster care in their homes.

Combined efforts of visiting, engaging, and addressing the needs of children with supports and training for resource caregivers enhances the effort to address child safety in foster care.

CWSB continues to collaborate with a variety of partners and initiatives, including Hooikaika Partnership and Family Resource Centers to strengthen communities and families, identifying and connecting families to resources, advocating for the needs of families to prevent abuse and neglect, and supporting families to thrive in their communities.

CQI efforts for Safety Outcome Items 1, 2, and 3

As part of continuous quality improvement, CWSB reviews the annual findings and reasons for strengths and challenges to identify opportunities to share strategies that assist in achieving a strength rating as well as identify ways to address areas needing improvement. As a part of each CWSB and VCM site's annual review, a results conference is held. This provides opportunities to review findings, discuss practice. CWSB uses the case review data and discussion on the items when making revisions to tools and procedures. This is evident in our work to revise practice that includes, family engagement and partnership strategies to contact families and co-create safety and service plans, collecting and documenting information that describes family strengths and needs, and efforts to work with families to identify services and supports to address safety concerns, clarify procedures, and brainstorm solutions to achieve contact.

B. Permanency

Permanency Outcomes 1 and 2

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

1. **Performance Data Highlights**
   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. **Brief Analysis**
   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state RSP compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. **Results of Deeper Data Exploration for Priority Focus Areas**
   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

   - What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?
   - What events, conditions, or factors contribute to or lead to the strength or problem?

- What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
- Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

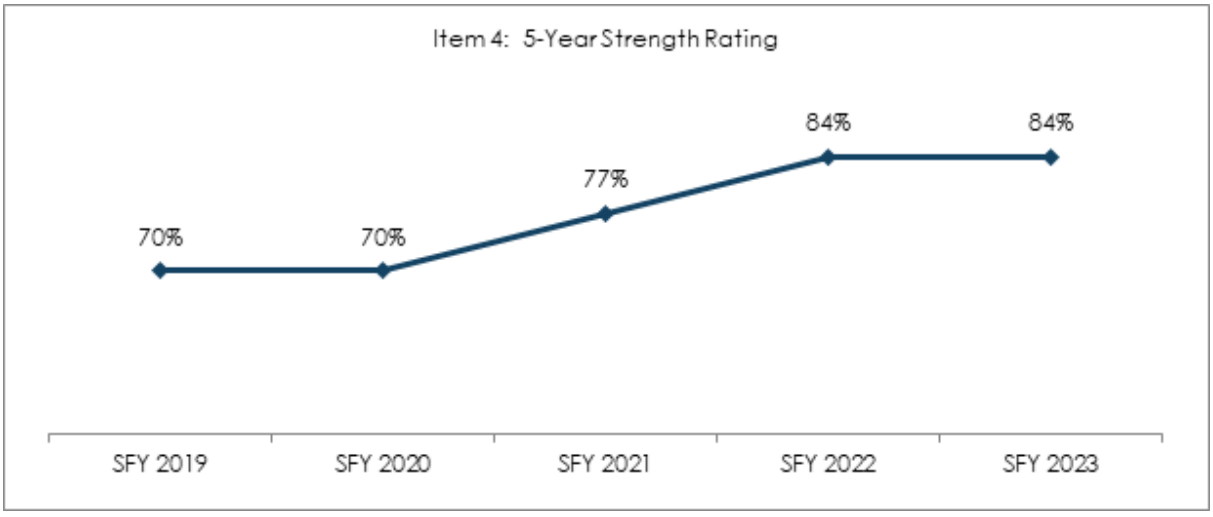
State Response:

Permanency Outcome #1

CFSR Item 4: Stability of foster care placement

Please refer to the *Figure C4: Item 4 – Stability of Foster Care Placement* below for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C4: ITEM 4: STABILITY OF FOSTER CARE PLACEMENT



*Data Source: HCWCQI

SY 2023 Data

61 Cases Reviewed

51 Strengths, 10 Areas Needing Improvement

PURPOSE

This item is to determine if the child in foster care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under permanency goal(s). Stable placement is defined as two or less placement settings

SUMMARY OF SFY 2023 DATA

In 51 of 61 applicable cases (or 84%), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or best interest. Placement with relatives and support to the resource caregiver (RCG) contributed to placement stability.

Ten cases (or 16%) were rated as needing improvement.

- In three cases, placement changes for the child were not for the purpose of achieving the child's case goals or meeting their needs.
- In eight cases, the child's current or most recent placement was not stable at the time of the review.
    - In six cases, the child was in an emergency shelter.

DISCUSSION

Using the DHS mission "To encourage self-sufficiency and support the wellbeing of individuals, families and communities in Hawaii," as a guiding principle, the state of Hawaii supports keeping families together when it is safe to do so. Hawaii's foster care system seeks to prevent placement into foster care, and when safety concerns necessitate foster placement, foster care is viewed as a temporary arrangement with reunification to a newly equipped birth family in a safe home as the ultimate goal. When removal is necessary, CWS recognizes the importance of placement with relatives to maintaining and enhancing connections with extended family and culture. Placement with relatives often provides a more comfortable, less traumatic option than placement with non-relatives, who may be seen as caring strangers. CWS strives to make the first placement the only placement and holds Ohana Conferences for every child entering foster care, continuing upfront efforts to identify potential relative placements through early Family Findings searches and attempts. In Hawaii, relative placement is explored before non-relative placement is made, and Family Finding efforts may continue throughout the life of a case.

CWSB continues diligent upfront efforts to make the first placement the only placement through early Family Findings searches and attempts to hold Ohana Conferences for every child entering foster care. From SFY 2019 to SFY 2023, CWS placement stability has fluctuated between 83.9% and 87%, with SFY 2023 at 84%. CWSB is working on enhancing the Kinship Navigator Program by providing targeted support services to relatives, which has been shown to contribute to placement stability, and by assisting with the licensing process for relative and non-relative resource caregivers as well.

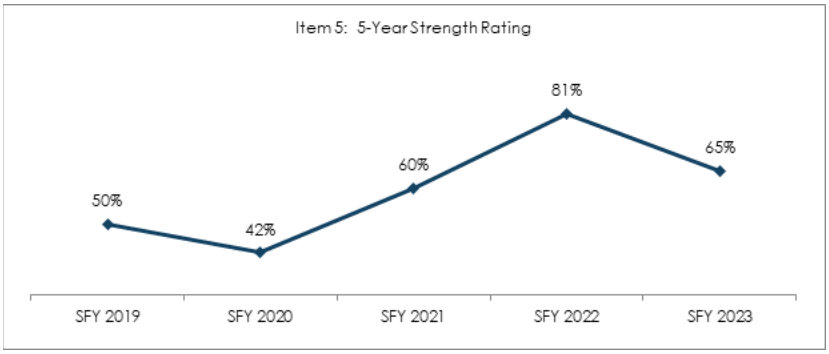
Additionally, according to Hawaii's CFSR4 Data profile from AFCARS and NCANDS submissions as of 7-11-24, Hawaii's placement stability performance (using Risk-Standardized Performance, RSP, interval) is statistically better (fewer placements) than national performance. Placement stability is a strength for Hawaii. (Refer to appendix A: Hawaii CFSR4 Data Profile - AFCARS and NCANDS submissions as of 07-11-24).

Permanency Outcome #1

CFSR Item 5: Appropriate and Timely Permanency Goal

Please refer to the *Figure C5: Item 5 – Permanency Goal for Child* below for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C5: ITEM 5: PERMANENCY GOAL FOR CHILD



*Data Source: HCWCQI

SUMMARY

60 Cases Reviewed

39 STRENGTHS, 21 AREAS NEEDING IMPROVEMENT

PURPOSE

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

In 39 of 60 applicable cases (or 65%), the child's permanency goal was identified timely and was appropriate to the needs of the child.

- In 51 cases (85%), the goals were established timely.
- In 49 cases (82%), the goals were appropriate to the child's needs and circumstances of the case.
- In 28 of 30 applicable cases (or 92%), the agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied as documented in the SFHR.

Twenty-one cases (or 35%) were rated as needing improvement. Factors that contributed to this rating were lack of contact with parents and/or efforts to locate and engage parents in services. Additionally, ongoing discussions with children and parents on permanency did not occur.

- In 9 cases, the identification of concurrent goals for the child was not identified until more than 6 months after the child's removal. In some cases, it was over 1 year.
- In 11 cases, the goal in effect was not appropriate to the child's need for permanency and to the circumstances of the case.
- Reunification was still identified as the goal, despite these factors: a lack of efforts by the caseworker to locate parents, infrequent caseworker contacts with parents, and parents not engaging in services. Additionally, reunification was still identified and not likely to happen, for example, due to the parent's incarceration and parents facing criminal charges.

- In 2 cases, a TPR motion was not filed timely, an exception did not apply, or a compelling reason was not documented.

DISCUSSION

CWS practice that has helped to contribute to a strength rating for this item include:

- early identification of the concurrent goal within 60 days and up to several months after removal,
- the goal of reunification is always identified within a few days of removal,
- the tracking of timelines by the Court and/or CWS ensures timely filing of TPR, and
- clear documentation of goals in the Safe Family Home Report and/or court orders

Over the past five (5) years Hawaii has worked diligently to improve outcomes in this item with a strength rating of 42% in SFY2020 to 65% in SFY 2023 with a high of 81% in SFY2022. Based on this increase, Hawaii believes that the strategies implemented over the past few years are effectively supporting the goal of achieving timely permanency and that ongoing refresher trainings may be beneficial in reinforcing that concurrent planning should start early on and from the first day of the case. In addition, continuing to include permanency as a regular agenda topic in meetings with court stakeholders helps promote a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning, and other relevant topics. One successful permanency strategy has been the development and implementation of a supervisory tool that prompts discussion and review of the child's permanency goal and its appropriateness. Section Administrators and supervisors can utilize the All in Care list that is generated monthly to track children in foster care and sort by legal status, removal date, and date of entry into foster care. The use of the All In Care list as a tool will help to support ensuring the permanency goal is appropriate and that TPR motions are filed timely.

In the past, barriers to identifying the appropriate permanency goal and doing so timely have included staff being unclear on when adoption vs legal guardianship is an appropriate permanency goal and infrequent assessments on the continued appropriateness of the permanency goal so that when reunification is no longer appropriate, the concurrent permanency goal may be activated. Efforts to support staff in these areas have been initiated. In 2023, procedures were implemented to support staff when selecting between the permanency goals of adoption and legal guardianship. The guidance identifies factors to consider when determining the best permanency goals, which include the child's best interest, long-term needs in and beyond childhood, bonds to individuals in the child's life, and overall needs for safety, permanency, and well-being. The guidance also addresses regularly assessing the appropriateness of the permanency goal at minimum every six months.

Hawaii is continually reviewing and assessing its practice to identify areas for improvement. One area CWS continues to prioritize is ongoing face-to-face contact. CWS recognizes the important role that regular and meaningful contact plays in successful outcomes and casework practice. When parents aren't seen, discussions about permanency and the pursuit of permanency are unable to take place to ensure the most appropriate current goal.

To ensure discussions about permanency are occurring and that permanency is being pursued, strategies that target locating and engaging parents remain key.

Over the past several years, structured monthly supervision meetings between workers and their supervisors have been implemented. Overall feedback on these meetings has been positive.

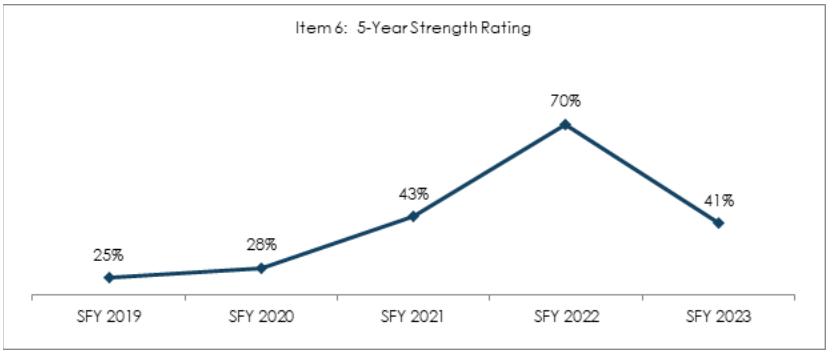
CWSB's continued collaboration with the court promotes has fostered a shared responsibility of permanency and their role in supporting the assessment and identification of the appropriate

permanency goal. CWSB Administrators have added Deputy Attorney Generals to the monthly agenda for all Branch meetings, where deputy attorney generals join Branch and Section Administrators to discuss and address CWS family court challenges. Quarterly court stakeholder meetings with the different circuits across the state continue to be held and provide forums to discuss barriers to both identifying and achieving permanency goals, as well as opportunities to identify solutions.

CFSR Item 6: Achievement of reunification, guardianship, and adoption goals

Please refer to the *Figure C5: Item 5 – Permanency Goal for Child* below for a graph of the SFY 2019-2023 five-year strength rating for this item.

Figure C6: Item 6: Achieving Reunification, guardianship, adoption, or another planned living arrangement.



*Data Source: HCWCQI

SUMMARY

- 61 Cases Reviewed
- 25 STRENGTHS, 36 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether concerted efforts were made or are being made, during the period under review, to achieve reunification, guardianship, adoption, or another planned living arrangement (APPLA) in a timely manner.

SUMMARY

In 25 of 61 applicable cases (or 41%), reunification, guardianship, adoption, or APPLA was achieved or likely to be achieved timely. In these cases, when reunification was the goal, there were frequent and quality monthly caseworker visits with parents, caregivers, and children. Relative placement and early concurrent planning were also evident in these cases.
Thirty-six cases (or 59%) were rated as needing improvement. In all cases, the goals of reunification, guardianship, adoption, or APPLA were not or would not be achieved within federal timelines. Inadequate face-to-face contact with families was the main factor.

- Of the applicable cases, at the time of the review or recent case closure, children were in foster care:
    - Less than 12 months: 26 children

  - 13 – 24 months: 19 children
  - 25 – 36 months: 9 children
  - 37+ months: 7 children
- In 14 cases, there was insufficient caseworker contact with the child, parents, and RCG which served as a barrier to engagement and case planning. Meaningful discussions with parents regarding permanency occurred infrequently.
- In 7 cases, there was a lack of urgency to achieve permanency. Children were residing in the same home for years, but ongoing discussions had not happened. Delays were noted in the ICPC process, completing the home study, establishing paternity, and the filing of TPR.
- In 3 cases, reunification could have been achieved sooner.

According to the Hawaii CFSR4 Data profile, Hawaii ranks above the National Performance (NP) in achieving permanency. In addition, Hawaii is performing at the same rate nationally for achieving permanency in 12 months (30.7% 35.3% RSP vs 35.2NP) or beyond 24 months (37.3% NP vs 40% RSP). (Refer to appendix A: Hawaii CFSR4 Data Profile - AFCARS and NCANDS submissions as of 07-11-24). While CWSB rates are slightly lower than the national average this may be due to a variety of factors, including not filing for TPR when there are compelling reasons to do so, Hawaii ranks higher than the national average in achieving permanency between the 12-month to 23-month in foster care (43.2% 53% RSP or Risk Standardized Performance compared to the NP of 43.8%).

DISCUSSION

Over the past 5 years, Hawaii has implemented several strategies to support positive outcomes in this area. Some of the strategies were a part of Hawaii's PIP3 and others have served to further support positive outcomes. These include:

- Revisions to the Safe Family Home Report include information on activities that promote concurrent planning early on and throughout the life of the case in case planning with the family, ensure clear documentation of the concurrent plan and efforts to achieve the concurrent plan, as well as safety assessment and decisions, and identification of reasonable efforts.
- Development of a concurrent planning brochure for parents and youth to support engagement from the beginning of the case, full disclosure, and concurrent planning discussions.
- Revisions to the monthly caseworker visit form which include a section documenting the caseworker's discussion with each child and parent on the permanency options, desires, and progress.
- Early and consistent quarterly Ohana Conferences (OCs) and the inclusion of concurrent planning as an agenda item in OCs.
- Ongoing collaborations with the Hawaii Department of Health (DOH) to develop a more expeditious system for CWSB to obtain birth certificates of children in foster care. This work has involved collaboration with Department of Attorney Generals' – Health and Human Services Division (DAGs'-HHS) and DOH to draft procedures, training, and a Memorandum of Understanding (MOU) between CWS and DOH Vital Records for a procedure for CWS staff to obtain birth certificates timelier. These efforts allow for birth certificates to be secured sooner and for early identification of legal paternity. This helps to support engagement and decrease barriers to achieving timely permanency.

- Continued collaborations between CWS and the Deputy Attorney General's – Family Law Division (DAGs'-FLD) have provided opportunities to discuss permanency and barriers and strategies to increase positive outcomes.
- The implementation of the Parent's Statement of Indian Ancestry form. This form was developed by DAGs'-FLD as a tool to assist in identifying an American Indian child as early as possible, a requirement of ICWA. It allows the DAGs'-FLD office to provide proper notification to the tribe to ensure the rights of the tribe are met. The form is for parents to complete to support active efforts to identify a child's status as an American Indian child. The role of the caseworker is to provide the Parent's Statement of Indian Ancestry form to parents at initial contact but no later than at the time of removal. Caseworkers are to support parents in completing the form by explaining its purpose and providing any needed support to answer the questions in the document.
- Restructuring of the Administrative Review Panel (ARP). The ARP is team comprised of representatives from CWSB leadership and Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI) that meets with the caseworker and supervisor to discuss, review, and provide support when unusual and challenging situations arise in active cases.Many of these ARPs address children placed permanently with a non-relative caregiver. Historically, the practice has been to bring these cases to an ARP when permanency is close to being finalized. If the ARP determines that additional efforts need to be made to locate relative placements, this can delay permanency. In recognition of the delays that this causes to attaining timely permanency, revisions to this practice have been made so that these cases are reviewed early on to help support timely relative placement.
- The implementation of monthly supervision and a structured supervision tool to support monitoring and tracking of timelines to ensure permanency is being actively worked on.
- The development of an efforts to locate checklist that serves as a job aide to CWS staff to assist in engaging parents who may not be actively involved in their case.

A key practice area to achieving permanency timely involves engagement of parents, children, and Resource Caregivers (RCGs) through monthly quality visits.

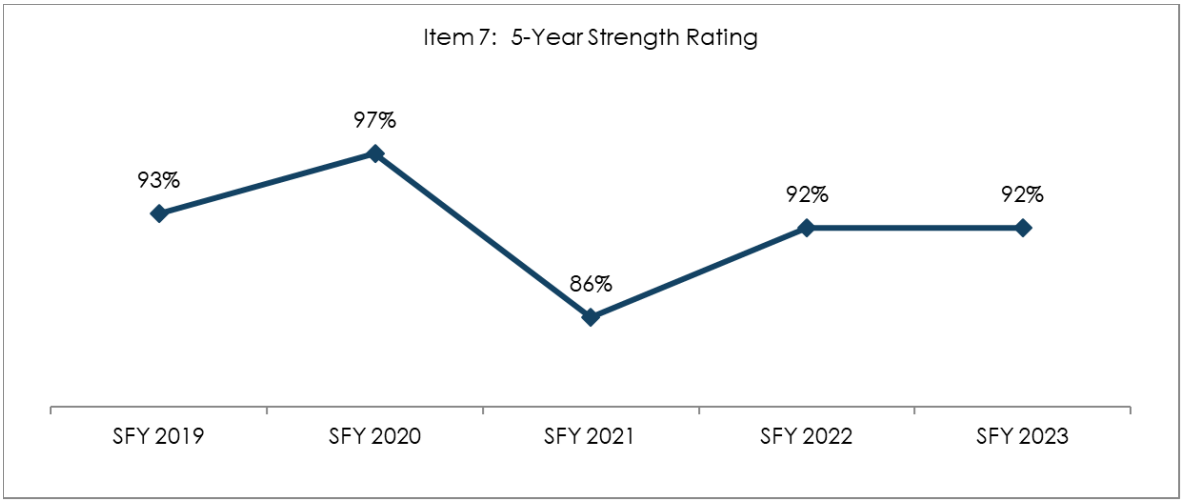
Hawaii's New Hire Training includes an engagement module which focuses on the concepts and skills to work with parents, children, and RCGs and building relationships. In collaboration with Parent Partners, strategies on how to engage with children from toddlers to teens and adults are covered which provide the foundation for discussing concurrent planning and permanency through courageous conversations. Through the implementation of Family First Hawaii (FFH), Hawaii has learned the importance of providing ongoing refreshers and guidance to staff, as well as employing different strategies to support the implementation of new tools and practices.

Permanency Outcome #2

Item #7 Placement with Siblings

Please refer to the *Figure C7: Item 7 – Placement of Siblings* below for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C7: ITEM 7: PLACEMENT WITH SIBLINGS



SUMMARY

39 Cases Reviewed
36 STRENGTHS, 3 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY OF SFY 2023 DATA

A. **Strengths**

In thirty-six of thirty-nine applicable cases (or 92%), siblings in foster care were either placed together or siblings were placed apart due to special circumstances. In thirteen cases, siblings were placed together. When children were not placed together, circumstances for the separation included their specialized behavioral needs, treatment needs, specialized medical care, children's preferences, different fathers, and connections with relatives who were caring for them prior to entering care.

B. **Areas Needing Improvement**

Three cases (or 8%) were rated as needing improvement. In two of these cases, siblings were initially placed apart due to a lack of available homes, and efforts to find placements that could accommodate the sibling group were needed. In one case, placement together needed to be revisited after sibling behaviors stabilized.

DISCUSSION

In *Figure C7: Item 7 – Placement of Siblings,* one can see that Hawaii has consistently performed well on this item over the last five years. The lowest strength rating on this item in the past five years was 88% in SFY 2021, with the highest rating of 97% in SFY 2020. This superior performance is especially impressive when considering that families in Hawaii tend to have large numbers of children.

All CWS staff are trained on the importance of placing siblings together and of sibling connections more broadly. When recruiting resource families, Hawaii is always searching for families that are open to accepting large sets of siblings.

In the past couple of years, Hawaii has dedicated additional efforts to sibling connections, because children in foster care and youth and young adults formerly in foster care perpetually name sibling connections as the most critical issue to them. CWSB Administrators have been meeting monthly with leaders from two key community social service agencies that have a focus on sibling connections -- EPIC Ohana (EPIC) and Family Programs Hawaii (FPH). The group has been developing a Guide to Sibling Connections for Hawaii CWS.

From July 2022 to June 2023, Hawaii was part of a national Data for Equity and Action (D4EA) Laboratory, sponsored by the Center for the Study of Social Policy, Casey Family Programs, Mathematica, and ACF. The purpose of the lab was to increase the capacity of jurisdictions to use demographic data to increase equity within their CWS systems. In the D4EA, Hawaii decided to focus on sibling connections, based on its priority for youth in care.

Based on point-in-time data from December 2022, there were 277 sibling sets in foster care, representing 758 children. Of the 277 sibling sets, 163 had at least one sibling that was Native Hawaiian or part Native Hawaiian. The remaining 114 sibling sets consisted of non-Native Hawaiian children. In the group of non-Native Hawaiian sibling sets, 51% had all siblings placed together. In the group of Native Hawaiian sibling sets, 53% had all siblings placed together. This difference is not statistically significant. This seems to show that for this data set, there is no disproportionality. Native Hawaiian siblings are placed together and apart at approximately the same rates as non-Native Hawaiian children. However, the separation of siblings in foster care still affects Native Hawaiian families disproportionately more for two reasons: 1) there are disproportionately more Native Hawaiian and part Native Hawaiian families involved in CWS and 2) Native Hawaiian families are more likely to have sibling sets and larger sibling sets than non-Native Hawaiian families.

The Hawaii D4EA Team continued to meet and worked on the issue through December 2023. The Hawaii D4EA Team was successful in:

A. Creating and distributing a resource list and tips for line staff regarding siblingconnections
B. Designing a data report to show siblings placed apart
C. Adding checking on sibling visits/contact to Monthly Worker Visit Form and Supervisor Guidelines Form
D. Mapping out steps for the creation and implementation of a sibling visits, contact, andconnections policy.

To continue the efforts and complete the policy, the mapping mentioned in D. above is being passed on to the group that continues to meet monthly, which is creating the Guide to Sibling Connections.

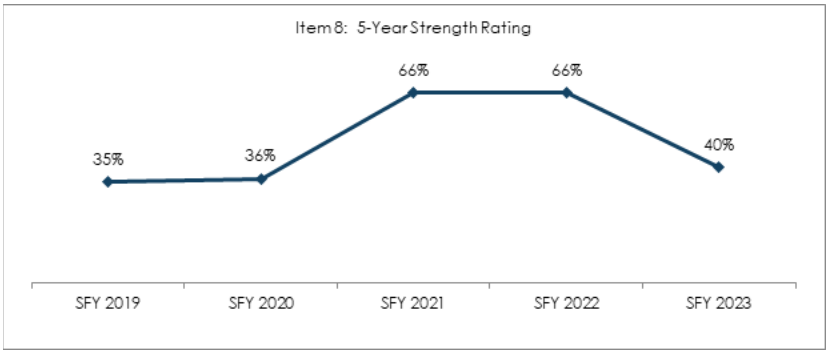
CWSB Administrators, EPIC, and FPH continue to meet. Hawaii plans to release the Guide to Sibling Connections in the Spring of 2025. CWS will provide a new data report to its staff which will show where there are separated siblings and therefore connection efforts are needed. As CCWIS rolls out, tracking sibling placements will be easier. Within the next few years, Hawaii will implement policies regarding sibling connections, which will include requirements for weekly face-to-face visits for siblings placed apart. Resources are needed to successfully implement such a policy.

Permanency Outcome #2

Item 8: Visiting with parents and siblings in foster care

Please refer to the *Figure C8: Item 8 – Visting with parents and siblings in foster care* below for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C8: ITEM 8: VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE



DATA SOURCE: HCWCQI

SUMMARY
47 Cases Reviewed
19 STRENGTHS, 28 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members. (Only parents from whom the child was removed and with whom the child could be reunified are assessed for this item.)

PERFORMANCE DATA HIGHLIGHTS AND BRIEF ANALYSIS

In 19 of 47 applicable cases (40 %), the child in foster care was provided with opportunities for quality visits with parents and siblings to ensure that the child had continuity in relationships with family members. In many of these cases, visitation was facilitated by the resource caregiver, the DHS aide, or the contracted provider. The caseworker knew about the quality of visits because of documentation from the visitation supervisor or through discussions with the parent, child, or RCG.
28 cases (60%) were rated as needing improvement. Efforts were needed to locate parents, set up visitation, and monitor the frequency and quality of visits. Barriers to visits were not consistently addressed.

- In 17 cases, concerted efforts were needed to ensure sufficient frequency of visitation for mothers and their children.
    - In eight of these cases, the child did not have any visits with the mother.
- In 12 cases, concerted efforts were needed to ensure sufficient visitation for fathers and their children.
    - In eight of these cases, the child did not have any visits with the father.
- In seven cases, concerted efforts were needed to ensure sufficient visitation with siblings. In some cases, the visits were combined with parent-child visits and did not consistently occur if the parents did not attend.

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

CWSB has made great efforts to improve its performance on this item, despite the competing demands of this work. CWSB understands and values the importance of ohana time (visitation) to maintain connections and to build relationships for the well-being of the children and family and to promote safe reunification. During the pandemic, CWSB followed all COVID recommendations and policies and worked with staff, resource caregivers (RCGs), providers, CWSB families, and young people to ensure meaningful connections among family members by implementing virtual ohana time and safe in-person contacts. Notwithstanding these efforts, the following barriers may contribute to the decline in ratings:

- Infrequent caseworker contact with children and parents.
- Inadequate efforts to locate parents.
- Missed opportunities to provide sibling contacts. When parent and sibling visits are scheduled concurrently and parents are unable to keep their visit, the sibling visit is also cancelled.
- When RCGs coordinate and supervise ohana time, caseworkers often do not monitor the visit, which is a missed opportunity to develop case plans and assess case direction.
- Lack of ongoing assessments to determine appropriate conditions or level of ohana time, which may affect the frequency and kind of visits, e.g., unsupervised visits, necessary to support reunification.
- When children are in care for 30 days or less, visits between the child in care and their parents and/or siblings are often not arranged.

CWSB has noted some positive strategies, utilized in some CWSB sections, to promote frequent and quality visits, which are critical in supporting family reunification. CWSB meetings and Management Leadership Training meetings are venues that may be used to facilitate discussions on these effective strategies, which include the following:

- Increase consistent monthly contacts with children and parents through the use of tools, including but not limited to the Caseworker Monthly Visit Form and section trackers.
- Enhance efforts to locate parents through the use of the “Efforts to Locate” checklist for parents.
- Increase efforts to arrange ohana time or other forms of contact for incarcerated parents.
- Arrange and monitor the frequency and quality of ohana time and create a plan that all team members can follow to ensure ohana time occurs. Such plans can also provide structure and substance to ohana time and help parents appropriately engage with their children by providing opportunities to practice new skills and facilitate bonding.
- Engage relatives and resource caregivers to support ohana time and contacts. This can be accomplished through referrals to Two Makua and Ka Pili Ohana programs that promote “shared parenting.”
- Address barriers to ohana time, which may include lack of transportation, parent incarceration, and geographic separation. Possible ways to ameliorate barriers include securing financial

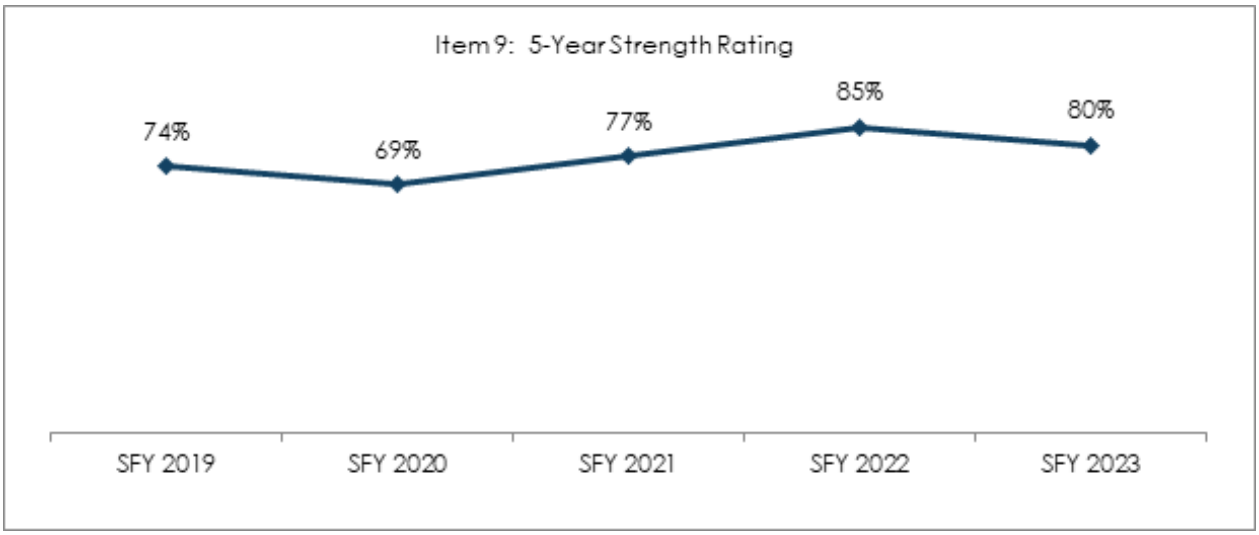
resources to support use of public transportation, collaborating with institutions to develop processes that permit and/or encourage ohana time in prisons, and using alternative means to maintain connections, e.g., through virtual resources or written communication.

- Increase documentation of quality and frequency of ohana time. When ohana time is adequately monitored and documented, caseworkers can ensure that it is of sufficient quantity and quality to support an appropriate case direction.
- Conduct frequent, regular assessments, which could support a decision to adjust the level and type of ohana time when there are no safety concerns and reunification is therefore appropriate.

Item 9: Preserving connections

Please refer to the *Figure C9: Item 9 – Preserving connections for* the SFY 2019-2023 five-year strength rating for this item.

FIGURE C9: ITEM 9: PRESERVING CONNECTIONS



Data Source: HCWCQI

SUMMARY

60 Cases Reviewed
48 STRENGTHS, 12 AREAS NEEDING IMPROVEMENT

PURPOSE

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

PERFORMANCE DATA HIGHLIGHTS AND BRIEF ANALYSIS

In 48 of 60 applicable cases (80%), children were maintained in the same community and connected to culture, school, family (including adult siblings, grandparents, and cousins), sports, and friendships. In 50 cases (83%), a sufficient inquiry was conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In four of eight applicable cases, the Tribe was provided timely notification.

12 cases (20%) reviewed were rated as needing improvement.

- In nine cases, concerted efforts were needed to keep the child's important connections. Often, connections were not identified or recognized by the caseworker.
- In four of these cases, the child did not have connections to community/friends that were important to them.
- In two of these cases, the child had prior relationships with extended relatives, and these connections were not maintained.
- In three of these cases, connections were not identified or assessed by the agency.
- In 10 cases, concerted efforts were needed to determine whether the child was a member or eligible for membership in a federally recognized Tribe.
- In four of these cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the Tribe.

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

Over the past five years, CWSB has demonstrated a continued focus on strengthening and maintaining the critical bonds and connections in a child's life while the child is in foster care. This commitment continues through today and is evident in CWSB's partnerships with schools, Judiciary, UH law school, contracted and community partners, including but not limited to EPIC Ohana and Liliuokalani Trust, and many other community entities in the collaborative Na Kama a Haloa. Hawaii appreciates the voices of its lived-experience partners, including birth parents, relatives, and young people which have impacted the hearts and minds of the CWSB community and reinforcing the importance of connections and family.

Many of the programs that have been discussed throughout various sections of this report highlight the values of collaboration, ohana, culture, and relationships, all of which are integral to preserving connections. Two Makua and Ka Pili Ohana are two ongoing collaborations to strengthen the parent and Resource Caregiver (RCG) relationship and enhance cultural identity and healing. Na Kama a Haloa's Hui Makua and Hui Fostering Connections collaborations focus on maintaining permanent connections for Hawaiian children in care. Hui Pilina in the Na Kama collaboration has a focus on sibling connections. Between SFY 2020 – SFY 2023, Hawaii has improved from a 69% to 80% strength rating. Hawaii did experience a slight decline between SFY 2022 and SFY 2023 but continues to perform above the national average. The ongoing practice of automatic referral of families for Ohana Conferencing and Family Finding has contributed to Hawaii's high performance in this area. Ohana Time's goal of enriching connections with biological family members has greatly assisted Hawaii in reducing the amount of time a child spends in foster care and supporting the child's emotional health.

Most recently, Hawaii and the DAGs-FLD have collaborated to implement the use of the Parent's Statement of Indian Ancestry form. This form was developed as a tool to assist in identifying a Native American child as early as possible, a requirement of ICWA. It is believed that this form will assist in ensuring that concerted efforts are made to determine whether the child is a member or is eligible for membership in a federally recognized Tribe.

CWSB continues to look for ways to preserve the child's connections to their neighborhood, community, faith, extended family, tribe, school, and friend.

Additional strategies that may uplift the practice and ratings include:

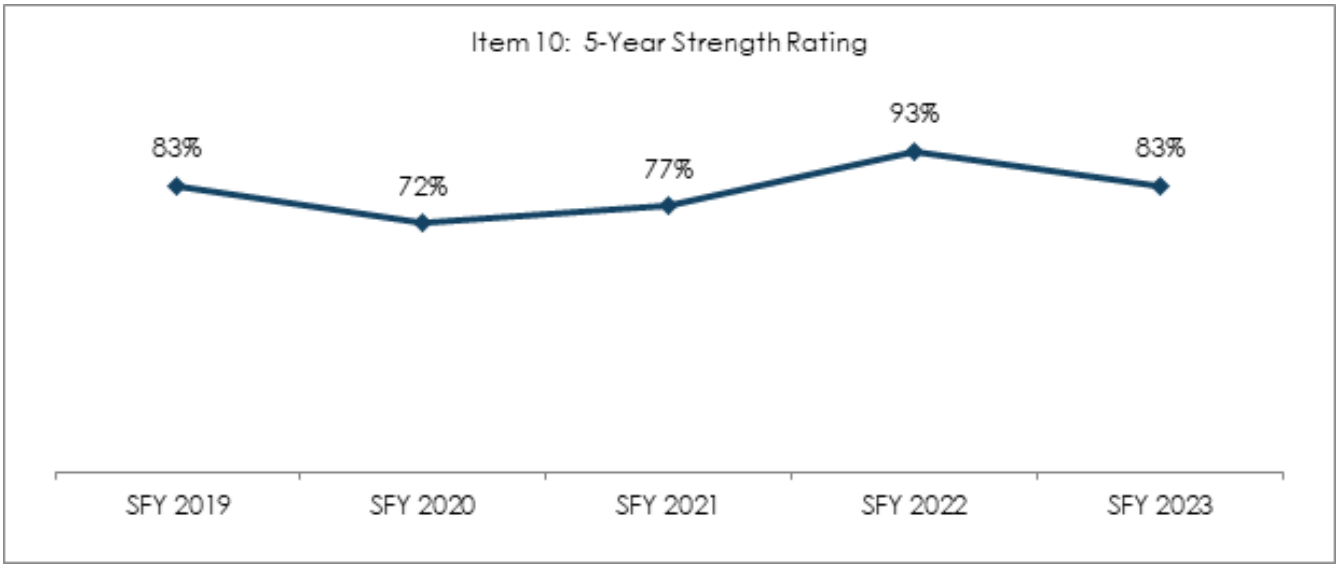
- Increasing and maintaining monthly contacts with children and parents.
- Enhancing assessment efforts of the child's important connections through authentic engagement (community, same school, friends, family, culture, Tribe, extended family).
- Identifying and maintaining the child's connections to family, school, activities, peers, culture, community, faith, and Tribe they had before entering care.
- Arranging contact with extended family members.
- Providing information and support to RCGs regarding the child's culture and needs.
- Helping to coordinate with RCGs to promote contact between siblings and other family members.
- Enhancing efforts for promote "Shared Parenting" between RCGs and Birth Parents through referrals to Two Makua and Ka Pili Ohana, as appropriate.
- Placing with relatives.
- Consulting with Parent Partner agencies to assist with connections and possibilities for contacts.

CWSB is collaborating with Department of Education (DOE) to provide a joint training to school and complex level foster care Points of Contact, and school principals, as well as CWSB staff, on educational stability, including the Best Interest Determination (BID) meeting process. There is also consideration to including CASAs and GALs in the training. Ensuring youth in care are able to remain in their school of origin is an important component of preserving connections.

CFSR Item 10: Relative Placement

Please refer to the *Figure C10: Item 10 – Relative Placement* for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C10: ITEM 10: RELATIVE PLACEMENT



PURPOSE

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

In 50 of 60 applicable cases (or 83%), children were placed with relatives (34 cases), and concerted efforts were made to place children with relatives. The concerted efforts included: identification of relatives at the time of removal for immediate placement; relative searches through EPIC to identify and locate appropriate relative placement; and letters sent to relatives by EPIC informing them that the child(ren) were in foster care.

Ten cases (or 17%) were rated as needing improvement.

- In six cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR.
    - In two cases, relatives were not identified.
    - In three cases, relatives were not informed.
    - In two of these cases, relatives were not evaluated for placement.
- In 10 cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR.
    - In two of these cases, relatives were not identified.
    - In one case, the contracted provider did not conduct family findings because paternity was not established, and the department did not sufficiently conduct the findings.
    - In eight cases, relatives were not evaluated for placement.

Additional Data

Children in Relative & Non-Relative Placements 12-month average

[Type of Home]	Number of children	Percentage
Relative homes	345	47%
Non-Relative homes	387	53%

***Source: DHS/SMO (November 2023 to November 2024).**
Hawaii has a 12-month average of 47% for relative placements and identifies this as a strength.

DISCUSSION

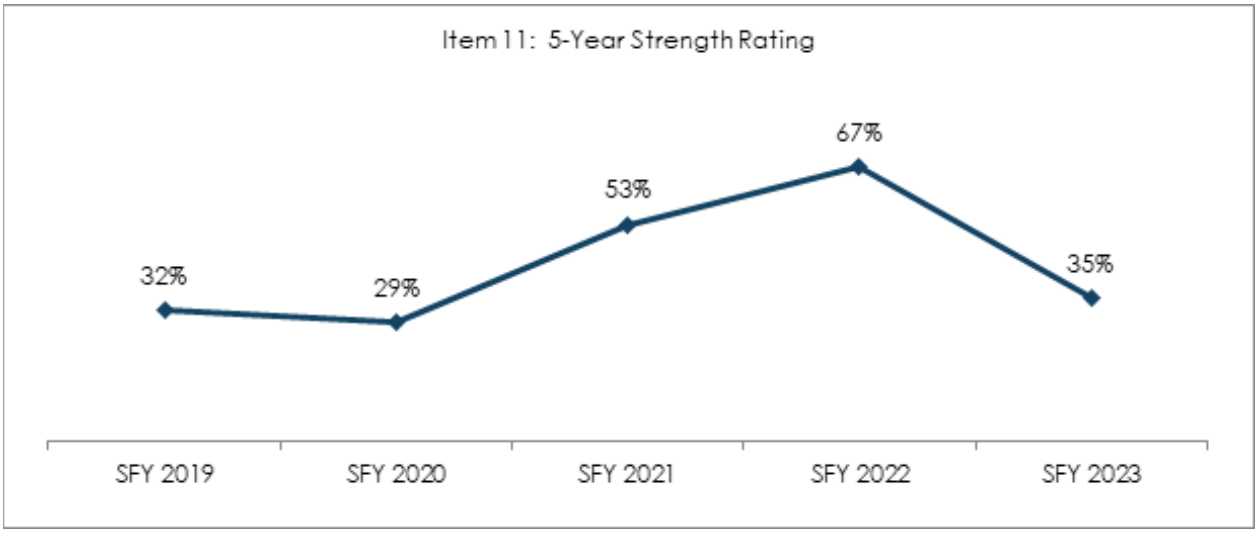
When comparing this last review with the previous year's, Hawaii's rating has dropped 10%, from 93% to 83% as noted in the Item 10 graph above. As a result of the review findings, an emphasis on father participation, and in an effort to course correct, Hawaii is investigating new ways to engage fathers, which help to increase the pool of potential relatives available as placement options. Our DHS Director's office has assigned a staff person to support CWS and our contracted provider in devising a way to better engage fathers and improve Resource Caregiver recruitment efforts.

Since placement with relatives helps provide familiarity and continuity which positively impacts the wellbeing of a child removed from their home, CWS continues efforts to identify and support relatives as resource caregivers and possibly first placements. Hawaii policy gives preference to relatives interested in providing care and with adequate supports Hawaii strives to ensure relative placements are made and are the first and only placement for a child who must come into care.

Item 11: Relationship of child in care with parents

Please refer to the *Figure C11: Item 11 – Relationship of child in care with parents* for a graph of the S FY 2019-2023 five-year strength rating for this item.

FIGURE C11: ITEM 11: RELATIONSHIP OF CHILD IN CARE WITH PARENTS



Data Source: HCWCQI

SUMMARY

34 Cases Reviewed
12 STRENGTHS, 22 AREAS NEEDING IMPROVEMENT

PURPOSE

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

Performance Data Highlights and Brief Analysis

In 12 of 34 applicable cases (or 35%), efforts were made to promote, support, and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. Ohana Conferences were helpful in coordinating activities to maintain relationships with parents and children. This was done by the caseworker informing and encouraging parents' participation in attendance at medical and dental appointments, school activities, sports activities, and after-school or community activities. Additionally, therapeutic interventions to help parents and child strengthen their relationship were offered. In six cases, the RCG (Resource Caregiver) played a significant role in supporting a positive relationship between parent and child. In three cases, transportation assistance was provided so the parent(s) could attend appointments and activities.

Twenty-two cases (or 65%) were rated as needing improvement. Parents were not encouraged or informed of opportunities.

- In 17 cases, efforts were needed to support the children's relationships with their mothers.
- In 11 cases, efforts were needed to support the children's relationships with their fathers.

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

In the past five years, Hawaii has improved in this item going from a strength rating of 29% in SFY2020 to 35% in SFY 2023. Hawaii's strength rating peaked at 67% in SFY2022.

The improvements that Hawaii has been able to make in this item appear to align with strategies Hawaii has implemented over the past few years. Concerted efforts were made to improve the frequency of monthly contact with parents using the monthly visit tracker tool which was reviewed in different settings and at different levels including but not limited to supervision and unit meetings and by CWSB. A focus was also placed on improving the use of Ohana Conferences by revising procedures to specify the frequency which they are held.

The COVID-19 pandemic also provided opportunities to be creative in promoting, supporting, and/or maintaining positive relationships between children in care and their parents or primary caregiver. The use of technology allowed parents to connect with their children virtually and continue activities such as reading books. It also promoted parents to write letters to their children. Hawaii recognizes that virtual contact does not replace in-person contact but it allowed for continued connections during the pandemic and has created additional opportunities that continue to be used presently to enhance contact and connections.

Frequent contact, awareness on the part of caseworkers and parents of opportunities outside of parent-child visitation and monitoring by CWSB when RCGs are primarily responsible for ohana time may support the parent child relationship.

CWSB continues to review practice strategies and community partnerships to uplift and strengthen this item. Some of these activities may include:

- ensuring regular and quality monthly contacts with children, parents, and RCGs;
- expanding the use of the Caseworker Monthly visit form to assist workers and supervisors to maintain quality monthly contacts;
- expanding utilization of the locate parents checklist to improve efforts to locate parents
- offering and encouraging parent participation in activities beyond visitation including but not limited to appointments, school activities and conferences, community, sports activities, and hobbies;
- providing therapeutic opportunities to strengthen the relationship;
- increasing referrals to programs such as Two Makua Meetings and Ka Pili Ohana (strengthens the Shared Parenting model and Cultural Engagement) to support parent - RCG relationships;
- encouraging RCG's to serve as mentors and role models;
- exploring strategies to improve documentation of efforts; and
- consulting with Parent Partner agencies for assistance in connections and other creative possibilities for ongoing contacts.

In collaboration with its contracted and community partners, as well as court stakeholders, Hawaii continues to collaborate on projects and enhance and expand services that promote immediate connections and "shared parenting" between RCGs and parents, cultural engagement and healing, and partnerships with lived-experience experts and communities. These partners include Zero to Three (ZTT)

Court, Project First Care, RCG support contract, EPIC Ohana "Two Makua/Two Parent" First meetings, Liliuokalani Trust's Ka Pili Ohana, Na Kama a Haloa Hui Projects with birth parents and RCGs, and WRAP Parent Partners. All of the above-named partners have jointly contributed to strengthening the relationships between the children and their parents.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

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

1. Performance Data Highlights

Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

- What is the trend in performance over time, and is the state trending in the desired direction?
- What information do other related data sources provide to inform state observations?
- What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
- What does the performance data identify as areas of strength?
- What does the performance data identify as areas in need of improvement?
- Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

- What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
- What events, conditions, or factors contribute to or lead to the strength or problem?
- What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?

- Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

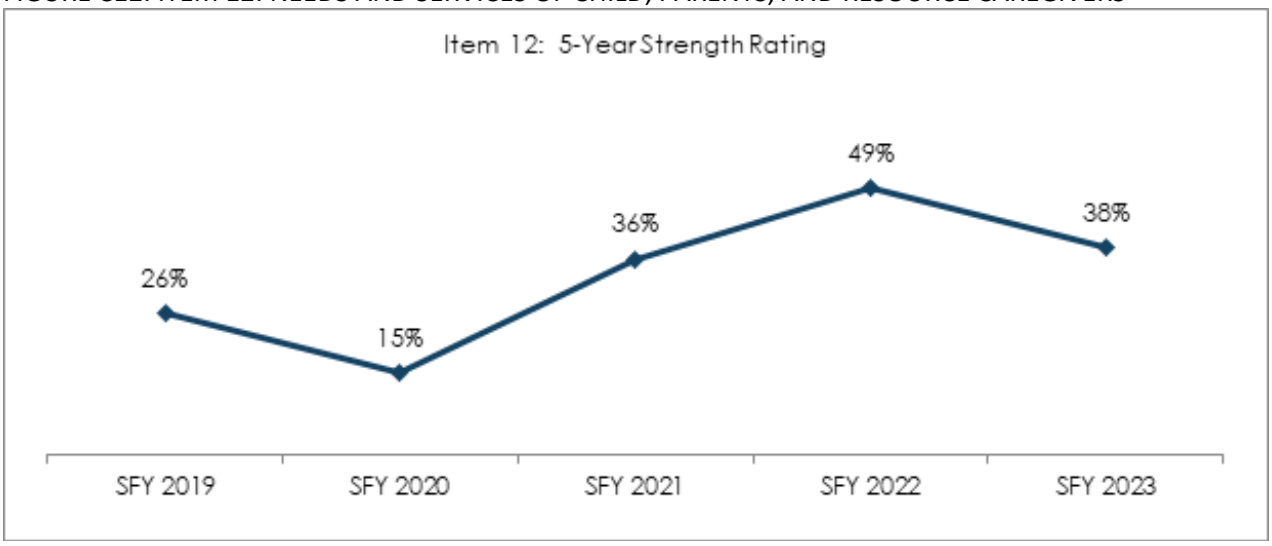
State Response:

Well Being Outcome 1

Item 12: Needs and services of child, parents, and resource caregivers

Please see *Figure C12: Item 12 – Needs and services of child, parents, and resource caregivers for a chart of the SFY 2019* - 2023 five-year strength rating for this item.

FIGURE C12: ITEM 12: NEEDS AND SERVICES OF CHILD, PARENTS, AND RESOURCE CAREGIVERS



Data Source: HCWCQI

SY2023 Data
95 Cases Reviewed
36 STRENGTHS, 59 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and resource caregivers (both initially, at the child's entry into foster care if the child entered during the period under review and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

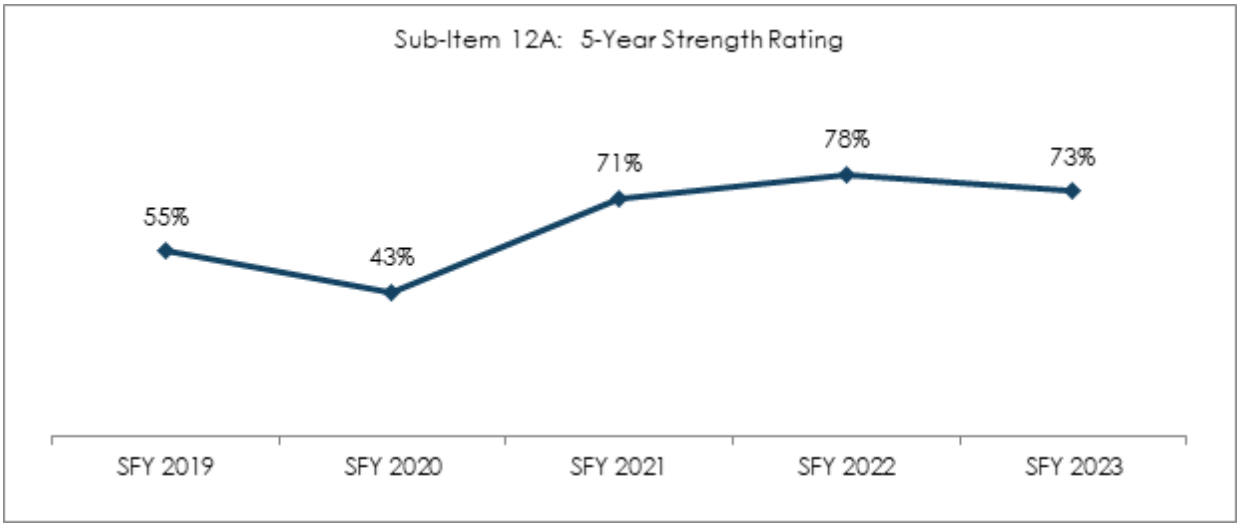
Performance Data Highlights and Brief Analysis

In 36 of 95 applicable cases (or 38%), concerted efforts were made to assess the needs of children, parents, and resource caregivers initially and on an ongoing basis. Concerted efforts were also made to identify and provide the services necessary to achieve case goals and adequately address the relevant issues. Caseworkers discussed needs and services during monthly visits, which allowed for ongoing assessment and monitoring of progress.

Fifty-nine cases (or 62%) were rated as needing improvement. Inadequate monthly caseworker visits and alternative communication, like phone calls, negatively impacted this performance item. Without some contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments needed to be more evident to ensure the services met their needs and that progress was being made with those services toward case goals. *Please refer to Section V.B.1 item #12A, #12B and #12C for further information on these items over the past five years and future plans*.

Sub-Item 12A: Needs assessment and services to children

Please refer to *Figure C12A: Item 12A - Needs assessment and services to children* for a chart of the SFY 2019 - 2023 five-year strength rating for this item.



Data Source: HCWCQI

SFY 2023 Data
95 Cases Reviewed
69 STRENGTHS, 26 AREAS NEEDING IMPROVEMENT

Performance Data Highlights and Brief Analysis

- In 69 of 95 applicable cases (73%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed children's needs (75% Foster Care, 55% In-home, 86% VCM).
- In 41 of 62 applicable cases (66%), appropriate services were provided to children to meet their needs. In cases when youth were 16 or older, five of eight applicable youth were offered or provided with independent living services.

- In 26 of 95 applicable cases (27%), initial and/or ongoing comprehensive assessments were needed to accurately assess children's needs.
- In 21 of 62 applicable cases (34%), appropriate services were not provided, or monitoring of services to ensure the children's needs were being met did not occur.

73% Strength
27% Area Needing Improvement

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

In the past five years, Hawaii has improved in this item from a strength rating of 55% in SFY2019 to 73% in SFY2023, peaking in SFY2022 at 78%.

The CFSR PIP3 strategies for tracking, supervision frequency and quality, case documentation, and strong collaboration among CWSB, CQI-UH Maui, and other external partners have contributed to maintaining positive movement in this area. Collaborations with community and cultural partners and providers, the Judiciary, the Department of Health (DOH), the Department of Education (DOE), and lived experience young people and families helped to create innovative approaches and resources to address the extraordinary challenges of the pandemic and beyond. Telehealth; virtual family visits; virtual court hearings; cultural connections with Liliuokalani Trust, Kamehameha Schools, and We are Oceania; and shared parenting between RCGs and birth parents offered different and various opportunities, services, and resources for the children and young people.

CWSB recognizes the importance of regular worker visits in ensuring that children's needs are regularly assessed, and appropriate services are provided to meet those needs. To ensure staff capacity to manage cases and improve outcomes, CWSB has prioritized workforce support as an area for support in Hawaii's 2024-2025 workplan. The goals are to support recruitment and retention of staff by developing a targeted plan to reduce CWSB's vacancy rate and increase supervisory supports.

CWSB is also working to enhance efforts to develop Transition Plans prior to youth exiting care and Independent Living Transition Plans for all youth in care who are 16 and over. In collaboration with UH Law School and EPIC Ohana, CWSB has begun working on developing a template that workers can use to ensure each child in foster care is provided with assistance and support in developing a transition plan during the three months before their 18th birthday. Currently, Youth Circles serve as the primary venue for development of these plans. For those youth who opt out of a Youth Circle, a simple template form is being developed that can be used by the case worker or provider to help the youth develop their plan. A recent presentation at the monthly CWSB meeting provided an opportunity to review the federal requirements, share the draft form, and gather feedback to incorporate in the finalized document. Tracking methods have also been discussed to determine any needed revisions that could support completion of transition plans.
Additional strategies that may enhance improved outcomes in this area include:

- Continuing to support Youth Circle referrals, especially for all youth aged 16 and older.
- Continuing the Quality Improvement Center - Engaging Youth (QIC-EY) pilot project work that will help improve permanency and case planning for youth in care. QIC-EY is currently being piloted in Hilo with the hope of expanding statewide.

Wellbeing Outcome #1
Sub-Item 12B: Needs assessment and services to parents

Please see *FIGURE C12B: SUB-ITEM 12B: NEEDS ASSESSMENT AND SERVICES TO PARENTS* for a graph of the SFY 2019-2023 five-year strength rating for this item.



Sub-Item 12B: Needs Assessment and Services to Parents
(Well-Being Outcome 1)

Purpose of Assessment: To determine whether, during the period under review, the agency made concerted efforts to assess the needs of parents (both initially, if the child entered foster care or the case was opened during the PUR, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provide the appropriate services.

Data Source: HCWCQI

SFY 2023 Data

34% Strength
66% Area Needing Improvement

83 Cases Reviewed
28 STRENGTHS, 55 AREAS NEEDING IMPROVEMENT

Purpose

This item is assessed to determine whether the needs of parents were adequately assessed and the necessary services were provided to them to effectively care for children in their custody.

For mothers:

- In 34 of 73 applicable cases (or 47%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed mothers' needs (40% Foster Care, 42% In-home, 71% VCM).
- In 30 of 67 applicable cases (or 45%), appropriate services were provided to mothers to meet their needs. Related to lack of ongoing contact or efforts to locate.
- In 39 of 73 applicable cases (or 53%), initial and/or ongoing comprehensive assessments were needed to accurately assess mothers' needs.
- In 37 of 67 applicable cases (or 55%), appropriate services were not provided to mothers to meet their needs, or there was a lack of monitoring and follow-up on services to ensure mothers' needs were being met.
- In 38 cases, the infrequency of visits or lack of efforts to contact and engage the mother impacted this item.

For fathers:

- In 28 of 70 applicable cases (or 40%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed fathers' needs (34% Foster Care, 38% In-home, 62% VCM).

- In 22 of 63 applicable cases (or 35%), appropriate services were provided to fathers to meet their needs.
- In 42 of 70 applicable cases (or 60%), initial and/or ongoing comprehensive assessments were needed to accurately assess fathers' needs.
- In 41 of 63 applicable cases (or 65%), appropriate services were not provided to fathers to meet their needs, or there was a lack of monitoring and follow-up on services to ensure fathers' needs were being met.
- In 42 cases, the infrequency of visits or lack of efforts to contact and engage the father impacted this.

Discussion

Over the last five years, CWSB has made improvements in this item, increasing from 22% in SFY 2019 to 34% in SFY 2023, with a high of 50% in SFY 2022. There are similar trend ratings for caseworker visits with parents increasing from 17% in SFY 2019 to 35% in SFY 2023.

In general, when case workers meet regularly with parents, case workers are able to identify and meet parents' needs. Initial engagement by case workers is helpful to build relationships and establish connections and partnerships with parents. Further, case workers face-to-face contact with parents is important to establish and support ongoing engagement, communication, and assessment and identification of needs, and coordination of services to meet those needs. Worker changes can affect consistent contact and engagement. CWSB continues to develop strategies to support and enhance the workforce to build capacity to contact and provide services to families.

CWSB continues to identify opportunities to enhance practice and achieve outcomes with children and families. Some of these items are strategies that are cross cutting and may positively affect multiple outcomes. Some activities include:

- Continue to utilize and develop additional strategies to support recruitment and retention of caseworkers. This work has been started and has been discussed in other sections. Enhancing the workforce through recruitment, retention, training, and support helps to achieve quality contacts with parents.
- Enhance caseworker engagement with children, parents, and resource caregivers through trainings on cultural and family voice. As part of collaboration with Na Kama a Haloa, the Native Hawaiian Perspectives Training has been provided to the CWSB workforce. Understanding of the Native Hawaiian historical experience may help works to better partner with Native Hawaiian families, as CWSB works to address the disproportionality of Native Hawaiian children in foster care.
- Utilize and expand parent partner resources to support parent engagement. This work has started in an effort to expand the support for families that may promote engagement as they are partnered with individuals with lived experience that have navigated the child welfare program.
- Utilize and expand resources such as contracted caseworker visits to enhance and increase contacts with parents. This work has expanded to Maui and Kauai as it has been available on Oahu and Hawaii Island. This provides additional connections for parents to share progress and identify needs that the CWSB caseworker can address.
- Continue to support supervision of caseworks by supervisors to promote contacts with parents. Supervisors meet regularly with caseworkers and discuss progress meet to case outcomes including worker visits with parents that enhance assessment of needs. Discussion on barriers to contact and engage parents and strategies to promote connection are also discussed in supervision and other venues.

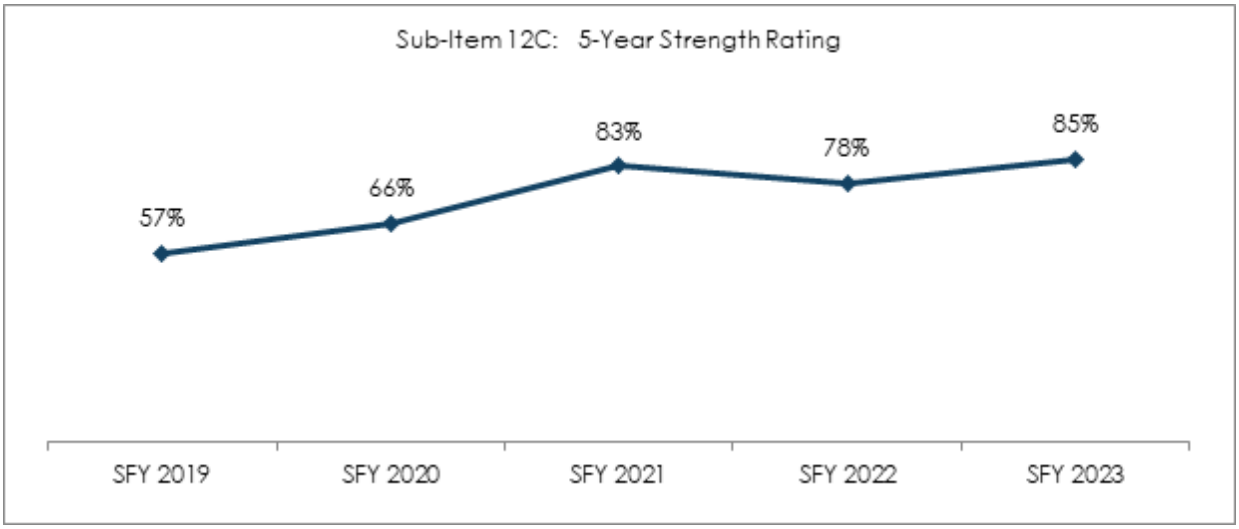
Continuous Quality Improvement

As mentioned in other sections, as part of continuous quality improvement, CWSB reviews the annual findings and reasons for strengths and challenges to identify opportunities to share strategies that assist in achieving a strength rating as well as identify ways to address areas needing improvement. As a part of each CWSB and VCM site's annual review, a results conference is held. This provides opportunities to review findings, discuss practice. CWSB uses the case review data and discussion on the items when making revisions to tools and procedures. This is evident in our work to revise practice that includes, family engagement and partnership strategies to contact families and co-create safety and service plans, collecting and documenting information that describes family strengths and needs, and efforts to work with families to identify services and supports to address safety concerns, clarify procedures, and brainstorm solutions to achieve contact. These discussions also include strategies to locate and partner with families when challenges to connect with families is identified. Workers can share successful strategies with each other to promote improved connections and opportunities to assess needs and provide services.

Item 12C – Needs Assessment and Services to Resource Caregivers

Please refer to *Figure C12C: Sub-Item 12C – Needs Assessment and Services to Resource Caregivers*.

FIGURE C12C: SUB-ITEM 12C: NEEDS ASSESSMENT AND SERVICES TO RESOURCE CAREGIVERS



Data Source: HCWCQI

SY 2023 Data
55 Cases Reviewed
47 STRENGTHS, 8 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether the needs of resource caregivers were adequately assessed and the necessary services were provided to them to effectively care for children in their custody.

SUMMARY OF SFY 2023 DATA

- In 48 of 55 applicable cases (88%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed resource caregivers' needs.
- In 38 of 46 applicable cases (83%), appropriate services were provided to resource caregivers.
- In seven of 55 applicable cases (12%), initial and/or ongoing comprehensive assessments were needed to accurately assess resource caregivers' needs.
- In eight of 46 appliable cases (17%), appropriate services were needed to adequately care for the child but were not provided.

DISCUSSION

Face-to-face contact and additional communication methods such as texts, phone calls, and emails support assessing and addressing the needs of resource caregivers. Additional communication options allow for real-time information sharing check-ins as needed on a child's needs services. Relative resource caregivers who are familiar with their family members are often able to provide support for children to address their needs and to access service.

CWSB works to identify fathers early on to promote engagement and identify paternal relatives that may be a support to the child and a possible placement option. This may help identify more relatives initially and increase the possibility for relative placement options and foster natural family connections.

Multiple opportunities for resource caregivers (RCGs) to receive training and support are available. The relative RCG brochure has been translated into targeted languages to promote engagement, help relatives understand the importance of relatives as caregivers, and explain the process to become an RCG. Support resources are made available through a contracted provider, Catholic Charities Hawaii.

Contracted support services include targeted training and support groups for RCGs, adoptive parents, and legal guardians in addition to a web portal that allows for ease if application and information sharing any time day or night. The foundation of the training curriculum uses a Trauma and Healing Informed Care lens, which may help RCGs understand the experience of children and families in foster care and better support their needs. Please refer to *Systemic Factor Item 29***,** for additional information on how training and support services enhance abilities of RCGs to meet the needs of the children in their care. Ongoing training and support opportunities are designed to promote greater connection to resource family networks and resources, recruitment, and encourage peer navigator connections. These events are family friendly, held in locations that are easily accessible, and at times that are convenient for RCGs. CWSB firmly believes that children can greatly benefit from placement with relatives and continues efforts to identify and support relatives as RCGs as well as non-relative RCGs.

Home Visiting Services (HVS) continues to support children ages 0-5. Although HVS focus is on parents and children, their services are also provided to children in foster care and their RCGS. HVS will engage with the RCG and children just as they do with parents and children, to promote consistency of care for the child and potentially strengthen the relationship of the RCG and parent if the service is provided to them together. This helps support reunification with birth parents and allows for the transition home to be as smooth and seamless as possible.

Additional supports are also available for relative RCGs that may promote their availability and capacity to care for their relative in foster care. Services like the Ohana Navigator Program are available for relative resource caregivers to support their availability and capacity to care for their relative in foster

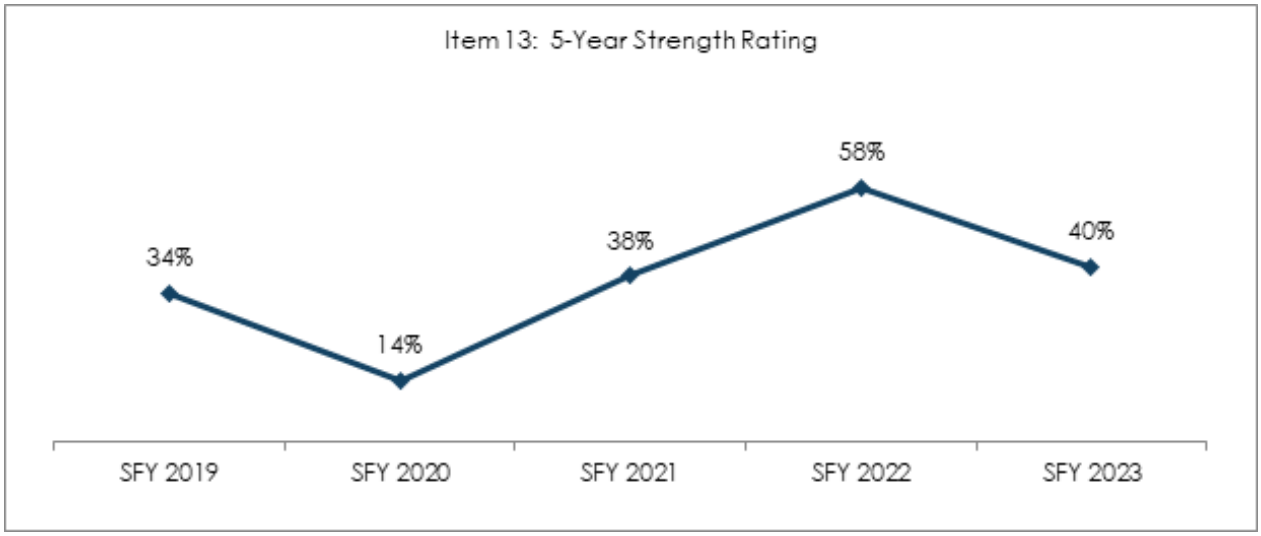
care. The Ohana Navigator Program focuses on helping to stabilize and maintain placement for these families. There are two components of the Ohana Navigator Program. The first is to provide a one-to-one supportive peer mentor and establish the relationship between seasoned resource caregivers (Peer Navigators) and new relative resource caregivers. The second component of the Ohana Navigator Program is to coordinate and provide social networking events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. Ohana Navigators are available to support all RCGs, kin or not.

Shared parenting is the mindset of practice to support parents and children involved in foster care. Two Makua is a support to the RCG as it provides connection to the birth family and information on the child's needs and preferences directly from the family, which helps the RCG better support the child. Hawaii has implemented Two Makua (two families) meetings as a way to facilitate RCGs and birthparents working together and sharing parenting for the best interest of the child(ren). Hawaii also encourages participation in Two Makua meetings. Two Makua works well to encourage resource caregivers and birth families to develop an engaged relationship that fosters mutual respect, continued parent connection/bonding, and support for the child's development and best interests.Initially designed to address the needs of Native Hawaiian families, the use of this two-families model has been expanded to offer this support to all families working towards reunification.

Item 13: Engagement of child and parent in case planning

Please refer to Figure C13: Item 13 – Engagement of child and parent in case planning for a chart of the SFY 2019 - 2023 five-year strength rating for this item.

FIGURE C13: ITEM 13: CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING



Data Source: HCWCQI

SUMMARY

92 Cases Reviewed
37 STRENGTHS, 55 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether efforts were made to involve parents and children (if developmentally appropriate) in case planning.

Performance Data Highlights and Brief Analysis

In 37 of 92 applicable cases (40%), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction in quality monthly visits through in-depth conversations, which allowed families to express their feelings and have a voice in their plan. Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate and engage parents and children contributed to strength ratings.

55 cases (60%) were rated as needing improvement. In many of these cases, the infrequency and low quality of contact did not allow the children and parents to be engaged in case planning. Parents and children in these cases were seen infrequently; in some cases, they were not seen for several consecutive months and lacked engagement and in-depth conversations. Ohana Conferences could have helped improve communication and facilitate case planning with the parents.

- In 40 of 71 applicable cases (56%), concerted efforts were not made to actively involve the child in case planning.
- In 30 of 69 applicable cases (43%), concerted efforts were not made to actively involve the mother in case planning.
- In 24 of 65 applicable cases (37%), concerted efforts were not made to actively involve the father in case planning.

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

In the past five years, Hawaii has improved in this item from a strength rating of 34% in SFY2019 to 40% in SFY2023, with a low of 14% in SFY2020 and a high of 58% in SFY2022.

Over the past years, tools have been developed and enhanced to support staff in engaging parents and children. These tools include but are not limited to concurrent planning brochures for parents and youth, written notices of court hearings to parents and children, as appropriate, and the foster youth bill of rights. In 2022, the Family Service Plan (FSP) was revised to assist workers in engaging parents in their case plan. A practice guide was developed alongside the FSP to support staff in their conversations with families and provide families with clear and important information regarding their service plan, purpose of the DHS involvement, how DHS assesses and measures progress, parent or caregiver responsibilities, DHS caseworker responsibilities, and other information regarding the concurrent planning process. It was also developed so that caseworkers can use it as a tool to facilitate difficult conversations related to full disclosure and parent or caregiver protective capacities.

Ohana Conferencing (OC) and Youth Circles continue to be a positive engagement tool to ensure family and youth voice and decision-making in case planning. Initial auto-referrals and quarterly OCs have enhanced the case planning processes. Family Finding, including defining a process to find relatives of alleged fathers, have increased father identification and support from relatives for parents in case planning.

Court stakeholders are critical to supporting engagement of parents in their case plan. The concurrent planning parent and youth brochure were created as a strategy for Hawaii's PIP3 to help reach

permanency timely. These resources have been shared and reviewed with court stakeholders at quarterly stakeholder meetings and are available at the courthouses for parents' attorneys to use in their conversations with parents.

CWSB contracts and collaborative projects have increased family engagement in planning for the lives of their families and children and youth. Contracts such as WRAP utilize lived-experience partners, who are former CWSB birth parents, to promote reunification by providing support and helping current birth parents navigate the system and resources.

Other collaborations with EPIC Ohana and Liliuokalani Trust (LT) provide support and promote cultural engagement and healing in case planning. For example, Two Makua Meetings connect birth parents with RCGs and cultural enhancement. This "shared parenting" is critical in the evolution of the case. Another example of cultural healing, shared parenting, relationship building is the collaboration with LT regarding Ka Pili Ohana (KPO). It strengthens the relationship between the birth parent, children, Resource Caregiver (RCG), CWS and other critical parties.

Worker visits remain a key factor in ensuring engagement of child and parent in case planning. To strengthen recruitment and retention of the workforce, CWSB has prioritized workforce support as an area for support in Hawaii's 2024-2025 workplan. Goals of the plan include supporting recruitment and retention of staff by developing a targeted plan to reduce CWSB's vacancy rate and increase supervisory supports.

CWSB will continue to prioritize parent partners in its work. Hawaii believes that by utilizing parent partners early in the case, engagement of parents in case planning will be enhanced. Parent partners are involved in workgroups focusing on casework practice and helping to inform and develop training.

Additional strategies that may support improved outcomes include:

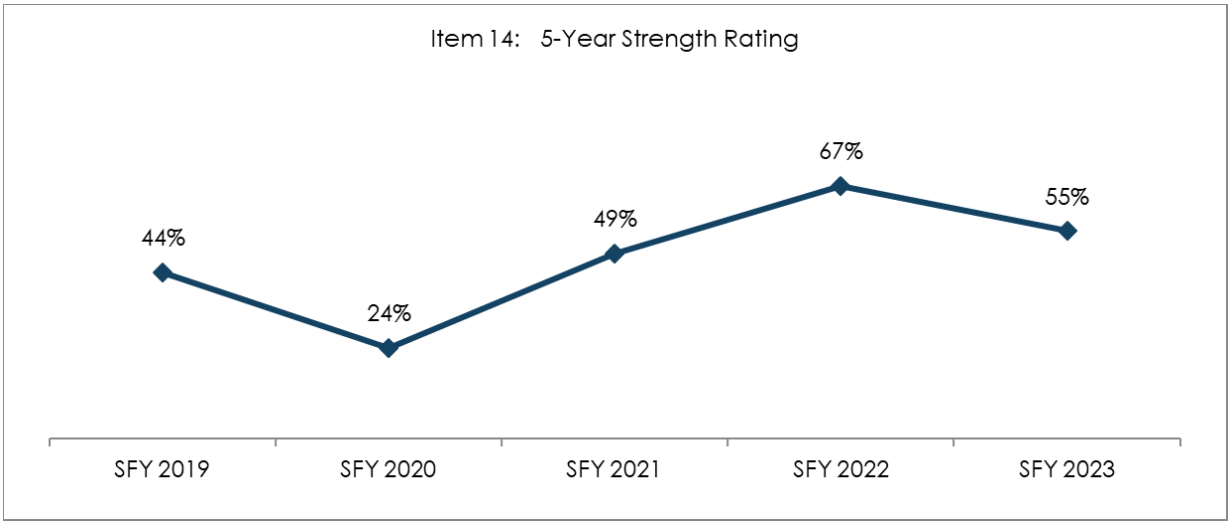
- Continuing to support use of Ohana Conferencing throughout the life of the case.
- Continuing to promote the value of Youth Circles, especially for all youth aged 16 and older.
- Continuing the Quality Improvement Center – Engaging Youth (QIC-EY) pilot project work.
- Continuing to expand WRAP, Parent Partners, and Peer Partners and collaborate with Department of Health (DOH)-Makua Allies to support the voices and the case management work of lived-experience experts.

Wellbeing Outcome #1

Item #14 Face-to-Face Contact with Children

Please see *Figure C14: Item 14 – Caseworker visits with child* for a graph of the SFY 2019-2023 five-year strength rating for this item.

FIGURE C14: ITEM 14: CASEWORKER VISITS WITH CHILD



Data Source: HCWCQI

SFY 2023 Data

95 Cases Reviewed
52 STRENGTHS, 43 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

SUMMARY OF SFY 2023 DATA

A. **Strengths**

In fifty-two of ninety-five applicable cases (or 55%), the frequency and quality of visits between caseworkers and children were sufficient to ensure their safety, permanency, and wellbeing and to promote the achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and wellbeing in a way appropriate for that specific child. In many of these cases, caseworkers built good rapport with children and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the children with parents, resource caregivers, and/or siblings as part of their monthly contact. In fifty-three cases, the frequency of visits was sufficient; in seventy-three cases, the quality was sufficient.

B. **Areas Needing Improvement**

Forty-three cases (or 45%) were rated as needing improvement.

1. In forty-three cases, the frequency of contact with the children was less than monthly. Staff turnover/transfers and high caseloads appeared to account for several cases. In two cases the children were never seen.
2. In twenty cases, the quality of visits with the children was insufficient. In these cases, discussions with children did not sufficiently address safety, permanency, and wellbeing. In some of these cases, information from documentation and interviews did not describe sufficient quality, and the caseworker was unavailable for an interview.
    a. In fourteen of these cases, visits lacked in-depth conversations, were brief or the location was not sufficient to engage the child as needed.

DISCUSSION

CWSB recognizes that frequent, quality contact with children translates directly to improved outcomes. CWS staff understands the importance of monthly face-to-face visits with children – that frequent, quality contact between the worker and the child are key to successful casework and good case outcomes. Hawaii prioritizes monthly caseworker face-to-face visits with children.

In *Figure C14: Item 14 – Caseworker visits with child,* one can see that, although Hawaii continues to struggle with completing quality monthly visits with all children, there has been improvement over the past five years. Although there was a drop in performance from SFY 2022 (67% strengths) to SFY 2023 (55% strengths), performance for the most recent three years (SFYs 2021, 2022, and 2023) has been better than the prior two (SFYs 2019 and 2020).

A key activity of Hawaii's CFSR PIP3 had been to track and monitor frequency of face-to face visits between caseworkers and children. The tracker for face-to-face visits between the workers and children was implemented as part of the PIP. Staff were initially slow to use the tracker regularly, but this improved with the implementation of structured monthly supervision. Statewide supervisors have been encouraged to review caseworker visits via the tracker with their staff at least monthly, and to steer their staff to prioritize work to help ensure all children are seen monthly. Additionally, with the PIP3 focus on improved supervision, supervisors are better able to guide, coach, and support caseworkers in completing quality visits with children.

Performance on this item varies by section. CWSB Administrators are working with Section Administrators every week, sharing strategies across sections to improve in this area.

Hawaii expects to see improvement in this item over the next few years, due to the planned actions and efforts listed below.

- Filling vacant positions,
- Keeping children out of foster care via FFH, which will eventually lower caseloads, freeing workers to complete frequent and quality visits,
- Sustaining improved supervision,
- Improved tracking of visits with CCWIS implementation, and
- Partnering with the community to support children and families, as outlined in the State's recently-developed Equity Action Plan, thereby lowering caseloads, freeing workers to complete frequent and quality visits.

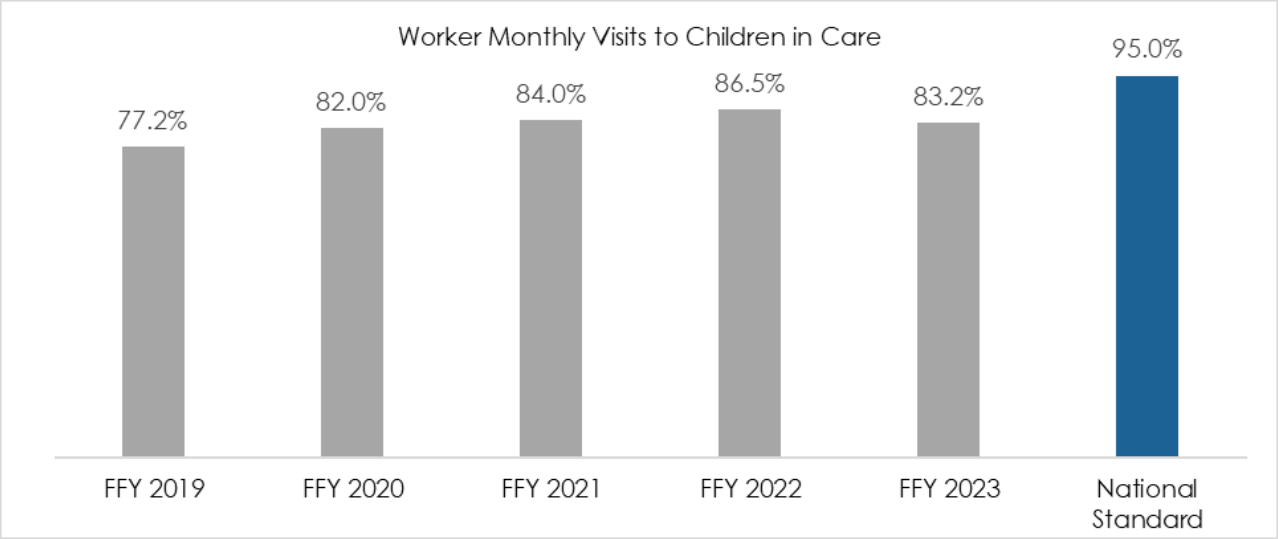
Please see Figures 65-68 of Hawaii's federal Monthly Caseworker Visits with Children Survey (also known as the Worker Visit Survey). The data displayed in these four figures is from the annual federal Title IV-B Worker Visit Survey. In FFY 2019, due to limitations of Hawaii's data system, only a sample of children were reported in the survey; this sample was roughly 20% of the applicable children statewide. In FFYs 2020, 2021, 2022, and 2023, Hawaii reported on the entire applicable population of children in foster care. In the graphs below, blue bars represent the national standard and the FFY that have met/exceeded the standard, while the gray bars indicate the standard was not met.

FIGURE 65: REPORTING POPULATION, MONTHS IN CARE, CASEWORKER VISITS

FFY	Reporting Population	Months In-Care	Caseworker Visits	In-Home Visits	% of Visits *	% of In-Home Visits**
2019	353	2,952	2,279	1,310	**77%**	**58%**
2020	2,185	18,404	15,031	9,262	**82%**	**64%**
2021	2,048	16,349	13,786	9,888	**84%**	**72%**
2022	1,841	14,854	12,851	8,494	**87%**	**66%**
2023	1,517	12,127	10,088	6,360	**83%**	**63%**

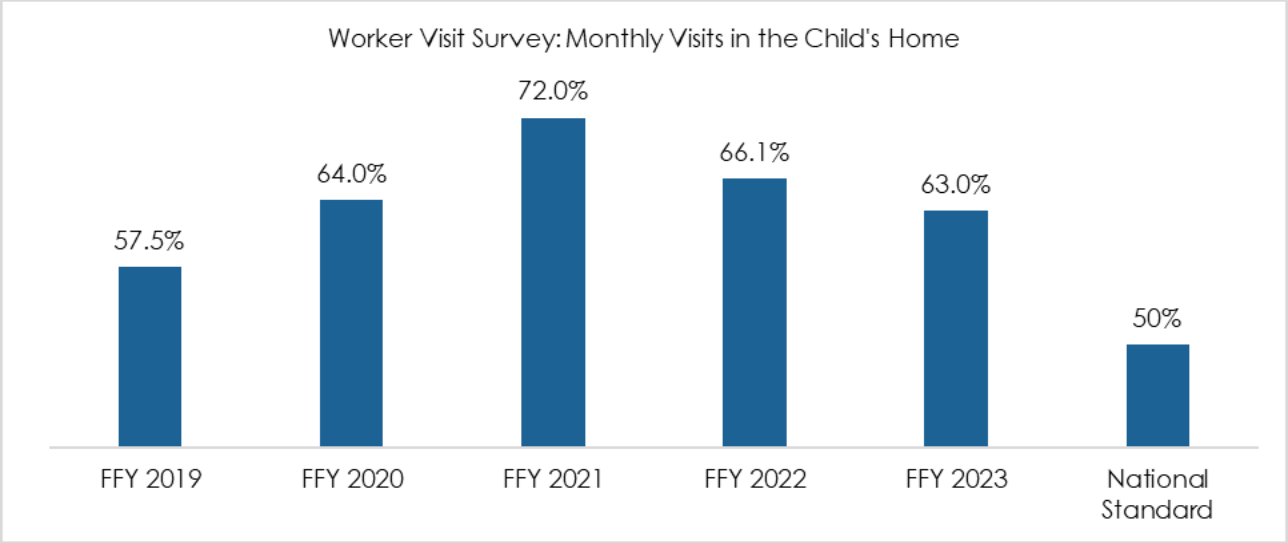
Data Source: DHS, CWS, PD
* Caseworker Visits /Months In-Care
** In-Home Visits / Caseworker Visits

FIGURE 66: MONTHLY VISITS TO CHILDREN IN CARE



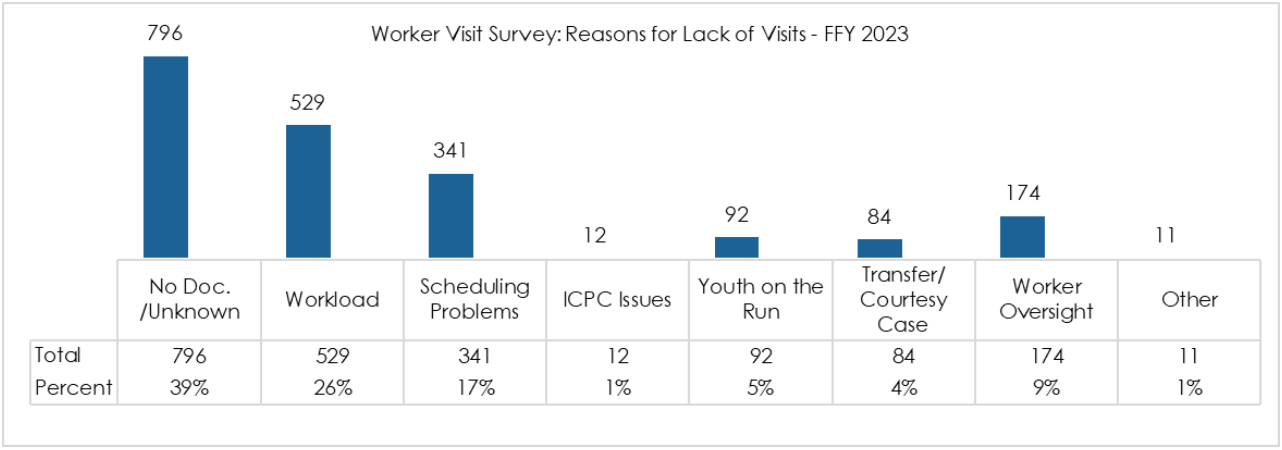
Data Source: DHS, CWS, PD
National Standard = 95.0% or higher. Outcomes higher than 95.0% are desired. Hawaii has not met this goal.

FIGURE 67: MONTHLY VISITS IN THE CHILD'S HOME



Data Source: DHS, CWS, PD
National Standard = 50.0% Outcomes higher than 50.0% are desired. Hawaii has surpassed this standard each year since FFY 2014.

FIGURE 68: REASONS FOR LACK OF VISITS – FFY 2023



	No Doc. /Unknown	Workload	Scheduling Problems	ICPC Issues	Youth on the Run	Transfer/ Courtesy Case	Worker Oversight	Other
Total	796	529	341	12	92	84	174	11
Percent	39%	26%	17%	1%	5%	4%	9%	1%

Data Source: DHS, CWS, PD

Note: Other category includes:

- trouble accessing youth due to strict placement rules (Youth Challenge, HYCF, Kahi Mohala).
- parents withholding child from CWS.
- youth unwilling to meet with CWS.

Please note that the Worker Visit Survey data only includes children who were in foster care, whereas the CFSR Item 14 data includes children in foster care and children in in-home cases, including cases served by Voluntary Case Management (VCM), part of Hawaii's Differential Response System (DRS).

The column titled "% of Visits" of *Figure 65: Reporting Population, Months in Care, Caseworker Visits* and *Figure 66: Monthly Visits to Children in Care* show Hawaii's continued struggle to meet the national standard of 95% monthly caseworker visits with children in foster care, over the past five years. It is encouraging to see that

there appears to be sustained improvement from the 77.2% monthly case worker visits in FFY 2019 to 82% or higher in the four subsequent years. Some of the strategies outlined below and in the discussion above are responsible for the improvement and point toward continued progress. It is impressive that Hawaii has been improved in this key performance area, when considering the high vacancy rate for caseworker positions, along with the rise in caseload.

Hawaii has been more successful in consistently exceeding the national standard of 50% of caseworker visits with the child being in the home where the child is living. This data is shown in the column titled "% of In-Home Visits" in *Figure 65: Reporting Population, Months in Care, Caseworker Visits* and in *Figure 67: Monthly Visits to Child's Home*. Each year, Hawaii has exceeded the 50% standard, ranging from a low of 58% in FFY 2019 to a high of 72% in FFY 2021.

The most useful of the Worker Visit Survey data figures is *Figure 68: Reasons for Lack of Visit*, because this figure provides insight into caseworkers' challenges in seeing children on their caseloads every month. Each year, when Hawaii gathers data for this survey, workers are asked for reasons why timely visits did not occur. The data in *Figure 68: Worker Visit Survey: Reasons for Lack of Visit [Chart]* is from caseworker self-reports. A more complete description of each coded reason is provided here.

A. **No Documentation/Unknown**
Reason for 796 (39%) missed visits out of a total of 2,039 missed visits in FFY 2023

For all missed visits that fall into this category, CWS was unable to find documentation that a visit occurred or a documented reason for why the needed visit did not occur. In some cases, the caseworker who was assigned the case for the month(s) with the missed visit(s) in question no longer works for CWS, so it was not possible to track down information. In other cases, where the caseworker is still working with CWSB, they could not find any notes and could not recall what happened that month. It is useful to note that some of these visits likely occurred, but since Hawaii had no documentation to confirm a visit, it was marked as a missed visit.

In FFY 2023, 39% of missed visits fell into this category. The number and percentage of missed visits that fell into this category in FFY 2023 is less than in FFY 2021 of 49%, but significantly more than the 19% of missed visits in FFY 2022.

Through its last CFSR Program Improvement Plan (PIP3), Hawaii implemented two key strategies to help address this problem: 1) the Worker Visit Tracker and 2) structured monthly supervision meetings between workers and their supervisors. The Worker Visit Tracker in the SHAKA database allows caseworkers, supervisors, and administrators to easily view which required monthly face-to-face visits have and have not occurred each month. The Tracker pulls this data directly from the documented logs of contact in the CPSS database, thereby indirectly encouraging documentation of all visits. During structured monthly supervision meetings between caseworkers and their supervisors, the Tracker content is reviewed, and documentation challenges are addressed. Although the Tracker only monitors the occurrence of these visits, during the structured monthly supervision, supervisors mentor caseworkers in improving the quality of their visits as well.

B. **Workload**
Reason for 529 (26%) missed visits out of a total of 2,039 missed visits in FFY 2023.

This encompasses all situations where the worker was aware of the needed visit, but could not make it happen that month, because of competing work demands, such as investigating a new intake, filing petitions, writing court reports, making referrals, developing case plans, attending Ohana Conferences, or visiting other children and parents.

The structured monthly supervision, mentioned above in *a. No Documentation/Unknown* helps caseworkers prioritize their conflicting demands, which directly addresses the workload problem. Caseworker vacancies and high caseloads contributed to this problem.

C. **Scheduling Problems**
Reason for 341 (17%) missed visits out of a total of 2,039 missed visits in FFY 2023

This category covers scheduling problems that arose for either the worker or the resource caregiver and child. Examples include: caregiver not home at planned meeting time, worker is on sick leave, vacations, confusion about the time of the appointment, child is sick, child is truant, and worker and caregiver could not find a time that worked for both of them.

Use of the Worker Visit Tracker, in conjunction with structured monthly supervision, is helping to address this problem.

D. **ICPC Issues**
Reason for twelve (1%) missed visits out of a total of 2,039 missed visits in FFY 2023

When a child is placed in another state via ICPC, CWSB works to set up monitoring visits for that child in the new location with a local social worker. Unfortunately, the child is often placed in the new state without those arrangements being fully in place, and visits are then missed. Often during this gap period, the Hawaii caseworker will videoconference, call, and/or text the child to try to ensure their safety, but since the contact is not live face-to-face contact and the reason is not pandemic-related these are counted as missed visits.

One way that Hawaii has been working to address this problem is by workers more clearly expressing to judges their concerns about the judges prematurely ordering a child's placement in another state without visits being arranged in the receiving state to ensure ongoing safety.

E. **Youth on the run**
Reason for 92 (5%) missed visits out of a total of 2,039 missed visits in FFY 2023

When a child in foster care runs away from placement, Hawaii follows a Missing Children protocol to work to find the child. Even if the caseworker is successful in having some contact with the child in a given month, if that contact was not face-to- face, this still counts as a missed visit. Hawaii surmises that this problem may be more pronounced in the State because the consistent warm weather allows people to live outside more easily.

With support from administration, caseworkers are learning and using a variety of social media platforms to track down and communicate with youth on the run in efforts to increase contact and ensure their safety. Additionally, staff are trained and mentored in engagement strategies and the use of trauma and healing informed care which Hawaii anticipates will aid in creating rapport between caseworkers and youth, thereby increasing communication and face-to-face visits, even when youth are living on the street.

F. **Transfer or Courtesy Case**
Reason for 84 (4%) missed visits out of a total of 2,039 missed visits in FFY 2023

This category includes cases where a case is moving from an assessment worker to a permanency worker, or from one caseworker to another, or when the worker on one island is doing visits for a worker on another island. Problems of missed visits tend to arise here because of a lack of clarity regarding whose responsibility it is, along with a lack of ownership for the activities on a new case.

With increased structured supervision, Hawaii has seen improvement. In FFY 2020, there were 231 missed visits due to it being a transfer or courtesy case, which decreased to 140 missed visits for this reason in FFY 2021, decreased to 107 missed visits in FFY 2022, and further decreased to 84 missed visits in FFY 2023. Administrators and supervisors are also working to reinforce the practice of completing a face-to-face visit prior to any transfer and completing a face-to-face visit immediately upon receipt of a transferred case.

G. **Worker Oversight**
Reason for 174 (9%) missed visits out of a total of 2,039 missed visits in FFY 2023

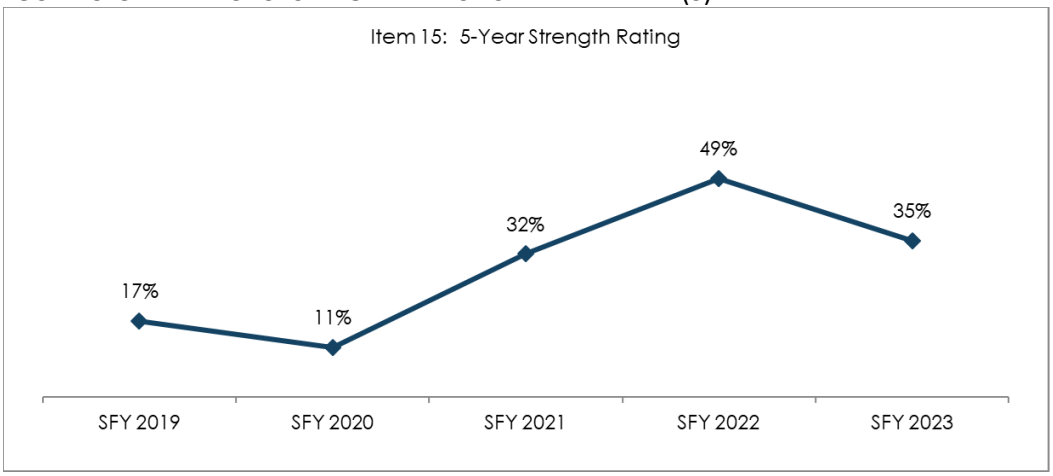
Worker oversight is as it implies, that the worker made a mistake and forgot to see the child. Failure to remember important job responsibilities could be a symptom of overwork, and therefore the strategies in the discussion above may prove useful.

Although the missed visits due to worker oversight can be viewed as simple human error, and one can imagine that some percentage of missed visits is unavoidable, Hawaii is optimistic that this category of missing visits will disappear once the Worker Visit Tracker is fully integrated into daily practice statewide.

Wellbeing Outcome #1
Item #15 Face-to-Face Contact with Parents

Please see *Figure C15: Item 15 – Caseworker visits with parents* for a graph of the SFY 2019 - 2023 five-year strength rating for this item.

FIGURE C15: ITEM 15: CASEWORKER VISITS WITH PARENT(S)



Data Source: HCWCQI

SFY 2023 Data

81 Cases Reviewed
28 STRENGTHS, 53 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

SUMMARY OF SFY 2023 DATA

A. **Strengths**

In twenty-eight of eighty-one applicable cases (or 35%), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and wellbeing of the children and promote achievement of case goals. In these cases, the mothers and fathers were contacted, involved, and engaged in case planning.

1. For mothers, in thirty-one cases, the frequency of visits was sufficient, and in forty-two cases, the quality was sufficient.
2. For fathers, in twenty-three cases, the frequency of visits was sufficient, and in forty cases, the quality was sufficient.

B. **Areas Needing Improvement**

In 53 of 81 applicable cases (or 65%), the frequency and quality of visits between caseworkers and mothers and fathers were rated as needing improvement. According to supervisors and caseworkers interviewed, a combination of staff turnover and workload were factors in not seeing parents. Lack of efforts to locate parents contributed to the rating. In nine cases, one or both parents were incarcerated, and efforts were needed to make contact.

1. For mothers:

    a. In 39 of 69 applicable cases, the typical pattern of visits with the mother was not monthly. In seven of these cases, there were no visits with mothers.
    b. In 19 of 61 applicable cases, visits with the mother were not of sufficient quality. Meaningful conversations with mothers did not occur, as issues related to case planning, services, and goal achievement were not discussed.

2. For fathers:

    a. In 37 of 65 applicable cases, the typical pattern of visits with the father was not monthly. In 12 of these cases, there were no visits with fathers.
    b. In 12 of 52 applicable cases, visits with the father were not of sufficient quality. Meaningful conversations with fathers did not occur, as issues related to case planning, services, and goal achievement were not discussed.

DISCUSSION

In *Figure C15: Item 15 – Caseworker visits with parents,* one can see that, although Hawaii continues to struggle with completing quality monthly visits with all parents, there has been improvement over the past five years. Although there was a drop in performance from SFY 2022 (49% strengths) to SFY 2023 (35% strengths), performance for the most recent three years (SFYs 2021, 2022, and 2023) has been better than the prior two (SFYs 2019 and 2020).

Please see the discussion section for Item 14, as many of the issues are similar. As part of the CFSR PIP3, Hawaii implemented a Worker Visits with Parents tracker, which has been helping staff, supervisors, and administrators ensure frequent visits with both mothers and fathers. The tracker also aids in identifying barriers to visits, e.g., incarceration or residential placement that can be addressed with supervisory support.

In PIP3, Hawaii focused on improving CWSB staff's engagement with parents. Hawaii recognizes that children achieve permanency faster (through reunification, adoption, or legal guardianship) and more safely when parents are actively involved with the case. Building rapport with parents is vital to their involvement.

A. **Past Strategies**Despite consistent improvement, Hawaii has been concerned about the deficient performance on this item. Branch Administrators have made concerted efforts to impress upon Section Administrators the importance of promoting consistent, quality visits with parents. CWSB leadership and line staff have collaborated to identify strategies to address barriers to regular contact with parents. Identified strategies included:

    1. sending letters to all known addresses,
    2. talking to relatives and neighbors to track down parents,
    3. employing formal locator systems,
    4. meeting parents on evenings and weekends,
    5. creating regular monthly appointments with parents, and
    6. workers sharing their email addresses and work cell phone numbers with parents to encourage communication.

B. **Newest Strategies**

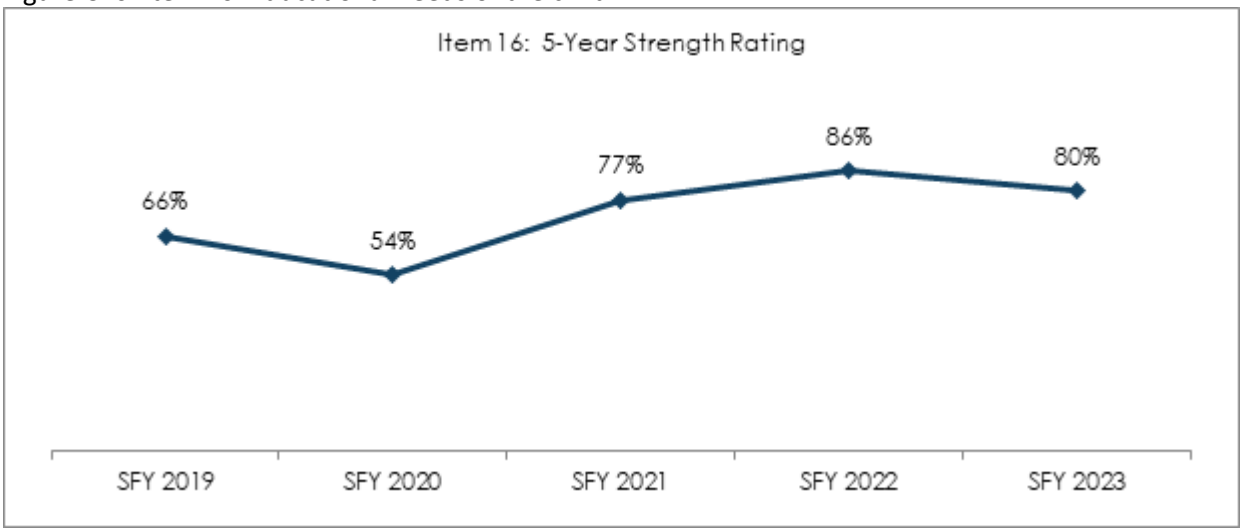
Hawaii remains concerned that performance on this item remains so low. In the next few years, CWSB has plans to focus more on the engagement of fathers. In November 2024, Na Kama a Haloa established a new hui (group), Hui Kane, which includes a representative from Child Welfare Services (CWS). Hui Kane, meaning "men" or "male," was created to explore strategies for strengthening father engagement within child welfare systems. The hui brings together a diverse group of members, including those with extensive experience working with fathers across various fields and individuals dedicated to supporting Kane within Native Hawaiian cultural contexts. CWSB also has started collaborating more intensely with parents who formerly had cases in CWS to make changes throughout the system which should assist in improving performance on this item. These efforts include:

1. Parent partners training staff on authentic parent engagement,
2. Implementing Family-Supported Arrangements Continuum procedures and guidelines,
3. Parent partners being members and leaders of CWS workgroups, and
4. Developing plans to expand the use of parent partners to more families statewide.

Wellbeing Outcome #2
Item #16 Educational Needs of the Child

Please see *Figure C16: Item 16 – Educational Needs of the Child* for a graph of the SFY 2019 - 2023 five-year strength rating for this item.

Figure C16: Item 16: Educational needs of the child



Data Source: HCWCQI

SY2023 Data
54 Cases Reviewed
43 STRENGTHS, 11 AREAS NEEDING IMPROVEMENT

Purpose

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

SUMMARY OF SY 2023 DATA

In 43 of 54 applicable cases (80%), children were assessed and provided services to meet their educational needs. Caseworkers had sufficient contact with children and their caregivers to address the educational needs. In some of these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs.
Eleven of the cases (20%) were rated as needing improvement. Consecutive missed months of face-to-face visits and a lack of in-depth conversations with the children and caregivers were factors.

- In 10 cases, initial and/or ongoing assessments of the children's educational needs were not completed.
- In nine cases, efforts were needed to address identified educational needs and provided appropriate services.
    - In three of these cases, enrollment assistance was identified as a need but not provided.
    - In three of these cases, school attendance issues existed but were not addressed.
    - In one of these cases, an Individualized Education Plan (IEP) was not monitored.

Discussion

CWSB's strength rating has decreased in this item from 86% in SFY 2022 to 80% in SFY 2023. Missed months of face-to-face visits were not completed consecutively, which resulted in a decrease in assessing and monitoring services to meet identified needs of the children. While the caseworker visits with children decreased in SFY 2023, the monthly caseworker visit form was revised to support discussion and documentation of important information and items. The form outlines elements of a quality visit and provides an area for documentation, including education related topics such as school, grade, attendance, and academic performance.

CWSB routinely collaborates with the Hawaii Department of Education (HIDOE) to strengthen and clarify procedures and processes for educational stability and determining the best interest of the child when making school placement change decisions. HIDOE and CWSB Program Development (PD) have provided case specific support to schools to help make educational stability decisions and advocate for a child remaining in his home school after removal to ensure continued connections to child's community, families, and friends. There is also a statewide collaboration with CWSB, DOE, the Judiciary, and HCWCQI to have discussions and make decisions that support efforts for foster youth to remain in their home school, after entering foster care or move to a school that can better accommodate their educational needs.

CWSB and DOE continue to partner to provide support to solve case-specific needs to achieve educational stability and success. In partnership with DOE, CWSB continues its efforts to assess and address the educational and learning needs of children placed in foster care. Collaborative workgroups that target the educational and developmental needs of children, including those with special needs,

have led to the development of joint trainings and professional development opportunities for CWSB and DOE on educational stability for children in foster care. This joint learning environment offers an opportunity to network by connecting DOE points of contact with CWSB supervisors. It offers them a forum to discuss how the DOE and CWSB are jointly addressing the requirements of the federal Every Student Succeeds Act (ESSA) and the ESSA-related Hawaii statutes as they relate to children in foster care.

CWSB continues to coordinate with DOE to provide lunch for children in foster care and those that reunify within the school year through the enrollment in the free lunch program. A MOU partnership between CWSB and DOE supports children in foster care by enrolling them in the Free School Lunches Program at their respective schools, as soon as identified as being in care. In SFY 2023, 1,305 school-age children in foster care were automatically enrolled in the school free-lunch program with the DOE. In SFY 2024, 1,065 school-age children in foster care were automatically enrolled in the school free-lunch program with DOE. All elementary-aged children in foster care can be enrolled in a free after-school program, run by DOE, funded by the federal Child Care Block Grant.

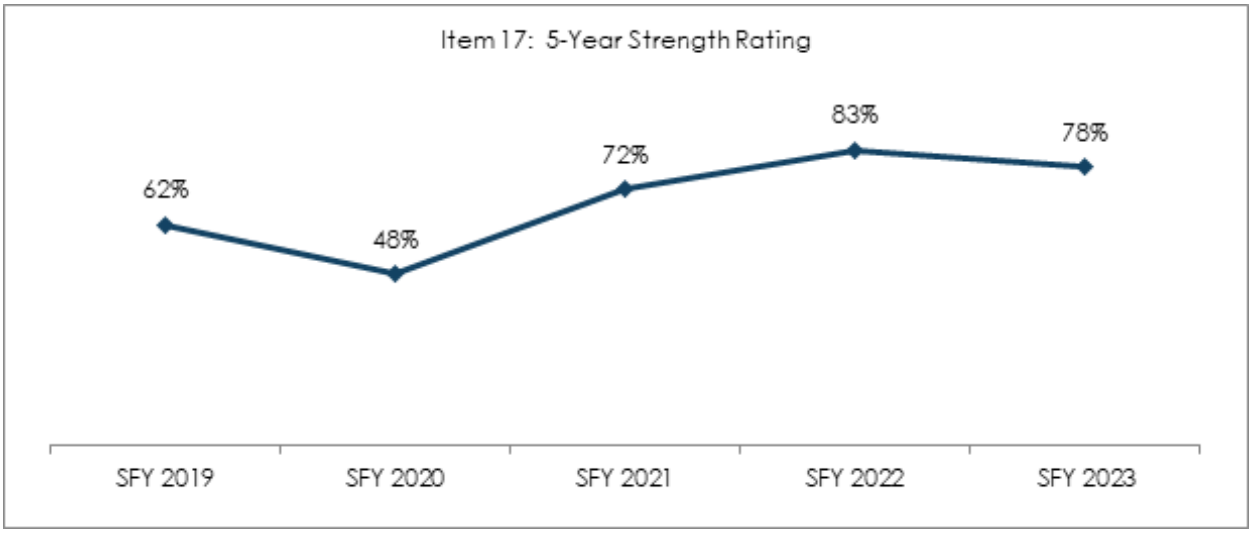
CWSB and DOE continue to partner to strengthen its efforts to assess and address the educational needs of children involved with CWSB. These efforts focus on the whole child and include ensuring the nutritional needs of children in foster care are being met in a school that can provide relationships, continuity, and appropriate educational support. CWS and DOE will continue to explore opportunities for joint professional development activities to strengthen relationships and expand staff knowledge in order to ensure educational stability for every child coming into care, changing residences while in care or returning home after exiting care.

Well-Being Outcome 3

Item 17: Physical Health of the Child

Please refer to *Figure C17: Item 17 – Physical Health of the Child* for a chart of the SFY 2019 - 2023 five-year strength rating for this item.

FIGURE C17: ITEM 17: PHYSICAL HEALTH OF THE CHILD



Data Source: HCWCQI

SFY 2023 Data
77 Cases Reviewed
60 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine if physical health, including dental health needs of the child, were addressed.

PERFORMANCE DATA HIGHLIGHTS AND BRIEF ANALYSIS

In 60 of 77 applicable cases (78%), children were assessed and provided with services to address their physical and dental health needs. Placement physical exams were common. Caseworkers had sufficient contact with children and their caregivers about physical health needs. In some cases, resource caregivers, unit aides, and unit assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. In 15 foster care cases, the agency provided appropriate oversight of children's prescription medications.

17 of the cases (or 22%) were rated as needing improvement. Consecutive missed months and lack of in-depth conversations with the child and caregivers were factors.

- In 14 cases, assessments were not completed to determine the children's physical health needs.
- In 14 cases, services were needed to address the children's physical health needs, but were not provided.
    - In three of these cases, oversight/monitoring of the children's medical issues was needed.
    - In five of these cases, a PPE and routine physical health exams were needed.
    - In three of these cases, follow-up was needed on recommended services.
    - In one of these cases, medical coverage was needed.
- In 14 cases, assessments were not completed to determine the children's dental health needs.
- In 14 cases, appropriate services were needed to address the children's dental health needs, but services were not provided.
    - In four of these cases, routine dental exams/cleanings were not provided to children.
    - In two of these cases, monitoring of dental exams was needed.
    - In two of these cases, dental services were needed and not provided.
- In three foster care cases, appropriate agency oversight of the children's prescription medication(s) was needed.

Results of Deeper Data Exploration for Priority Focus Areas/Information Regarding CQI Change and Implementation Activities

In the past five years, Hawaii has improved in this item from a strength rating of 62% in SFY2019 to 78% in SFY2023, with a low of 48% in SFY2020 and a high of 83% in SFY2022.

Regular monthly worker visits with the child, resource caregiver, and parent/caregiver are essential in ensuring the well-being of children. When visits occur regularly and are of sufficient quality, positive outcomes are achieved. Outcomes for item 14 (face to face contact with children) and item 15 (face to face contact with parents) declined between SFY2022-SFY2023. The decline in item 14 and item 15 may contribute to the slight decline in item 17, which aligned with SFY 2022 and SFY 2023. Some of the reasons for the decline may be due to staff turnover and workload. To ensure staff capacity to manage cases and improve outcomes, CWSB has prioritized workforce support as an area for support in Hawaii's

2024-2025 workplan. The goals are to support recruitment and retention of staff by developing a targeted plan to reduce CWSB's vacancy rate and increase supervisory supports.

Ongoing training, tracking, and supportive supervision are other essential components to staff recruitment and retention. To support CWSB, ongoing collaboration with partners, RCGs, and lived-experience experts remain essential.

In SFY 2022, CWSB continued its partnership with DHS MedQuest Division (MQD) to improve health outcomes for children in foster care. The focus of this collaboration has been on ensuring that comprehensive health exams are completed within 45 days of children entering foster care. CWSB has experienced challenges in determining outcomes in this area since Hawaii's current database doesn't track comprehensive health exams within the required timeframe. The upcoming CCWIS implementation will allow Hawaii to collect data in this area.

CWSB has looked at different strategies to monitor outcomes in this area. One strategy was to extract data directly from the MQD system, which presented various challenges and resulted in error reports. CWSB has since implemented a pilot project with three CWSB sections to focus on identifying children entering foster care and tracking health assessments. The pilot includes all five of the MQD health insurance plans that have assisted in scheduling children's comprehensive health assessment. Although there is limited data now, available data has shown that CWSB has been meeting timelines.

CWSB continues to work with MQD and the five health plans to have the health plans reach out to resource caregivers to schedule the comprehensive health exam within 45 days of children entering care. This pilot has since expanded to include all CWSB sections statewide. Monthly meetings are held to address strengths and challenges. Recently, a health plan expressed concern about the lack of consent to provide HIPPA information to resource caregivers and is in the process of amending procedures. CWSB hopes that with the new CCWIS system, it will enable the sharing of data between MQD and CWSB to streamline processes and be able to monitor health care of children.

Moving forward, Hawaii plans to continue to collaborate with MQD to ensure comprehensive health exams for youth in care are being completed timely and tracked to measure outcomes.

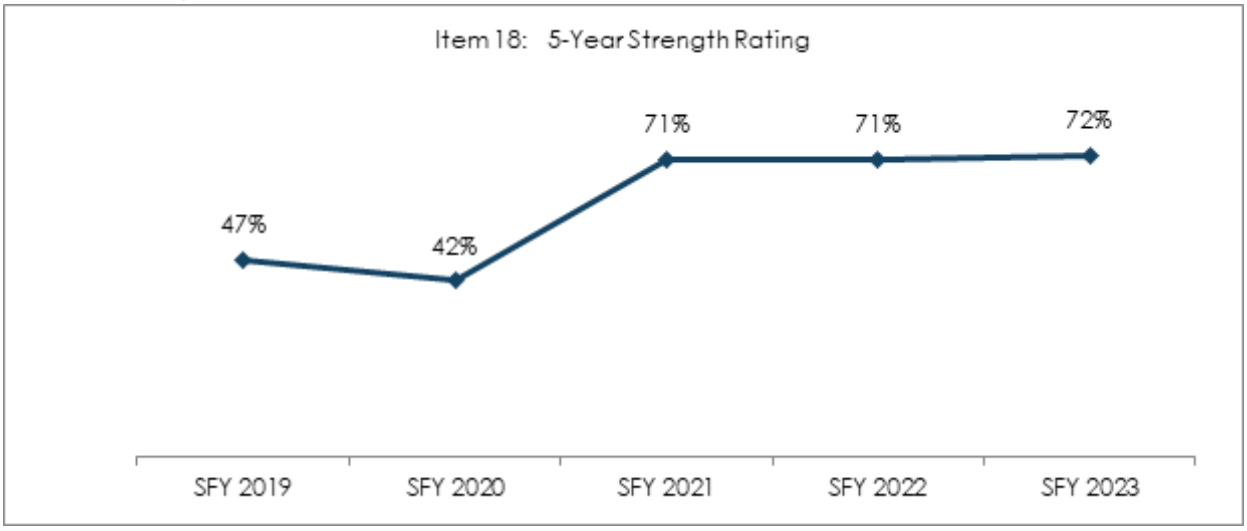
Clarifying requirements for dental needs and psychotropic medication to support staff in ensuring children's needs are met in this area are being discussed. Procedures may require specifying how early children should be receiving their first dental cleaning, as well as guidance on monitoring prescription and psychotropic drugs.

Additional strategies that may help to improve outcomes in this area include:

- ongoing efforts to maintain regular worker visits;
- supporting the pilot project to have consistent comprehensive health exams;
- supporting Ohana Conferencing throughout the life of the case to support safety, permanency, and well-being; and
- expanding WRAP, Parent Partners, Peer Partners and collaboration with DOH-Makua Allies. CWSB believes lived-expert voices and Navigator Assistance can support the well-being of children and families.

Wellbeing Outcome #3
Item 18: Mental health assessments and services for the child/youth

Item 18: Mental/behavioral health of the child



Data Source: HCWCQI

SUMMARY
74 Cases Reviewed
53 STRENGTHS,
21 AREAS NEEDING IMPROVEMENT PURPOSE

PURPOSE

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

SUMMARY

In 53 of 74 cases (72% of applicable cases reviewed), children were assessed and provided with services to address their mental/behavioral health needs. Caseworkers had sufficient contact with children and their caregivers about mental/behavioral health needs. Resource caregivers contributed to scheduling appointments and transporting children. Appropriate oversight of prescription medication for mental/behavioral health was provided in seven of seven cases.

21 cases (28%) were rated as needing improvement.

- In 19 cases, assessments were not completed initially or ongoing to assess the child's mental/behavioral health needs to inform case planning decisions. Consecutive missed months of face-to-face visits and a lack of in-depth conversations with the child and caregivers were factors.
    - In 13 cases, ongoing assessments were not completed.
    - In six cases, assessments were needed due to trauma, domestic violence, and for medication. In 21 cases, appropriate services were needed to address the child's mental health.

- In 12 of these cases, children were not provided services for identified mental health needs.
    - In six of these cases, identified services were delayed or linkage to mental health services was needed.
    - In three of these cases, ongoing therapy was not provided.
    - In three of these cases, there was a lack of monitoring the children's progress in services.

DISCUSSION

CWSB has made and sustained significant improvement in this item over the last five years, from a strength rating of 42% in SFY 2019 to a strength rating of 72% in SFY 2023. Monthly quality contacts help to identify needs, initiate referrals, and continue to monitor service provision and goals. In some cases, when there is not regular contact and in-depth discussions, needs may not be identified, referrals may not be made, and/or services may not be monitored/ determined to be appropriate to meet the child's needs. Strategies including engagement and relationship building with children, parents, and resource caregivers have promoted quality contacts to identify and address the mental/behavioral health needs of children.

Communication, such as phone calls and provider reports, in addition to monthly visits with the parent, resource caregiver, and child contributed to assessing and monitoring services for children.

The initial referral for assessments is an important step to start assessments and services and to create a structure for ongoing support and monitoring.

In addition to initial assessments, ongoing assessments are necessary to identify needs that were not present at the initial assessment, or which were disclosed at a later time.

Monitoring is also important to support continued assessment of needs and participation in and outcomes of service provision. Services may be delayed when there are waitlists for services. There is a need to monitor connection to services and/or to explore other providers.

Ongoing monitoring can help to assess engagement in services, especially when children move or stop going to services. It also helps to identify challenges and develop solutions to access services to meet the child's needs.

Infant mental health is an area to expand referrals to assessments and services for children through contracted and community providers for young children.

CWSB continues to identify and connect children and families to community mental health services in addition to contracted provider agencies to expand options and support the continuity of care post child welfare involvement. Strong partnerships with the Child an Adolescent Mental Health Division in the Department of Health and with the Med-QUEST Division in the Department of Human Services help to identify and refer children to the continuum of service provided through Medicaid. CWSB also works to connect families to resources within their communities and schools. Many of these resources are noted in this report in Items 29, 30, 31, and 32.

<u>Continuous Quality Improvement</u>

As mentioned in other sections, as part of continuous quality improvement, CWSB reviews the annual findings and reasons for strengths and challenges to identify opportunities to share strategies that assist

in achieving a strength rating as well as identify ways to address areas needing improvement. As a part of each CWSB and VCM site's annual review, a results conference is held. This provides opportunities to review findings, discuss practice. CWSB uses the case review data and discussion on the items when making revisions to tools and procedures. These discussions also include strategies to identify and connect children to mental/behavioral health services as well as help them to engage in pro-social activities with attention to how these activities can support mental and behavioral health. Workers can share successful strategies and resources with each other to promote improved connections and opportunities to assess needs and provide mental/behavioral health services for children

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well- constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor (https://www.acf.hhs.gov/cb/report/systemic-factors-results-cfsrs-2015-2018) that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Hawaii continues to use the Child Protective Service System (CPSS) information system as described in Hawaii's Child and Family Services Plan and Annual Progress and Services Reports. CPSS is fully operational and available to staff 24 hours a day, seven days a week, except for brief periods of routine maintenance downtime. CPSS is utilized primarily by CWSB support staff, caseworkers, supervisors, managers, and administrators and is the official system of record from which child welfare data and reporting is sourced. Data entry for all child welfare cases commences at the Intake Unit when intake staff receives a call or a report to child welfare. Every child is assigned a unique client number in CPSS. CPSS stores each child's data, including the status, demographic characteristics, location, types of placements, and permanency goals of each child in foster care.

- Foster Care Status – CPSS tracks each child's foster care status from removal through discharge from foster care, including legal status. CPSS also contains service codes that indicate whether the child's foster placement is relative or non-relative.

- Demographic characteristics – CPSS contains each child's name, sex, date of birth, race, and ethnicity.
- Location – CPSS contains the child's current or most recent and previous foster placements. Children's services screens, which include foster placements, are tied to payments, so accuracy is essential.
- Permanency Goals – Each child has CPSS legal screens, one containing his/her permanency goals.

CPSS also houses historical CWSB foster care data. As the family's case progresses through the child welfare pathway, the assessment and permanency workers update the case data as information is gathered during home visits and interviews. The support staff, primarily Social Services Assistants (SSAIV), are responsible for maintaining case records and ensuring all required data elements are entered correctly, timely, and completely.

While there are requirements for what and how data must be entered into CPSS, Hawaii does not currently have procedures that require data entry within specific timeframes.

Hawaii assessed the accuracy of the information in CPSS by collecting and examining data during its annual case reviews for the past five years. All children selected as part of the foster care sample for the case reviews were included in this targeted review process. Reviewers compared the data from the designated field in CPSS to other available information (e.g., physical case file notes, records, and reports; court reports; interviews with staff; narrative data in CPSS logs of contacts; etc.). Reviewers documented their findings for each case in a review tool. The CPSS data was determined "accurate" when the information was consistent with narratives, interviews, or documentation in the child's case file; the CPSS data was determined "inaccurate" when it was inconsistent. The review results were:

1. **Status**
    a. Latest removal date: Of the 61 foster care cases that were reviewed, 59 cases (96%) were confirmed accurate, and two cases (4%) were deemed inaccurate.
    b. Most recent discharge date: Of the 28 discharged foster care cases that were reviewed, 26 cases (93%) were confirmed accurate, and two cases (7%) were deemed inaccurate.
    c. Legal status: Of the 61 foster care cases that were reviewed, 58 cases (95%) were confirmed accurate, and three cases (5%) were deemed inaccurate.
    d. Most recent placement type (relative/non-relative): Of the 61 foster care cases that were reviewed, 57 cases (93%) were confirmed accurate, and four cases (7%) were deemed inaccurate.

2. **Demographics**
    a. Date of birth: Of the 61 foster care cases that were reviewed, 61 cases (100%) were confirmed accurate.
    b. Sex: Of the 61 foster care cases that were reviewed, 61 cases (100%) were confirmed accurate.
    c. Race: Of the 61 foster care cases that were reviewed, 37 cases (61%) were confirmed accurate; 17 cases (28%) were deemed incomplete; and seven cases (11%) were deemed inaccurate.

d. Ethnicity: Of the 61 foster care cases that were reviewed, 49 cases (80%) were confirmed accurate, and 12 cases (20%) were deemed inaccurate.

3. Location

a. Most recent address: Of the 61 foster care cases that were reviewed, 47 cases (77%) were confirmed accurate, and 14 cases (23%) were deemed inaccurate (wrong address, non-specific, or incomplete).

4. Permanency Goal

a. Most recent permanency goal: Of the 61 foster care cases that were reviewed, 56 cases (92%) were confirmed accurate, and five cases (8%) were deemed inaccurate.

Data error reports from several sources, including Hawaii AFCARS reports, are produced and distributed monthly by Hawaii's Information Technology (IT) team; reports include the four data elements above. Section Administrators and Unit Supervisors follow up with staff to ensure data elements are corrected every month. Trainers also work directly with the staff responsible for data entry when patterns are identified.

Trainers report that reasons for errors include human error and oversight. The requirements to process a single change in CPSS may require the completion of several CPSS screens, and if any steps are forgotten, an error may occur. Prompts in CPSS could support accurate and timely data entry. Some errors have been addressed through recent significant improvements to CPSS, including adding some data validations and very limited auto-population of data values. In addition, the training team developed new on-demand CPSS training videos and conducted in-person sessions, ensuring staff proficiency and compliance with updated system functionalities. Refresher Training has been offered to SSAIVs, and training materials are available online. With the implementation of AFCARS 2.0, a more comprehensive AFCARS Training was offered but not mandated. In 2025, Hawaii will mandate AFCARS 2.0 Training for all newly hired caseworkers and SSAIVs. Once Hawaii's CCWIS is fully implemented (estimated to be in 2026-2027), the CPSS system will be retired.

Because Hawaii does not have procedures for timely data entry nor the means to evaluate when data was entered into CPSS in relation to the occurrence date, Hawaii assesses this item as an area needing improvement.

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.
What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.

- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Statutes, Rules, and Procedures

The Family Case Plan, defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4, consists of the Safe Family Home Report (SFHR) and Family Service Plan (FSP) or the Permanent Plan. These documents include all federally required elements and contain key activities and information that inform the assessment and strategies that are connected to safety, permanency, and wellbeing, as well as guide case decisions, service planning, and case direction. The Family Case Plan provides a clear comprehensive assessment of the family with a realistic and achievable plan to address the safety issues in the home.

Safe Family Home Report (SFHR): The SFHR provides information concerning the family's current situation pertaining to the Safe Family Home Factors in HRS 587A-7. The SFHR includes present safety factors, in-home safety assessment, child placement, psychosocial information on the child and family, strengths and needs, case workers efforts, concurrent permanency plan, family services and progress, and the case worker's comprehensive assessment and recommendations.

Family Service Plan (FSP): The FSP serves as a supportive strategy to enhance parents' or caregivers' protective capacities to resolve the present safety concerns, strengthen the family, and prevent the occurrence or reoccurrence of child abuse and neglect. It includes parent or caregiver strengths, needs

and goals, Ohana Conferencing participation status, case plan goals and target dates, an overview of services and activities, services completed, and a section on disclosures, roles, and responsibilities that serves to provide families with clear and important information regarding their service plan, purpose of the DHS involvement, how DHS assesses and measures progress, parent or caregiver responsibilities, DHS caseworker responsibilities, and other information on the concurrent planning process. It also intended to be a tool for caseworkers to facilitate difficult conversations related to full disclosure and parent or caregiver protective capacities. An Ohana Time plan is also included as appropriate.

Hawaii Administrative Rules (HAR): HAR 17-1610-26 requires all children and families under the jurisdiction of the Department who are assessed as needing ongoing child welfare casework services to have a Family Case Plan. During Program Improvement Plan 3 (PIP3), Hawaii's Family Case Plan procedures were revised to improve permanency outcomes. The Family Case Plan must be individualized and include the family and age-appropriate child voice, culture, identity, and functional strengths to support family empowerment and self-determination. The Family Case Plan must be written and approved no later than 60 days after the date of the receipt of the report of abuse or neglect or for any out-of-home placement, no later than 60 days from the date the child was removed from the home, whichever is earlier, or when petitioning for Family Court oversight (e.g. Temporary Foster Care or Foster Care). In practice, once the determination has been made that the family is in need of services, the Family Case Plan is developed.

For court cases, the Family Case Plan must be filed with a petition for jurisdiction within 72 hours after a child is removed from the home or placed in foster care, unless parents sign a voluntary agreement for placement, and within 15 days before a scheduled return hearing, periodic review, permanency hearing, or termination of parental rights (TPR) hearing, pursuant to HRS §587A-18 unless otherwise ordered by the court.

Family Case plans are required to be developed in partnership with parents, including and considering information from various sources and including the caseworker's assessment of the situation. The goal is to provide a clear, comprehensive, realistic, and an achievable plan to address the safety issues in the home.

Permanent Plans (PP): Permanent Plans are written to establish a permanency goal when reunification is no longer appropriate. These plans are often written when the goal is adoption to an appropriate caregiver or legal guardianship to an appropriate caregiver. Permanent Plans can help inform the parties of the permanency option that is in the best interest of the children. A PP is written to establish whether adoption is in the best interest of the child or to present a compelling reason as to why legal guardianship is in the best interest of the child and adoption is not the goal.

Achieving permanency timely was one of the goals of Hawaii's CFSR Program Improvement Plan 3 (PIP3). Three main strategies were selected to ensure children reach permanency faster, including concurrent planning, with revisions of permanency planning and concurrent planning procedures, the Safe Family Home Report (SFHR), and the Permanent Plan with input from the Family Court.

Through collaboration with CWS supervisors, Section Administrators, and staff from Child Welfare Program Development, Staff Development, and the Court Improvement Project, revisions to the new SFHR and PP were made.

The new SFHR and PP:

- Include information and activities that promote concurrent planning early on and throughout the life of the case in case planning with the family.
- Are important documents that include key activities and information related to assessment and strategies related to safety, permanency, and wellbeing and guide case decisions, service planning, and case direction.
- Were revised to ensure clear documentation of the concurrent plan, and efforts to achieve the concurrent plan, as well as safety assessment and decisions, identification of reasonable efforts, parent engagement, and readiness assessment when moving from reunification.

In addition, procedures were revised to include the changes to the document and practice guidelines were created for both the SFHR and PP to provide staff with clear directions on how to answer each SFHR guideline and include narrative examples for reference.

Hawaii has supported and worked with staff to ensure case plans are developed with families. Over the years a number of tools have been developed and implemented to assist caseworkers in engaging parents.

These tools include but are not limited to the Concurrent Planning Parent Brochure and A Guide to CWS. These tools have been developed with the parents as the audience and are written using family friendly language. Procedures accompany these tools and provide caseworkers with guidance on when to provide parents the documents and how to use them to support case planning. Other tools such as the Practice Guidelines for staff support caseworkers in their conversations with families by highlighting the key components of concurrent permanency planning.

In 2020, revisions to the Safe Family Home Report (SFHR) and PP were made to ensure parent engagement. The revisions emphasize a strengths-based perspective and place the family as the active participants. In addition to revisions, practice guidelines were created for both the SFHR and PP were created to provide staff with clear directions on how to answer each SFHR guideline and include narrative examples for reference. Training was provided by the staff development office (SDO) to all CWS staff state-wide and Family Court partners and judges on the revised SFHR and PP as a strategy to improve permanency and uphold family voice.

Over the past several years, CWSB has worked to transform the child welfare system by improving practices and keeping families at the center of our work. In May 2022, as part of the Family First Hawaii implementation, the Family Service Plan was revised to align with CWSB's values of honoring family voice, culture, identity, and functional strengths to support family empowerment and self-determination. The FSP is intended to serve as a strategy to enhance parents' or caregivers' protective capacities to resolve the present safety concerns, strengthen the family, and prevent the occurrence or re-occurrence of child abuse and neglect.

Hawaii utilized this opportunity to modernize its Family Service Plan by moving it online in SHAKA, which has linked it directly with the Child Safety Assessment (CSA) that is also completed in SHAKA and streamlines documentation.

As part of FFH implementation, prevention plans have been developed and implemented for families to maintain children in the home, and to support reunification. Prevention Plan elements have been incorporated into the Family Service Plan to streamline case planning, documentation, and practice. Prevention plans may be completed when FFH eligible families or EPYP will receive a FFH service.

Expectant Parenting and Young People (EPYP) complete a Support Plan to allow for children born to current foster youth to remain together.

The prevention plan elements were embedded into the FSP with the requirement for completion at the point of FFH eligibility determination. This change was designed to help integrate FFH requirements with current practice and support compliance with written case plan requirements. CWS has been working to support this shift in practice through various strategies including micro learning and discussions of this practice in management meetings.

There is ongoing CQI to ensure that the goals of the revised FSP continue to be achieved. To support staff with implementation, the Staff Development Office (SDO) has provided micro learning sessions. The microlearning sessions were provided statewide and allowed for each geographic section to meet through a smaller venue to share and discuss procedures and implementation. These sessions have provided staff with hands on practice to create a Family Service Plan in SHAKA and provide feedback on data entry and other areas of need. The feedback from these sessions has been shared in work groups and has assisted in making continued improvements to the Family Service Plan.

In March 2024, enhancements were made on the Family Service Plan in SHAKA to support compliance with Family Case Plan requirements. The web-based process resulted in unintended consequences of having multiple, open, active FSPs. To address this problem, One FSP has been developed to address this problem. The One FSP does not allow for multiple Family Service Plans to be made within the SHAKA web-based system. The One FSP has been developed to prevent confusion, improve efficiency, promote data integrity, and support effective monitoring and evaluation of FSPs and FFH data.

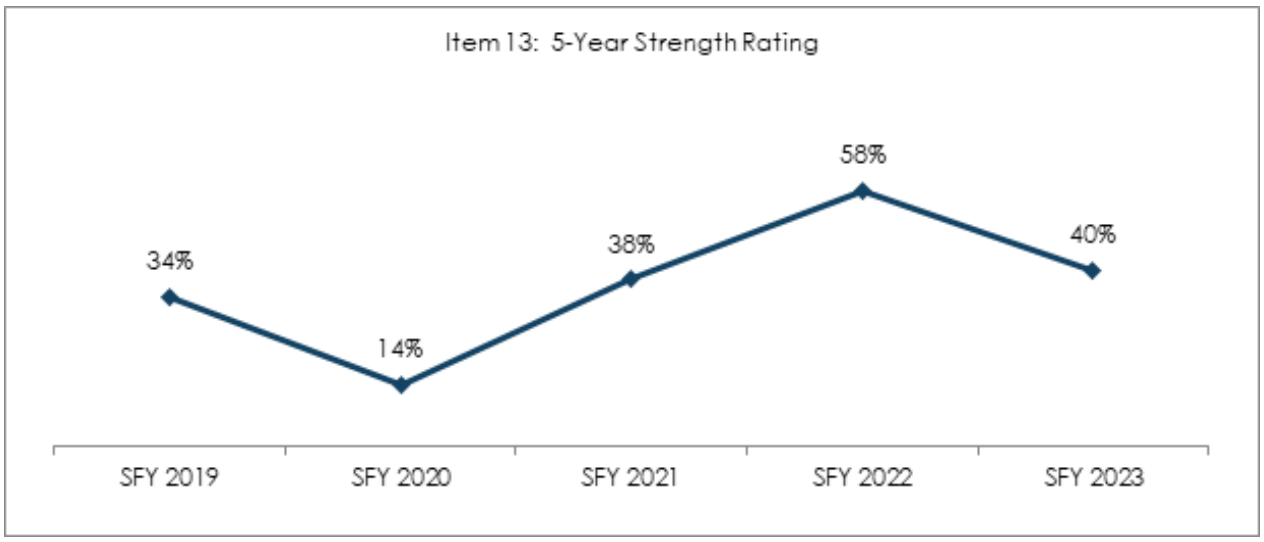
Performance Data

Hawaii's case reviews assess the level to which parents are actively involved in case planning using the federal CFSR on-site review instrument (OSRI). For foster care cases, case review data shows:

SFY	Item 13b Concerted Efforts to Actively Involve Mother	Item 13c Concerted Efforts to Actively Involve Father
2021	50% 25 of 50 applicable cases	34.2% 13 of 28 applicable cases
2022	60% 27 of 45 applicable cases	57% 20 of 35 applicable cases
2023	36.1% 13 of 36 applicable cases	29.7% 11 of 37 applicable cases

Caseworkers discussed case direction in quality monthly visits through in-depth conversations, which allowed families to express their feelings and have a voice in their plans. Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate and engage parents and children contributed to strength rating.

FIGURE C13: ITEM 13: CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING



Data Source: HCWCQI

In SFY 2019 child and family involvement in case planning was at a 34% strengths rating. CWSB did see a significant decline in SFY 2020 to a strength rating of 14%; this may be attributed to COVID-19 when restrictions were put in place that made it challenging to engage with families. While CWSB saw significant increases in strengths ratings between SFY 2021 and 2022 (38% to 56%), progress was made in those SFYs through implementation of PIP strategies that were implemented to engage children and families in their own case planning. There has been a decline in SFY 2023 to a strength rating of 40%. The decrease is likely attributed to challenges with engagement with families and may be impacted by staffing shortages that CWSB is experiencing. Outcomes for written case plans correlate to engagement; better engagement with child and families lead to better written case plan results.

As part of Ohana Conferences parents are involved in the development of the case plan. At different points during the OC, such as the Help and Services section of the initial agenda and reviewing visits and progress in services in our re-conference agenda, the case plan is discussed. During this section the CWS worker presents the services that are to help address the safety concerns. The facilitator helps guide the conversation to make sure parents understand what is being asked of them. The discussion is then opened up to all participants regarding other services in the community that could be helpful for the family and the family has an opportunity to choose what is the best fit. Sometimes parents will bring up any barriers during this section, however, they can also come up during the concerns section.

During private family time, the family gets to meet with their natural supports privately while the providers including EPIC Facilitator and Recorder leave the room. Parents and their supports spend this time going over the case plan options that were provided, placement options (family gets to prioritize placement) and brainstorm visitation plans/options. Once private family time is completed, the family has an opportunity to share out to everyone what they decided on and an agreement is made.

Ohana Conferences are required within 60 days of removal which aligns with the development of the FSP and must occur no more than every four months thereafter while the child is in foster care status, unless a procedural exception applies. All children in foster care and their families are referred for an OC as part of CWS policy. In SFY 2023, 1,000 Ohana Conferences took place; mothers attended 634 and fathers attended 484. In 2024, 947 Ohana Conferences occurred; mothers attended 592 and fathers attended 449.

Initial Ohana Conferences

SFY	Number of families with one or more children who entered foster care in the SFY	Number of families with one or more children who entered foster care in the SFY and remained in care for 60 days or longer	Number of families that receiving an initial OC	Percentage of Initial OCs held of the total number OCs that should have been held
2023	421	217	318	76%
2024	366	199	259	71%

**All of the numbers listed above are unduplicated

The data above shows that of the families that needed an initial OC, the percentage that received an OC is actually higher than 76% and 71% because some of the families with one or more children in foster care were in care for brief periods of time and were reunified quickly. Therefore, these families did not meet the requirements for an OC. To get a better sense of the total number of families that needed an OC, one should look at the 3rd column, which provides data on the number of families with children who remained in foster care for 60 days or longer as required by CWSB procedures. By comparing the numbers in column 3 to column 4 one can see every family that required an OC received one. During an OC, Family Case Plans are discussed, and parents have the opportunity to discuss and participate in the development of the case plan.

For all cases reviewed in Hawaii's annual case reviews, data were gathered to assess whether a current case plan for parents was developed. To be considered, a current SFHR and an accompanying Family Service Plan must be filed. Findings showed that the majority of cases reviewed in the previous three years contained a current case plan:

SFY	Current Case Plan (SFHR+FSP)
2021	84% 49 of 58 applicable cases
2022	90% 52 of 58 applicable cases
2023	85% 46 of 54 applicable cases

Hawaii assesses this item as a strength. The required provisions of the case plan are codified in Hawaii Administrative Rules and statute. Data from various sources, including case reviews and Ohana Conferences, support that families have case plans and that they are being developed jointly with the child's parent(s). Policies and tools that have been implemented over the past several years have helped support caseworkers to effectively engage parents in conversations around their case plan.

Item 21: Periodic Reviews

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Periodic reviews are conducted by Family Court at least once every six months, pursuant to HRS 587A-30. Subsection (a) states that the court shall set a periodic review hearing no later than six months after a child's date of entry into foster care at intervals of no longer than six months until jurisdiction is terminated unless permanency custody is awarded, then the court shall conduct permanency hearings at the aforementioned intervals. Moreover, and in practice, a periodic review and permanency hearing are conducted simultaneously. This requirement is also memorialized in the Judiciary's Child Protective Act Benchbook, which all Family Court judges receive and have access to through the Judiciary's internal website. Family Court judges, judicial clerks, CWSB's attorneys, guardians ad litem (GALs), court appointed special advocates (CASAs), parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

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

- the child's receiving appropriate services and care,
- proper implementation of the case plan,
- the Department's work toward permanent placement for the child,
- the child's current safety,
- the necessity of continued out-of-home placement,

- the extent to which each party has complied with the case plan,
- the family's progress in making the home safe for the child,
- the family's progress in resolving the problems that caused the child to be harmed or threatened with harm, and
- a projection of a likely date for reunification or permanent out-of-home placement.

As required by the federal Adoption and Foster Care Analysis Reporting System (AFCARS), CWSB staff input periodic hearing data into the Child Protective Services System (CPSS – CWS' computer database of record). Hawaii staff enters a variety of codes to document periodic hearings and other court hearings. Hawaii uses the 'JP06' code for periodic hearings. Additionally, although not currently used, AP06 & CN06 are included for old hearing entries.

The Staff Development Office (SDO) provides various trainings to ensure staff are aware of the appropriate codes to use when inputting data on court hearings. In early 2024, SDO provided a comprehensive AFCARS training to all sections. This training covered data entry on periodic review hearings and permanency hearings. The training was recorded and available for all staff to access as needed. In addition, New Hire Training- CPSS Basics module focuses on entering review hearings and permanency hearings. This training is provided during *every* New Hire Training cycle *and* at the request of sections/units outside of New Hire Training.

Staff Development Office (SDO) provides recorded trainings on AFCARS that staff can use for refreshers. In addition, SDO holds quarterly meetings with the support staff who assist caseworkers with data entry as strategies to support staff and ensure timely and accurate inputting of periodic review data into our system.

Data from CPSS was extracted and analyzed to determine whether those children who entered care or were in care in four distinct 6-month periods had a periodic review, if one was required.

The four specified periods were:
1) January 1, 2022 – June 30, 2022
2) July 1, 2022 – December 31, 2022
3) January 1, 2023 – June 30, 2023
4) July 1, 2023 – December 31, 2023

Hawaii identified children who entered care during each specified period and those that were in care in that period. Date of entry into foster care was calculated using the date of the child's removal from the home and adding sixty days. Hawaii applied ACF's formulas to the child lists, resulting in 99% of children in all periods had the required a review hearing within six months.

Please see the data tables below.

Performance Period 1 (January 1, 2022 – June 30, 2022)

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	76	76	100%

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Subsequent	1079	1047	97%
All	1155	1123	97%

Performance Period 2 (July 1, 2022 – December 31, 2022)

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	67	65	97%
Subsequent	1070	1017	95%
All	1137	1082	95%

Performance Period 3 (January 1, 2023 – June 30, 2023)

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	76	72	95%
Subsequent	956	898	94%
All	1032	970	94%

Performance Period 4 (July 1, 2023 – December 31, 2023)

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	49	45	92%
Subsequent	848	789	93%
All	897	834	93%

All Performance Periods

Hearing Type	Count of children (denominator)	Count of valid hearings (numerator)	Percentage of children who received a timely hearing
Initial	143	141	99%
Subsequent	2149	2064	96%
All	2292	2205	96%

Initiatives from the past few years have helped to ensure regular and frequent hearings are held. These activities include but are not limited to the following:

- the development of a monthly supervisory tool that includes a focus on timely permanency and concurrent planning,
- revisions of concurrent planning procedures,
- development and implementation of a checklist that includes activities that can help to ensure cases are moving towards permanency,
- a concurrent planning brochure for parents and youth that staff can use to support conversations on the importance of permanency,
- a visual timeline tracker to help staff stay mindful of target dates, and.
- emphasizing the need for all to work towards moving foster care cases towards permanency and training of staff and court partners statewide in 2020.

The Deputy Attorney Generals in the Family Law Division continue to be a part of CWSB meetings with section administrators and staff development administrators. This has provided an opportunity to address issues with case filings, hearings, court orders and other legal matters and to collaborate on strategies to improve cases within the legal system.

The quarterly meetings that DHS and CIP continue to coordinate and facilitate, which bring together key partners, including CWSB, Family Court, and Deputy Attorney Generals (DAGs), have helped to build relationships and foster shared common goals and strategies that each entity can utilize to achieve these goals. The meetings have helped to reinforce the collaboration with community partners to achieve goals and share CWSB outcomes in detail. The forums, including small breakout discussions, help to provide education and understanding and generate discussion on how partners can contribute to the achievement of positive outcomes. The meetings also help to support transfer of knowledge on different topics and support continuity in relationships and knowledge when there is turnover within the court or CWS by providing a space where connection and learning can occur.

Hawaii assesses this item as a strength. Data, as well as initiatives from the past few years have helped support casework staff in developing a clear understanding of the importance of timely permanency and having the tools to track and monitor critical timelines for moving children through the process of court hearings to achieve permanency.

Item 22: Permanency Hearings

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

In Hawaii, permanency hearings are conducted by family court at least every twelve months after a child's date of entry into foster care, and every six months for children in permanent custody pursuant to HRS § 587A-31. "Date of entry into foster care" is defined as the date a child was first placed in foster custody by the court or sixty days after the child's actual removal from the home, whichever is earlier. HRS §587A-31(a) states that "a permanency hearing shall be conducted within twelve months of the child's date of entry into foster care or within thirty days of a judicial determination that the child is an abandoned infant or that aggravated circumstances are present." A permanency hearing shall be conducted at least every twelve months thereafter for as long as the child remains in foster care under the placement responsibility of the department or an authorized agency, or every six months thereafter if the child remains in the permanent custody of the department or an authorized agency. This requirement is also memorialized in the Judiciary's Child Protective Act Benchbook, which all Hawaii family court judges receive and have access to through the Judiciary's internal website. Family court judges, judicial clerks, CWSB's attorneys, guardians ad litem (GALs), court-appointed special advocates (CASAs), parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

As stated in HRS **§587A-31** d(c), each permanency hearing includes a discussion and/or decisions about:

1. The extent to which each party has complied with the service plan and progressed in making the home safe;
2. Whether the current placement of the child continues to be appropriate and in the best interests of the child or if another in-state or out-of-state placement should be considered;
3. The court's projected timetable for reunification or, if the current placement is not expected to be permanent, placement in an adoptive home, with a legal guardian, or under the permanent custody of the department or an authorized agency;
4. Whether the department has made reasonable efforts, in accordance with the safety and well-being of the child, to:
    a. Place siblings who have been removed from the family home with the same resource family, adoptive placement, or legal guardians; and
    b. Provide for frequent visitation or other ongoing interactions with siblings who are not living in the same household;
5. The appropriate permanency goal for the child, including whether a change in goal is necessary;
6. Whether the department has made reasonable efforts to finalize the permanency goal in effect for the child and a summary of those efforts;
7. The date by which the permanency goal for the child is to be achieved;
8. In the case of a child who has attained fourteen years of age, the services needed to assist the child with the transition from foster care to independent living; and
9. Consultations with the child in an age-appropriate manner about the proposed plan for permanency or transition from foster care to independent living.

As required by the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), CWSB staff input permanency hearing data into the Child Protective Service System (CPSS -- CWS' computer database of record). Hawaii staff enters a variety of codes to document permanency hearings and other court hearings. Hawaii uses the 'JD12' code for permanency hearings.

Over the years, accurately coding permanency hearings has been challenging for CWS staff, due to the complexities of a code-based database, not having trainers to teach CWS staff Hawaii's opaque database codes, and Hawaii having few staff knowledgeable about proper coding. Permanency hearings are not being coded properly, and this has limited Hawaii's ability to obtain data on statewide practice. Hawaii made efforts to gather data from both the family court and CPSS to show that the Hawaii is holding permanency hearings as frequently as required. The data extracted from CPSS revealed that staff frequently use the CPSS code for periodic review hearings when they should be using the CPSS code that is specific for permanency hearings. The permanency hearing data from family court found errors with the way the clerks in the different circuits are inputting court hearing data. Court staffing shortages likely also contributed to the court data quality issues.

To address these challenges, Hawaii extracted and analyzed data from CPSS for two state fiscal years of *all* court hearings for the relevant children in foster care. (The relevant children were those who had been in foster care for twelve months or longer at any point during the SFY.) Only approximately 20% of the extracted records had properly-coded permanency hearings. Hawaii data analysts, quality assurance specialists, and CWS program administrators determined that including broad court hearing data

(regardless of how the hearing was coded in the database) would be the most accurate representation of timely permanency hearings. Hawaii completed a quality assurance (QA) check on a random sample of cases (approximately 3-5% of the total miscoded cases) for which the permanency hearing appeared to have been miscoded as review hearings. This QA work included reading case logs and reviewing court orders. Hawaii believed these hearings to have been miscoded due to the timeframes of the hearing in relation to the time in foster care and the other court hearing dates coded in the database. The data quality check confirmed that these hearings (miscoded as review hearings) were indeed permanency hearings. The analyzed data is in the table below.

SFY	# of children who should have had a permanency hearing^ during this SFY	# of these children who had at least one timely* permanency hearing during this SFY	Percentage of children who had a timely* permanency hearing during this SFY
2023	814	799	98%
2022	1061	1055	99%

*A *timely* permanency hearing was defined as a permanency hearing occurring no later than twelve months from the child's date of entry into foster care or from the last permanency hearing.

^*Children who should have had a permanency hearing* was defined as children who reached twelve-months or longer in foster care during this SFY.

Hawaii's case review data further supports timely permanency hearings. As the HCWCQI team has been conducting their CFSR case reviews statewide through the year, they have also been collecting data on timely permanency hearings using the same case review cases. Reviewers manually review court orders and the entire child's file to assess this item. Findings show that Hawaii has been consistent over the past three years with the timeliness of permanency hearings.

SFY	# of permanency hearings in all reviewed cases during the PUR	# of timely* permanency hearings in all reviewed cases during the PUR	% of timely* permanency hearings
2024	59	58	98%
2023	53	53	100%
2022	67	67	100%

*A *timely* permanency hearing was defined as a permanency hearing occurring no later than twelve months from the child's date of entry into foster care or from the last permanency hearing. In the past few years, the family courts in Hawaii have made it standard practice to hold hearings more frequently than every six months to ensure permanency is achieved timely, and data from item 21 supports that periodic reviews are occurring timely. This data along with the practice of hearings being scheduled more frequently than every six months, supports Hawaii's evidence that permanency hearings are occurring timely, but many have been miscoded as periodic review hearings.

Both CWS and the courts have made efforts to improve accurate data entry for permanency hearings. Recently, clarification has been provided to staff on the appropriate codes to use for the different hearings. In addition, updates to the system were made to ensure staff could not bypass inputting data to

enter a review type code before the system would even allow them to save the screen and move forward. The Staff Development Office (SDO) provides trainings to ensure staff are aware of the appropriate codes to use when inputting data on court hearings. In early 2024, SDO provided a comprehensive AFCARS training to all CWS sections statewide. This training covered data entry on periodic review hearings and permanency hearings. The training was recorded and has been made available for all staff to access as needed. In addition, CWS New Hire training- CPSS Basics module focuses on entering review hearings and permanency hearings. This training is provided during every New Hire Training cycle (usually four times a years) and at the request of sections and/or units outside of the New Hire Training schedule.

In addition, a new code of 'BOTH' was added in the past year to help support the court's practice of listing hearings as both a periodic and permanency hearings. This code eliminates the need for staff to choose between the code for a periodic vs a permanency hearing.

Hawaii rates this item as a strength. Over the years, Hawaii has demonstrated its continued ability to ensure that a permanency hearing occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. In the most recent three years (SFYs 2022, 2023, and 2024, Hawaii has performed at 98% or above for timely permanency hearings in the statewide CFSR supplemental case reviews. Similar to item 21, initiatives from the past few years have helped support casework staff, as well as court partners, in developing a clear understanding of the importance of timely permanency and the role each party plays in tracking and monitoring critical timelines for moving children through the process of court hearings to achieve permanency. Hawaii expects that with the implementation of CCWIS the data will continue to reveal its strength in ensuring that permanency hearings are being held timely.

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:
How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.
What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.

- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

The timelines for filing a motion for termination of parental rights (TPR) are outlined in HRS §587A-31 and HAR §17-1610-36. Although federal law requires TPR filings 15 months from the child's date of entry into foster care, Hawaii statutes require the filing of TPR motions 12 months from a child's date of entry into foster care or 15 out of the last 22 months. Hawaii statute defines "Date of entry into foster care" as the date a child was first placed in foster custody by the court or sixty days after the child's actual removal from the home, whichever is earlier.

When the Department determines that a parent is not presently willing and able to provide the child with a safe family home, even with the assistance of a service plan, and it is not reasonably foreseeable that the child's parent will become willing and able to provide the child with a safe family home, even with the assistance of a service plan, the Department prepares a final Safe Family Home Report and Permanent Plan that is submitted to the Department of Attorney General's (DAGs) office. The DAGs then file a motion for TPR. There is no law, regulation, or policy that sets forth a time period by which the DAGs must file the motion for TPR.

Show cause hearings are permitted under HRS 587A-29 and are held before TPR motions are filed; only the Second Circuit Court Maui and Fifth Circuit Kauai utilize them. It places the burden on parents to demonstrate why the case should not be set for a TPR or legal guardianship hearing. This hearing provides parents with an opportunity to engage before going to trial. Parents are made aware of these hearings through their attendance at previous hearings. Stakeholders in the Second Circuit Court are analyzing the effectiveness of show cause hearings and are considering using a non-contested model instead. The Fifth Circuit Court finds that show cause hearings provide a good opportunity for the parties

to converse and check in with one another, which could help families get on track sooner. DAGs in the second circuit have aligned their practice with HRS §587A by filing for TPR and the fifth circuit is following.

DAGs and judges are tracking timelines. Permanency hearings are scheduled early in cases after removal and are held 12 months after a child's entry into foster care, so it is not unlikely a TPR is filed by then, unless the circumstances warrant it.

A benchbook and benchcard are available to judges and assists them in the disposition of a case. These tools can help them to ask specific questions and explore concurrent planning and permanency. A first circuit judge has been leading a committee to update the benchbook after several years. The committee includes other legal and judicial stakeholders, and they meet monthly. Revisions to the benchbook cover the life of a child protective services case and have included edits to the chapter on Termination of Parental Rights. The suggested edits and the conversations that result from this process have helped to clarify and correct practices related to the timely filing of TPRs. Quarterly stakeholder meetings help educate both permanent and per-diem judges about timelines and allow for discussions about practice, processes, and barriers. These meetings help facilitate a shared responsibility towards reaching positive outcomes and provides a venue to discuss strategies to continue making improvements.

Over the past few years, revisions to the Safe Family Home Report were made to include clear documentation of compelling reasons when TPR is not being filed within timelines. This has helped to ensure timelines are met. In addition, regular face-to-face contact with parents, timely and frequent hearings, are key practice areas to ensure that motions for termination for parental rights are filed timely.

CPSS cannot currently calculate whether motions for the termination of parental rights are timely filed. However, a new feature in CPSS through AFCARS 2.0, which has been recently implemented, contains the date fields necessary to analyze and report this information in the coming years. Data in CPSS does not provide the detailed information necessary to determine whether an appropriate judicial exception, such as the documentation of a compelling reason not to file a motion for TPR, was made if a motion for TPR was not filed. To assess whether the appropriate judicial exception was granted, a reviewer must read the SFHRs in individual cases.

CWSB continues plans to enhance its capabilities to track timely filings of the MTPR by creating systems that will help support workers. One strategy is to create a unique code within CPSS, and in the future CCWIS, to document the filing dates for MTPRs. As part of the future CCWIS development, CWSB envisions a system designed to interface with the DAGs office and the Judiciary to further track and monitor children needing timely TPR, adoption, or legal guardianship.

PERFORMANCE

Case reviews were conducted in SFY 2023 and SFY 2024 that sampled cases statewide to determine whether TPR was filed timely or if a compelling reason was documented or an exception existed. The case review considers the filing or joining of TPR before and during the PUR. In case reviews, whether motions for TPR are timely filed is evaluated using the OSRI in Item 5 and represents cases from all circuits in the State to assess whether the filing of TPR proceedings occurs in compliance with the required provisions.

The total number of children who were due for a TPR filing in SFY 2023 was approximately 298. The SFY 2023 review included 30 children who had been in foster care for at least 15 of the most recent 22

months. This sample represented 10% of the total number of children in care for 15 months or longer who were not placed with relatives. Of these, 16 cases had a timely filing of TPR. Of the 14 cases in which TPR was not filed in a timely manner, 11 cases had exceptions due to children living with relatives during the 15/22 timeframe, and one case had a documented compelling reason. The remaining two cases were delayed. In summary, timely TPR filings were observed in 28 (or 93%) of 30 cases.

The total number of children who were due for a TPR filing in SFY 2024 was approximately 228. The SFY2024 review included a sample of 29 children who had been in foster care for at least 15 of the most recent 22 months. This sample represented 13% of the total number of children in care for 15 months or longer who were not placed with relatives. Of these, 14 cases, had a timely TPR filing. Of the 15 cases in which TPR was not filed in a timely manner, 7 cases had exceptions due to children living with relatives during the 15/22 timeframe, and one case had a documented compelling reason. In summary, 22 of 29 children either had a filed TPR or an approved exception in their case.

In comparing the data between the two years, both years had approximately the same number of TPR motions were filed timely. Of those that were delayed, in both years there were many exceptions due to relative placements. In each year, there was one (1) case delayed due to a compelling reason. The primary difference between the two years is that in SFY 2023, more cases had an exception due to relative placement than in SFY 2024. In consideration, sometimes judges have not allowed a motion for TPR to be filed nor will they grant a TPR if a permanent family has not been identified. This practice is utilized to ensure that children do not linger in foster care.

ITEM RATING

Hawaii rates this item as an area needing an improvement. The provisions for filing TPR timely exist in statute and Hawaii Administrative Rules. Regular and frequent contact with families and discussions on concurrent planning are key practice areas to improving in this area. In addition, enhanced tracking systems will help to improve CWS capabilities to track timely filings of the motion for termination of parental rights. Continued discussions with court partners will help ensure everyone's role in meeting the provisions of filing TPR motions timely.

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that foster parents, pre- adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Applicable laws to Resource Caregivers (RCGs), pre-adoptive, and relative caregivers regarding the right to notice of hearings and right to be heard include:

<u>Statutes</u>

a. HRS §587A-14 (a) Notice of hearings shall be served on the parties; provided that no further notice is required for any party who defaulted or was given actual notice of a hearing while present in court. Notice of hearings shall be served no less than forty-eight hours before the scheduled hearing, subject to a shortening of time as ordered by the court.
b. HRS §587A-14(b) states that "the child's current resource family shall be served written notice of hearings no less than forty-eight hours before a scheduled hearing…"
c. Hawaii Family Court Rule 5.1 provides that notice to resource caregivers must be in writing.
d. HRS §587A-14(c) provides that a hearing cannot "be held until the child, the child's current resource family, and all other parties are given notice of the hearing or are served[.]"
e. HRS §587A-14(d) states that "The child's current resource family is entitled to participate in the proceedings to provide information to the court, either in person or in writing, concerning the current status of the child in their care."

f. (e) The court may not convene a hearing under this chapter unless the court enters a finding that each of the parties required to be notified of the hearing has been served with a copy of the petition; provided that if a party is required to be summoned to a temporary foster custody or return hearing and has not been served with the summons, the court may proceed with the hearing if:

(1) A reasonable effort has been made to effect personal service;

(2) It would not be in the best interests of the child to postpone the proceeding until service can be effectuated; and

(3) The child is represented by a guardian ad litem or counsel.
(f) For purposes of this section, "party" or "parties" shall include the current foster parents. [L 2010, c 135, pt of §1]

Procedure and Process

Consistent with applicable Hawaii laws HRS 587A-14(b) and court rules, Child Welfare Services Branch (CWSB) Procedures Manual, Part III, Sections 4.8.3., and 4.10.3.H. require that RCGs be given notice of court hearings https://shaka.dhshawaii.net/greenbook/publishing12/ch03/chp3sec4.pdf. Notices of hearings and reviews to RCGs are sent by the assigned Child Welfare Services unit by letter, and a hard copy of the notice is kept in the case file. Caseworkers submit Confirmation of Notice Forms to court as evidence that the caseworker provided notice to the RCG. The Attorney Generals have revised their court orders to include a section that reflects receipt of the confirmation of notice forms as evidence that notice was provided to RCGs. The notice is attached (refer to appendix C: Court Notification to Resource Caregivers) and states:

"HRS 587A-14 (b) and ASFA requires that resource caregivers receive notice of Family Court hearings and be provided with the opportunity to share information with the Family Court. This letter is to inform you that a (type of hearing) is scheduled in the above-named child's foster custody case... "

RCGs are encouraged to either attend the hearing and/or submit a written update prior to the court hearing and share information on the status of the child in care. They can also raise any issues with the court during the hearing.

The Family Court transmittal, which is a form that has been created to standardize the format for CWSB Sections to use to submit information to Family Court, lists a copy of the notice of hearing letter to the RCG as a required document to be transmitted to Family Court. The transmittal requires that caseworkers check this box off to confirm that the Notice to RCG was sent and to include the date the letter was sent to the RCG. The inclusion of required forms on the transmittal serves to assist caseworkers in ensuring required documents are submitted to court as required.

Resource caregivers who attend Family Court (FCT) hearings are also provided copies of relevant court orders, which provides notice of the next court hearing.

The Hawaii Child Welfare Continuous Quality Improvement (CWCQI) project continues to conduct a supplemental review in conjunction with regularly scheduled Child and Family Services Review (CFSR) case reviews and will continue to check whether written notices of court hearings were provided to RCGs and whether the RCGs attended the court hearings.

Data

A supplemental data tool for the State's annual case reviews assesses whether copies of the notices to caregivers are in the CWS case files. Reviewers also ask RCGs during case review interviews if they received written notices of hearings. Findings for the past two years were:

- In SFY 2023, there were 54 applicable foster care cases and 120 periodic review and permanency hearings. Of these 120 hearings, evidence of written notices to resource caregivers was identified for 54 court hearings (45%).
- In SFY 2022, there were 56 applicable foster care cases and 145 periodic review and permanency hearings. Of these 145 hearings, evidence of written notices to resource caregivers was identified for 82 court hearings (57%).

Analysis

While a requirement exists for notices to be sent to resource caregivers, this occurs at the unit level. Each unit has specific staff delegated to perform this task and oversight of the process varies. Assessing processes in each Child Welfare Services unit that is responsible for sending notices to resource caregivers will help to address consistency.

Hawaii assesses this item as an area needing improvement. While Hawaii's notice template includes the right to be heard, findings from Hawaii's targeted review shows evidence that resource caregivers were notified in half of the hearings sampled.

C. Quality Assurance System

Item 25: Quality Assurance System

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

1) Hawaii CWS Quality Assurance System Structure

Hawaii has in place robust CWSB quality assurance (QA) and continuous quality improvement (CQI) systems which meet the five federal requirements, as described below in sections a. – e.

a. Operating where CFSP Services are Provided

i. Overview of Foundational Administrative Structure

Hawaii's QA and CQI system is centrally administered and operates in all jurisdictions of the State (all islands and all counties) through a partnership between the DHS and its contractor Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project from the University of Hawaii, Maui College (UHMC). HCWCQI Project's work primarily includes:

1) quality case reviews, modeled on the federal CFSR process,
2) targeted reviews of and consultation on CWSB's procedures, practices, and services, and
3) select case reviews.

ii. Quality Assurance Process

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

1) Meetings

Dozens of meetings are designed to review, discuss, and track data/responses, and to share information about case reviews, financial funding and expenditures, and aggregate data measures over time. Although the participants vary depending on the goals and functions of the meeting, members include CWSB administration and staff, service providers, community stakeholders, and youth/young adults. All of these meetings include statewide participants. These meetings include the following:

- **a)** CWS Advisory Council (Quarterly)
- **b)** Administrative Review Panels (Monthly, or more frequently if needed)
- **c)** CFSR Core (Bi-monthly)
- **d)** CWS Branch (Monthly)
- **e)** Family First Hawaii Steering Committee (Weekly)
- **f)** Management Leadership Team (Quarterly)
- **g)** Supervisors Team (Quarterly)
- **h)** CWS Branch Huddle (Bi-Weekly, as needed)
- **i)** Family First Hawaii Implementation Management Team (Monthly)
- **j)** Committee on Projections and Expenditures (Monthly)
- **k)** CWS Sections (Quarterly)
- **l)** CWS Unit Briefings (Daily – Weekly)
- **m)** FFH Data, Information Technology, Continuous Quality Improvement, and Evaluation (DICE) Workgroup (Monthly)
- **n)** FFH CQI Hui (three times a year)
- **o)** Strategic Planning Committee (Quarterly)
- **p)** Equity Improvement Collaborative (EIC) (Bi-Monthly)

2) Reviews

Reviews include:

a) periodic family court hearings,
b) statewide case reviews modeled after the federal Child and Family Services Review (CFSR), select case reviews of specific cases with concerns,
c) targeted reviews for specific issues, and
d) Title IV-E eligibility reviews.

For topics addressed in targeted reviews over the past five years, please see section c.iii. below.

3) **Data Sharing**

CWS Data Sharing includes sortable lists and graphs of children in foster care, potentially inactive cases, children under family supervision, Native Hawaiian families involved with CWSB, youth eligible for Independent

Living Program (ILP) services, families eligible for Home Visiting Services, length of stay of children in foster care, children who may emancipate from care, position vacancies, workers' caseloads, and investigations without dispositions.

4) **CWS Advisory Committee**

The CWS Advisory Committee includes a broad array of statewide participants such as CWSB staff, contracted CQI staff, social service providers, court staff, Department of Health representatives, current and former foster youth, resource caregivers, and family representatives.

The Child Welfare Advisory Committee's purpose is to inform positive system change towards the goal of improving outcomes for children and families. The Committee meets quarterly to share updates in CWSB and in each community that affects clients and to review and discuss CWSB data, including case review findings. CWSB continues to share data, goals, and progress toward outcomes; successes, challenges, and strategies; and receive feedback from members that bring geographic perspectives and experiences on how things are working in their local areas. Effective June 2020, meetings were moved online because of the COVID-19 pandemic.

For example, the Advisory Committee provided feedback that job positions in CWS contracted services were hard to fill on Hawaii Island, Kauai, and Maui County. partially because few candidates met the minimum educational qualifications. Acting on this feedback, CWS added into its contracts more explicit replacements for educational requirements, based on years of experience in the field. This change resulted in reduced vacancies for the targeted contracts.

Additionally, through discussions in the Advisory Committee and their expert contacts in the community, starting in November 2023, CWS Branch and SSD Staff Development arranged a six-session *Lunch & Learn* training series for CWS staff, with local, medical child abuse expert Dr. Patricia Morgan. This series addressed various types of injuries (e.g., bruises, bone fractures, head trauma, and burns) and how to ascertain accidental injuries from abuse. The purpose of theses trainings was to strengthen CWS staff's assessment knowledge and skills.

iii. CQI and QA Staff

CWSB has one full-time staff position within Program Development designated to cover CQI/QA duties. In addition, CWSB contracts with the HCWCQI Project from UHMC to support CWSB and promote consistency in the quality of practice and adherence to practice standards. The HCWCQI serves all jurisdictions across the State. It also engages in other QA projects as needed and requested by CWSB. The Project currently has fourteen Child Welfare CQI staff. The staff cover the following activities:

1) Project Direction
2) Program Management

3) Project Administration
4) Administrative Support
5) CFSR/CQI Case Reviews
6) Data collection, organization, and analysis
7) CWSB New Hire Training Evaluation
8) Targeted Reviews
9) Select Case Reviews
10) New Supervisor Training
11) Case Staffings
12) CWSB Exit Interviews
13) CWSB Staff Surveys
14) Family First Hawaii Quality Assurance
15) Family First Hawaii Data Management
16) Title IV-E Reviews
17) CWS Intake Quality Assurance
18) Licensing Compliance
19) CFSR PIP Development and Progress
20) Permanency Guidance Tools
21) Safety Guidance Tools

b. Standards to Evaluate the Quality of Services

Hawaii has standards which ensure that children in foster care are provided quality services that protect their health and safety. CWSB has written procedures for all program areas of case practice from intake through permanency, which are consistent with federal laws, and State laws and State administrative rules. Procedures for the case review, contract review, and targeted review processes were last updated in 2020. These reviews evaluate practice, using CWSB's procedures as the standard. Purchase of Services contracts include requirements that all providers establish and maintain ongoing, standardized QA procedures to self-evaluate their service delivery performance. An example of this is how each Voluntary Case Management (VCM) contracted provider has its own CQI process with tools and a schedule to keep evaluating and improving service delivery and family outcomes.

Also, CWSB's supervision of line staff is structured to ensure that case practice conforms to procedures. In addition to ad hoc supervision, which is often crisis-oriented, caseworkers receive structured supervision monthly. Supervisors use two tools in their structured, monthly supervision with their caseworkers: one tool which leads the supervisor through all the key areas to address in the meeting, and another tool which is specifically for reviewing the caseworker's cases with them. These tools were developed during Hawaii's most recent CFSR Program Improvement Plan to assist in supervisors' evaluating staff performance and supporting them to achieve a high level of practice with all cases and families.

c. Identifying Strengths and Needs of the Service Delivery System

CWSB identifies strengths and needs through conducting various types of reviews that promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals. Family voice is vital to this process. The types of reviews include:

i. Administrative Review Processes

A CWSB team review is held when unusual and challenging situations arise in active cases. Beginning late in 2020, Administrative Review Panels (ARPs) have been required and held for all cases in which a child may be placed permanently with a non-relative caregiver. These CWSB-internal panels are separate and distinct from DHS formal administrative hearings and all court-involved reviews and hearings. The ARP team, comprised of representatives from CWSB leadership and CQI, meet with the caseworker and supervisor to discuss, review, and support efforts to consider relative placement and support familial connections.

ii. Implementation Reviews and Measures for New Programs, Services, and Initiatives

In 2019, the PIP Core team designed and implemented measurement strategies to gauge the success of various PIP activities, including a staff survey regarding monthly supervision, and Branch Meeting reviews of worker visit tracker data. The PIP Core team continues to meet two to three times each month to review implementation of procedures; discuss changes, strengths, and challenges in practice, workload, and systems; and strategize necessary adjustments and communication with the field.

iii. Targeted Reviews Targeted reviews gather data to address a specific need, issue, or problem. In the past five years, targeted reviews were conducted regarding:

1) Timely case closures,
2) Short stayers in foster care/removal and reunification decisions,
3) Deaths/serious harms,
4) Intake reporting and dispositions,
5) Family First Hawaii fidelity,
6) Identification and use of Another Planned Permanent Living Arrangement (APPLA),
7) CPSS data accuracy,
8) New hire training,
9) Ongoing staff training,
10) Confirmed cases without court involvement,
11) Timeliness of periodic and permanency hearings,
12) Permanency, and
13) Notice of court hearings to resource caregivers.

Specific findings from targeted reviews are shared with supervisors who incorporate the feedback into their supervision and coaching of the caseworker. Other findings were used to support revisions to forms and procedures, and to strengthen communication of desired child welfare practice with CWSB staff and partners.

iv. Case Reviews

Case reviews are modeled on the federal CFSR process.

1) Overview

Onsite case reviews are conducted once every fiscal year for each Child Welfare Services section. In SFY 2024, Hawaii completed eight case reviews in all case-carrying sections: East Oahu, Kauai, Maui, Oahu Special, West Oahu, West Hawaii, Oahu Voluntary Case Management (VCM), and East Hawaii. Both CWSB and VCM cases are reviewed, comprising of foster care and in-home cases.

Since April 2020, reviews occurred remotely due to the COVID-19 pandemic instead of in each geographic location. This method has required paper case files to be mailed and interviews to be conducted virtually or by phone. In-person case reviews began again in May 2023.

2) Sharing Findings and Making Improvements

Information gathered is shared with the section under review as well as with other sections. A general overview of preliminary results is offered to the section administrator on the last day of the review, as time allows. This data is also shared quarterly with a range of stakeholders at the CWSB Advisory Committee Meetings.

a) Branch Meetings and Management Leadership Team Meetings

As systematic practice issues are identified in the case reviews, the issues are discussed at Branch meetings and Management Leadership Team meetings. These discussions often lead to adjustments in case practice. Examples include:

i) Timely Response

To improve performance on CFSR Item 1 (timeliness of initiating investigation), CWSB leadership holds tracker meetings twice a month with section administrators statewide, where new investigations and response time are reviewed and strategies to overcome barriers to timely response are identified and discussed. This has resulted in sharing information for how to access resources and key family information statewide to assist CWS assessment workers, like DOE's registry of family addresses and DOH vital records with birth certificates.

ii) Relative Placement

To increase the placement of young children with relatives, CWS leadership statewide holds bimonthly meetings where all children aged 0-5 in foster care who are not placed with relatives are discussed. The group creatively brainstorms next steps to find and place with kin.

iii) Inactive Cases

To increase child safety and keep caseloads manageable, in monthly Branch Meetings, a tracking report of cases without logs

for three or more months is discussed and strategies for closing cases and inputting logs timely are shared.

iv) Court Challenges

When case review results illuminated CWS caseworkers' confusion over numerous court-related matters, Branch Administrators added a court-related issues item to the monthly agenda for all Branch meetings, where deputy attorney generals join Branch and Section Administrators to discuss and address CWS family court challenges. These discussions have resulted in issuing clarifications to staff regarding:

- Filing for termination of parental rights,
- Publishing for unknown fathers,
- Reasonable efforts,
- Parties to the case,
- Adoption packets,
- Show cause hearings
- Legal rights of various types of fathers, and
- Other issues

b) Program Development (PD) and Workgroups

When the case reviews identify that policies, procedures, and/or practice guidelines may need to be modified, CWS Program Development will be appraised and will take appropriate action. This action may involve creating a workgroup to explore the issue and then making any necessary changes to policies, procedures, and/or practice guidelines and tools.

i) Membership of the workgroups usually consists of representatives from the following, as relevant:

- CWS leadership,
- Program Development,
- Staff Development,
- CWS caseworkers,
- Community partners,
- People with lived experience in the child welfare system,
- Community services providers,
- Family court partners,
- Law enforcement,
- Cultural consultants, and
- State Agencies, like DOE and DOH

ii) Examples of this work are described below

- **Intensive Home-Based Services (IHBS) Expansion**
  When the case reviews showed that crisis or immediate intensive services had been available to families, children may have not needed to enter foster care, Hawaii expanded its provision of IHBS.

- **Family-Supported Arrangements Continuum Decision Tree**
  The HCWCQI reviewers shared with CWS Program Development that CWS staff's casework demonstrated a lack of understanding of the various options for keeping children out of foster care, as well as when to involve the court. This perspective was also echoed by supervisors and section administrators. PD formed a workgroup with many people with lived experience in child welfare and developed a case-flow decision tree for CWS staff to address the problem.
- **In-Home Safety Plan Revisions**
  Through the case reviews and conversations with CWS direct-service staff, it became clear that caseworkers were creatively using their in-home safety plan tool to document informal (i.e., not foster care) out-of-home placements. A workgroup is addressing this by revising the current in-home safety plan document and instructions to explicitly allow for a greater range of living arrangements (in-home, out-of-home, and a combination).
- **Strengthening Permanency Support Services**
  When case reviews and administrative data brought to light that several adoption and guardianship cases were returning to CWS for services, Hawaii strengthened and expanded its permanency support services. One change was to allow the services to begin prior to finalizing adoptions and guardianships in order to fortify these permanent placements.
- **Permanency Goals**
  Statewide aggregate administrative data, targeted review data, and case review data demonstrated that CWS caseworkers were struggling with identifying the correct permanency goal and achieving it timely. A small workgroup was formed, which revised CWS procedures to clarify permanency goals and provide guidance on how to support families to achieve the goals.
- **Permanency Options**
  Case review results and administrative data showed an increase in legal guardianships and a decrease in adoptions. To promote adoptions and ensure that both caseworkers and families had accurate information on permanency options to make fully informed decisions. PD issued guidance with a timeline and a table, clearly listing the specifics of each option and the differences among them. This guidance was shared with a permanency workgroup that provided feedback prior to finalization.
- **Sibling Connections**
  Qualitative information from the case reviews and the voices of youth people currently and formerly in foster care informed CWS that sibling contacts and connections needs to be a higher priority. Branch and PD representatives convened a working group with community members and

contracted providers and have developed a Guide to Sibling Connection, resources and trainings for staff.

v. Select Case Reviews

Begun in SFY 2019, select case reviews are modeled after the federal CFSR process. These reviews were added as a means of examining case practice when concerns are brought to the attention of the CWSB on specific active cases.

1) Select case reviews are conducted on an as needed basis across the State.
2) Reviewers are members of the HCWCQI staff.
3) Cases are identified by CWSB when they receive concerns from family members or if concerning patterns of practice are discovered by administration.
4) Data from the select case review is captured through the federal Online Monitoring System (OMS). Information gathered from the review is shared with the CWS section that oversees the select case as well as CWSB.
5) If needed, adjustments to case direction, activities, or practice on the specific case that was reviewed are made with the leadership of the unit supervisor. As described above in section iv.6), if practice issues are identified in the case review that may affect other cases statewide, the issues are discussed at Branch meetings and Management Leadership Team meetings. If the case review identified that policies, procedures, and/or practice guidelines may need to be modified, CWS Program Development will be appraised and will take appropriate action, which may involve creating a workgroup to explore the issue and then make any necessary changes to policies, procedures, and/or practice guidelines and tools.

vi. Ongoing Analysis of Process and Outcome Data

There are numerous meetings and fora where data trends are discussed, such as quarterly meetings with court partners, Management Leadership Team (MLT), Branch, Strategic Planning Committee (SPC), Family First Hawaii CQI Hui, CWS Advisory Committee, and where the teams develop plans to address emerging needs and build on agency and community strengths to adapt to the changing child welfare landscape. CWS Advisory Committee members include CWS-involved parents, relatives, and youth. At these meetings, findings of case reviews are shared, data is reviewed, feedback is sought, and improvements are planned. The feedback of individuals with lived experience is actively sought and incorporated into strategies.

d. Providing Relevant Reports

CWSB's openness with its data is evidenced by publicly posting several data-rich reports, including the APSR and CFSP, on the Department of Human Services (DHS) website. In addition to making data publicly accessible in this way, CWSB administrators disseminate data to stakeholders and community partners at committee and workgroup meetings, and conferences, such as the CWSB Advisory Committee, Court Improvement Project Advisory Committee, PIP court stakeholder meetings, and the Citizens Review Panel.

Reports to inform QA and CQI processes are developed and distributed for internal and external use. Examples of reports include:

i. Case Review Section Reports and Annual Reports

Case review results are compiled and distributed by the HCWCQI Project for each section and compiled annually for the State. Case review results by section are shared internally and with the CWSB Advisory Committee. Annual case review results are aggregated and widely shared.

The data collected during the on-site case reviews is incorporated into a written report of findings for each CWSB section that provides data specific to each section and aggregate statewide data. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report's charts showing ratings over a period of time for each section help create perspective and provide a visual presentation to identify trends and growth or decline for each performance item.

ii. Data Quality Reports

In order to correct data errors and teach staff how to properly input quality data into the CWSB databases, CWSB disperses data quality reports which include lists of data errors in AFCARS data, NCANDS data, and FFH data. Administrators and researcher examine these reports to identify trends and implement changes to the system to minimize errors. Caseworkers use the report to correct errors in the databases.

iii. Disposition Tracker/CPSS Report of Investigations without Dispositions

This tool helps supervisors work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort. This report is made available to internal staff via State of Hawaii Automated Keiki Assistance (SHAKA) – CWSB computer database system and updated weekly. This data is reported in NCANDS.

iv. Children's Length of Stay in Foster Care

This list helps to guide supervisors in their work with staff to meet the Adoptions and Safe Families Act (ASFA) guidelines, move cases more quickly to permanency, and help staff stay on top of all their cases. This data is shared with leadership when requested.

v. CPSS Data Report on All Children in Foster Care

This is a user-friendly monthly list of all children in foster care, containing multiple data elements that supervisors and administrators can manipulate to review data to assist in managing practice within their units and sections. This data is disseminated to all CWSB administrators and unit supervisors every month. Also, each month, a version of this list is transferred confidentially to Department of Education, which uses the list to match children in foster care with the free lunch programs at their schools.

vi. Short Stayers in Foster Care

Beginning in August 2022, as part of Hawaii's FFH work to eliminate unnecessary entries into foster care, a monthly report is distributed to each CWS Section, along with members of the FFH Steering Committee and the FFH Implementation Management Team (IMT). This report includes a list from the prior month of all children who exited foster care within 30 days. The report shows the data broken down by geographic section, by child's age, by number of days in care, and by ethnicity. The data is also provided as a percentage of the total number of children who exited foster care that month. Each month's short stayer data is compared with short stayer data from prior months and prior years. Sections Administrators collaborate with their Unit Supervisors and the caseworkers to gather data regarding each month's the short stayers. The data that they gather about the reasons for the short stay in foster care and what may have precented it are discussed at Branch meetings and FFH IMT meetings.

e. Evaluating Program Improvement Measures

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, select case reviews, review of administrative data, and contract and targeted review processes. Regular workgroups, which include CWSB staff and community stakeholders, utilize data reports to assess performance and progress, and make modifications to initiatives according to the data, with consultation with DHS decision-makers.

Case review data is helpful to inform discussion and efforts towards system improvement with partners. For example, data is reviewed and discussed in ongoing collaboration meetings with legal and judicial partners, including the Court Improvement Program (CIP), on PIP3 activities related to safety, permanency, and wellbeing. The use of data provides an opportunity for all system partners to see where in their work they can contribute to positive interventions and practices to lead to positive outcomes for children and families.

Based on case review findings and other available information, section administrators, with technical assistance from the HCWCQI staff, develop action plans to address key areas needing improvement within 45 – 60 days after the section's case review. Within 30 days of the last day of the case review, a results conference is held with the section's staff, HCWCQI review team, and branch administrators. The action plans and progress are overseen by Section Administrators and Branch Administrators. Challenges and successes in the action plans are shared with the CWS Advisory Committee. When Hawaii is working on a federal CFSR Program Improvement Plan, the PIP takes the place of the individual sections' action plans.

As discussed above, the HCWCQI staff also designs and implements targeted reviews to gather data on new CWSB programs and initiatives. This data is then shared with CWSB staff and stakeholders to assist in adjusting practice direction and related policies.

Select case reviews give CWSB insight into specific cases that have been identified as having case practice concerns. The data from these specific case reviews are shared with

CWSB staff and the sections to assist them in responding to concerns with increased objectivity.

i. Feedback Results – Guiding Collaborative and Administrative Efforts

CWSB administrators, who have the authority to make decisions about changes in policy and practice, regularly attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other State agencies. CWSB ensures that the data, information, and feedback gathered are provided to those with the ability to create true change, and that those people take appropriate action. CWSB understands that this is essential to quality assurance. CWSB is a dynamic, not a stagnant, system, where the only constant is change. The feedback and adjustment loop are perpetual.

The use of data and review of practice is also helpful to map and align initiatives to effect positive change across items.

When developing activities to improve practice, CWSB is looking at the array of strategies and outcomes that may be related. Current efforts are made to streamline change and minimize duplication. For example, the revision of the Family Service Plan is designed to meaningfully engage families in case planning, target services to needs, and address reasons for CWSB involvement. Engaging families in case planning and linking services to needs highlight two key outcomes that may be positively impacted by the revised Family Service Plan.

Another example of coordinating improvements and investments in practice includes the revisions to the monthly caseworker visit form. The form was revised to support discussion and documentation of important information and many of the 18 CFSR practice items. Topics that define a quality visit are outlined and documented on the form. The development, use, and updates to the form help improve quality casework practice on key items as well as engages children, parents, and resource caregivers in important and meaningful discussions to support case planning and achieve permanency goals.

Connecting multiple outcomes can promote improvement in multiple areas as well as synthesize casework practice that supports families and caseworkers.

ii. Program Improvement Plan

Hawaii's third Program Improvement Plan (PIP) developed from CFSR Round 3 was successfully completed. ACF approved Hawaii's PIP on April 16, 2019. The PIP period officially began on May 1, 2019. In December 2022, Hawaii received ACF approval of the successful completion of the plan.

At least twice a month, a core team of CWSB, CQI staff, and Court Improvement Project (CIP) staff oversaw the implementation of the PIP, met weekly, communicated about progress with sub-committees and stakeholders, and reviewed completion of activities and trends in data. Monthly meetings were held with CWSB Section Administrators and quarterly meetings were held

with CWSB supervisors to discuss the application of new and revised procedures and practices. Although Hawaii does not have a current PIP, these meetings are continuing for discussion and planning of practice improvement, procedures, and case review findings. CWSB also has continued to use these meetings over the past year to prepare for the upcoming CFSR, including submitting the necessary documents and information for Hawaii to lead its own case reviews, and planning for the Statewide Self-Assessment.

2) **Evaluation and Research Activities**

CWS is actively involved in numerous evaluation efforts, as well as a couple of interesting research projects. All of the activities described below are current and will continue for the next several years. This list is not comprehensive but instead is a sampling of Hawaii's research and evaluation endeavors. These activities all relate to CFSP goals, as noted below.

a. Family First Hawaii External Evaluation (related to CFSP Prevention Goal)
The external evaluation of FFH is conducted by a team at the University of Hawaii (UH) Center on the Family. The FFH evaluation plan includes UH producing both a Process Evaluation Report and an Outcome Evaluation Report.

b. Comprehensive Medical Exams (related to CFSP Safety Goal and Collaboration Goal)
CWSB has been partnering with the Hawaii Department of Human Services, Med-QUEST Division (MQD) to improve the rates of timely (within the first 45-days of foster care) comprehensive medical exams for children in foster care. The team working on this issue has reviewed existing data on when comprehensive medical exams are performed on children in foster care. The evaluation of the data pointed to key areas for improvement, like documentation, which are being addressed by the team. Early and Periodic Screening, Diagnostic and Testing (EPSDT) can be accessed through the child's Medicaid plan. These services are key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

c. CCWIS RFP Evaluation (related to CFSP Collaboration Goal)
With the Capacity Building Center for States and the Project Management Services Team's support, CWSB issued its CCWIS RFP on June 26, 2023. Proposal deadline was August 21, 2023. An extensive evaluation period followed. The Notice of Award for Hawaii's CCWIS vendor was made on January 5, 2024, to Elixir Lab USA Inc. doing business as Cardinality. The contract is being finalized, and the vendor is expected to begin work in the Fall of 2024.

d. Quarterly Activity Reports (QAR) (related to CFSP Safety Goal and Prevention Goal)
All community service providers that have contracts with CWS submit QARs which detail the number of types of individuals they served in the past quarter, what specific services these individuals received, and the outcomes of the service delivery. These QARs are reviewed and evaluated by SSD Purchase of Service (POS) Program Specialists and by CWS Assistant Program Development (PD) Administrators. When concerns arise during these evaluations, POS and PD staff work with the provider to adjust services to better meet the families' needs. Contracted services include maltreatment prevention services and safety promotion services.

e. On-Site Contract Monitoring (related to CFSP Safety Goal and Prevention Goal)
CWS plans to schedule on-site monitoring of service contracts in the coming few years, as a mechanism to more closely evaluate the structure, model, process, and provision of services. Contracted services include maltreatment prevention services and safety promotion services.

f. Independent Living Collaborator (ILC) (related to CFSP Collaboration Goal and Safety Goal)
Since October 2015, CWSB has contracted the services of an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. The ILC assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or collaborating on trainings and conferences; evaluation and monitoring; ongoing CQI; and youth and young adult engagement.

g. Disposition Consistency (related to CFSP Safety Goal and Workforce Goal)
With a goal of improving safety for children, CWS has begun examining how consistently assessment workers are applying the relevant definitions of harm, when determining if maltreatment allegation should be confirmed or not. CWS plans to work toward greater consistency in assessment workers dispositions of allegations through increased practice guidance.

h. Child Death Reviews (related to CFSP Safety Goal and Collaboration Goal)
Hawaii will sustain its collaborative and data-driven approach to improve the understanding and prevention of child maltreatment deaths statewide. The State will continue to utilize Child Death Review (CDR) meetings to ensure ongoing evaluation and enhancement of child protection policies and practices.

i. Psychotropic Medication Monitoring in Multidisciplinary Team (MDT)
Contract (related to CFSP Safety Goal)The MDT includes medical staff who have oversight of all youth in care for whom psychotropic medication is prescribed. They are tasked with reviewing each referred case for appropriateness, safety, and efficacy of the medication, and for bringing any concerns to the treatment team for further review. Consultation is also available for all CWSB-involved children with medical and mental/behavioral health needs.

j. Hawaii Wellbeing Reports (related to CFSP Collaboration Goal)
The Liliuokalani Trust Research and Evaluation team approached CWSB in late 2022 about sharing de-identified NYTD data outcomes. Through a short collaboration, CWSB was able to provide Liliuokalani Trust with the de-identified data. The data was brought before the Native Hawaiian Research Hui with researchers from Liliuokalani Trust, Kamehameha Schools, and the Office of Hawaiian Affairs. NYTD data outcomes were used to support additional Hawaii Wellbeing reports, which are available for review at https://www.ksbe.edu/research/imi-pono-hawaii-wellbeing-survey

k. Workforce Quality Improvement Team (WQIT) (related to CFSP Workforce Goal)
In the latter half of SFY 2024, CWSB began focusing on workforce recruitment and retention. A new CWSB workgroup has been formed, calling itself the Workforce Quality Improvement Team (WQIT). With support from the CBC, this team plans to intensify and

improve CWS staff retention and recruitment efforts. The team plans to review and evaluate the current workforce data, including exit interview data, as it plans its strategies.

l. Casey Family Programs (CFP) Child Welfare Data Leaders (CWDL)
Workforce Research (related to CFSP Workforce Goal)Hawaii CWS is contributing to a multi-jurisdictional, national research project regarding child welfare workforce. CFP CWDL is the lead agency/group for the project. The project hopes to identify effective child welfare staff recruitment and retention strategies.

m. FFH CQI Hui (related to CFSP Prevention Goal and Collaboration Goal)
This Hui is lead by CWS Program Development Staff and a staff member from EPIC Ohana who has lived experience as a parent in the child welfare system. This is an external CQI group, which consists of representative from CWS leadership, CWS line staff, community organizations, people with lived experience in child welfare, Hawaii State Department of Health, Hawaii State Department of Education, resource caregivers, and others. The group reviews CWS and FFH data three times a year and meets to discuss and evaluate it. The group passes on its recommendations for improvement to CWS leadership for implementation.

n. Hawaiian Homestead Research Project (related to CFSP Prevention Goal)
CWS is collaborating with UH School of Social Work on a project which is comparing the rate of child welfare involvement for Native Hawaiian children who live on Hawaiian Homestead land to Native Hawaiian children who live elsewhere in the State. The hypothesis is that there are protective factors within the Hawaiian Homestead community that keep children safe from harm. If the research is able to prove that the rates of maltreatment are indeed lower for Hawaiian Homestead children, the researchers will then work to identify the protective factors. Once identified, the research team plans to promote these protective factors in other communities to reduce child maltreatment statewide.

o. Malama Ohana (related to CFSP Collaboration Goal)
The Hawaii Office of Wellness and Resilience oversees the Malama Ohana working group. The group has begun holding statewide listening sessions to bring together community partners and those with lived experience to improve and transform the child welfare system. The group plans to evaluate the current child welfare system and make recommendations for improvement.

p. CWS New Hire Training Evaluation (related to CFSP Workforce Goal)
SDO, with support from HCWCQI, conduct formal evaluations of CWS New Hire Training for every cohort that completes the training series. These evaluations have led to improvements in the New Hire Training curriculum, like the inclusion of the Native Hawaiian Perspectives session.

3) **Hawaii's Self Rating**

Hawaii rates its QA system as a strength, given the rigor, comprehensiveness, and high functioning of the system, which meets the five federal requirements:

a. Operating where CFSP Services are Provided,
b. Standards to Evaluate the Quality of Services,
c. Identifying Strengths and Needs of the Service Delivery System,
d. Providing Relevant Reports, and
e. Evaluating Programs.

D. Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Initial staff training in Hawaii is provided to all staff with case management responsibilities in foster care and in-home cases. Hawaii's child welfare professionals who provide primary case management for foster care cases are Department of Human Services (DHS) Child Welfare Services (CWS) employees. For in-home cases, case management is provided by CWS and by several contracted agencies, as shown in the table below:

In-home case type	Provider	Geographic Assignment
CWS	Department of Human Services, Child Welfare Services	
Voluntary Case Management, or VCM (Differential Response System)	Various Oahu – Parents & Children Together (PACT) East Hawaii – P.A.R.E.N.T.S., Inc. West Hawaii – Catholic Charities Maui & Kauai – Child & Family Service (CFS)	By Geographic Area
Family Strengthening Services (Differential Response System) – applicable for Oahu and Kauai only	Oahu – Parents & Children Together (PACT) Kauai – Child & Family Service (CFS)	By Geographic Area
Human Trafficking	Susannah Wesley	Statewide
Promoting Safe & Stable Families, or PSSF – Hawaii Island only	P.A.R.E.N.T.S., Inc.	Hawaii Island – West Hawaii Section
Permanency Strengthening Services, or PSS	Catholic Charities	Statewide

For this item narrative, "staff" refers to those caseworkers who have full case management responsibilities at CWS and contracted agencies.

INITIAL TRAINING FOR CWS STAFF

The Department's Social Services Division's Staff Development Office (SDO) provides CWS staff with New Hire Training (NHT). This training is mandatory for all newly employed CWS staff and optional for Voluntary Case Management (VCM). Most VCM staff also complete CWS NHT for their initial training. It has not been offered to other contracted staff who provide case management for in-home services. Extending NHT to all in-home case management providers is being considered to support understanding and implementation of DHS objectives. The use of virtual training permits NHT to be more widely accessible. Each contractor provides its own initial training.

CWS expects all new employees to be trained through New Hire Training within six months of their hire date. Along with a team of community experts, SDO provides NHT quarterly. During SFY 2023, trainings were held in July/August 2022, November/December 2022, February/March 2023 and June/July 2023. For reporting purposes, data gathered from June/July 2023 will be excluded from SFY 2023 since the cohort completed training in SFY 2024; their data will be reported for SFY 2024 throughout this item narrative.

NHT consists of:

1. 2.5 weeks of classroom training that include topics like intake, assessment, family engagement, domestic violence, family law, critical thinking, self-care, worker safety, LEAG, mental health, LEP, LGBTQ, FFH, Sex Abuse, SHAKA, Behavioral Indicators, Permanency, Reports, Missing Children, Cultural Perspectives
2. one week of on-the-job training
3. one week of on-the-job community presentations
4. 2 days of computer application training

NHT continues to be delivered virtually since the COVID pandemic. SDO continues to strongly emphasize engagement and ensuring staff participation, with the recent additions of culturally sensitive modules, such as Epic Ohana's Kanaka Oiwi and Micronesian Cultural Sensitivity. Upon request, the Kanaka Oiwi training module was extended from a half-day to a full-day training. SDO continues to involve the Lived Experience Advisory Group (LEAG) to provide CWS staff and community partners with the client/parent perspective. Also, the Child Protective Services System (CPSS) training expanded to include Basic and Payment training.

On-the-job (OJT) training is offered and encouraged as part of New Hire Training but is not a requirement. OJT consists of staff shadowing seasoned staff within their units or sections on specified tasks and duties directly related to their position. The idea is for staff to observe firsthand what responsibilities they may encounter during their work and how an experienced worker responds. The new hire's immediate supervisor arranges the shadowing. The goal is to complete the OJT Shadowing Checklist (appendix D: OJT Shadowing Checklist) within six months of their completion of New Hire Training, if not sooner. The SDO OJT Lead performs a three-month and six-month follow-up from their completion of New Hire Training to inquire about any training needs, community resource needs, and the status of their Shadowing Checklist. SDO employs various methods to complete their three and six-month follow-up to accommodate new hires and obtain as much feedback as possible to support learning and enhance training to ensure the needs of staff are met. Follow-up occurs through virtual meetings, phone calls, and/or sending questionnaires via email. Feedback from staff has included requests for refresher training, which SDO provides by making specific NHT modules available through stand-alone sessions, inviting staff to modules available through stand-alone sessions, or inviting staff to the next NHT cycle. Additional feedback includes requests for information on community resources, and SDO will connect staff to contracted providers to obtain more information.

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

- In SFY 2023, 11 new CWS staff were required to complete initial training. One did not complete CWS NHT because he resigned within six months of hire. Of the remaining ten staff, 100% completed New Hire Training entirely and timely.
- In SFY 2024, 15 new CWS staff were required to complete initial training. Of the 15 staff, 13 (87%) completed new hire training. Two staff did not complete NHT.

Section Administrators are responsible for ensuring new staff complete required training. To further improve Hawaii's tracking of training data and information, in collaboration with UH Maui College's HCWCQI and SHAKA, a database was developed in November 2016 to electronically store training records for new hire training, mandatory training, and optional training. Data is recorded for all CWSB staff and VCM caseworkers and supervisors who participate in NHT. Since the database stores a comprehensive list of active CWS employees, including staff's assigned program area, there are mechanisms to identify attendance and non-attendance for CWS staff at NHT and training completion at an aggregate and individual level. Reports for each of these categories are accessible in real-time. All CWS staff can access their records directly. Supervisors and administrators can access their employees' records.

CWS NHT EVALUATIONS

Before the COVID pandemic, while NHT was in-person, SDO conducted pre-tests, post-tests, and training evaluations for each module. This information allowed trainers to modify the training sessions as

necessary. Since moving to virtual NHT, SDO stopped collecting feedback from trainees due to concerns about confidentiality and anonymity.

CQI conducts new hire group evaluations and meetings at the end of each quarterly NHT session. Like all NHT, these group evaluations are conducted virtually. The feedback is provided to SDO to assess the need for and implement changes in consultation with the CWS Program Development and Capacity Building Center for States (CBC).NHT training cohorts from July 2022, November 2022, and February 2023 who completed New Hire Training participated in a moderated debrief session and/or survey to determine how well this initial training program addressed basic skills and knowledge needed to carry out their duties. Participants' rating of key items are summarized below.

My learning was enhanced by the knowledge of the facilitators.
Participants rated this item on a scale of 1 (not enhanced) to 5 (very enhanced). The average score was 4.075.

I am satisfied with the current New Hire Training curriculum/content.
Participants rated this item on a scale of 1 (very dissatisfied) to 5 (very satisfied). The average score was 4.25.

As a result of completing New Hire Training, I feel my knowledge base of CWS has increased.
Participants rated this item on a scale of 1 (no increase) to 5 (significantly increased).
The average score was 4.175.

In addition, three to six months after the completion of NHT, staff are surveyed to assess what knowledge and skills they gained and utilize the most in their work since NHT, and in what ways. Cohorts from June 2023, December 2023, and April 2024 provided feedback. Themes from the staff cohorts included:

- Interviewing families. Specifically, applying the open-ended questions technique during the interviewing process to obtain more information from clients.
- Using knowledge from the cultural sensitivity training helped to better understand children and families and how to approach situations.
- Growing awareness of different cultures and biases.
- Assessments.
- Cultural humility.
- Identifying the needs of the youth to be able to support them.
- Engaging the families.

INITIAL TRAINING FOR IN-HOME CASES CONTRACTORS

All contractors who provide in-home case management services related to CFSR Item 26 have contractual requirements for initial training for newly hired staff. They are required to complete their training within one year of their hire date. At a minimum, each VCM provider's contract requires that training in the following areas be completed before direct services can be provided:

1. An agency orientation including, but not limited to, policies and procedures addressing:

a. Intakes, assessments, service planning, and discharge planning;
b. Documentation requirements;
c. Non-discrimination (including LGBTQ);
d. Confidentiality and ethics;
e. Security and safety provision;
f. Emergency response and disaster preparedness procedures; and
g. Diversity-embracing service provision (including but not limited to culture, language, gender identity, gender expression, and sexual orientation) and race equity;
h. Child abuse and neglect, domestic violence, substance abuse, the needs of families with children with complex needs, and permanency issues;
i. Trauma informed care;

2. A training record shall include each training topic completed, the number of training hours/days for each training, each training's completion date, and each training's facilitator and be maintained and updated in the staff personnel or supervision files.
3. All training shall be provided by appropriately qualified and experienced trainers.
4. Providers may be required to attend specific training events provided or coordinated by the Department.

While most VCM staff participate in the CWS NHT, VCM agencies provide their new staff with initial training in the abovementioned areas. In a survey conducted in November 2024 and completed by VCM leadership, VCM agencies reported that they provide additional training in areas including:

1. Mandatory reporting requirements
2. Community resources and referrals
3. Managing Crisis Situations/Non-Violent Crisis Intervention
4. Role and responsibilities of a Case Manager (includes Boundaries)
5. Engagement (includes Unconditional Positive Regard)
6. Adult-Adolescent Parenting Inventory
7. Personal worker safety

Additionally, new VCM staff must complete job shadowing according to the survey. VCM agencies reported a range of 3 to 12 months from the hire date for when initial training must be completed. VCM agencies report that their training programs are designed around caseworkers' required skills, knowledge, and essential job functions. Comprehensive training records (checklists, attendance logs, and/or transcripts) are maintained for each new hire by the VCM agencies.

VCM staff are invited to participate in CWS NHT in addition to their in-house training. For those that participated in CWS NHT:

- In SFY 2023, 12 new VCM staff were required to complete initial training. Of these, while 12 (100%) completed some form of initial training, 10 staff (83%) completed the CWS NHT entirely and timely. The two staff members who did not participate in CWS NHT were from neighboring

islands and received other training from their employers. They did not join because of miscommunication about the CWS NHT offerings. This has since been resolved, and now all VCM staff are invited to attend CWS NHT.

- In SFY 2024, four new VCM staff were required to complete initial training. Of these, all four (100%) completed all required initial training entirely and timely.

Other in-home services contractors also completed the survey on their new hires' training although no new hire training information is available for Family Strengthening Services (FSS) or Promoting Safe & Stable Families (PSSF). Permanency Support Services (PSS) and Human Trafficking provide their new staff with training in the individual agencies' policies and procedures, victim advocacy, pre-service fundamental training, Health Insurance Portability and Accountability Act, and information database.

PSS and HT new hires must complete their agency's new hire training curriculum within 1-6 months of the hire date. A staff training plan is developed with all new hires. In addition, trainers are internal leadership staff with first-hand knowledge of what skills, knowledge, and responsibilities are needed. Comprehensive training records (checklists, certificates of completion, attendance logs, and/or transcripts) are maintained for each new hire.

Hawaii has assessed its initial training system for staff to be a strength. CWS and contractors have requirements and resources for providing initial training. This training aligns with the goals and objectives of the CFSP. Hawaii's initial training system currently provides sufficient skills and knowledge to caseworkers so that they may carry out their responsibilities. Data demonstrates that training adheres to requirements and supports staff's capacity to carry out their job responsibilities.

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

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

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

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

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Ongoing staff training in Hawaii is provided to all staff with case management responsibilities in foster care and in-home cases. Hawaii's child welfare professionals who provide primary case management for foster care cases are Department of Human Services (DHS) Child Welfare Services (CWS) employees. For in-home cases, case management is provided by CWS and by several contracted agencies, as described in Item 26.

For this item narrative, "staff" refers to those caseworkers who have full case management responsibilities at CWS and contracted agencies, including supervisors.

All CWSB staff and supervisors are required to complete 15 hours of job-related training annually. This requirement is fulfilled through mandatory and optional training and conference opportunities offered through a collaborative network of State agencies and national and community organizations.

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

In addition, many CWSB staff attend the annual Institute for Violence and Trauma conference that covers a variety of topics relevant to child welfare, including intimate partner violence, adult/family trauma, and trauma in military personnel, veterans, and their families. Staff also attended the Child Welfare Law Update every August, which features a hot and current topic selected by a joint committee of child welfare and legal professionals.

CWSB Section Administrators are responsible for ensuring that CWSB staff meet the annual training requirements and receive trainings specific to their individual needs. To assist Section Administrators with tracking staff training attendance and related information, a database was developed in collaboration with UH Maui College's Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI) and the State of Hawaii Automated Keiki Assistance system (SHAKA) to electronically store training records for new hire training, mandatory trainings, and optional trainings. Data is recorded for all CWSB staff and VCM caseworkers and supervisors. The database stores a comprehensive list of active CWSB employees and their assigned program area, and there are mechanisms in place to identify attendance and non-attendance at mandatory trainings, compliance with the annual training requirement, and training completion at an aggregate and individual level. Reports for each of these categories are accessible in real-time. Supervisors and administrators have access to their employees' records, and staff can access their own records. The database has been tested and was implemented on November 30, 2016. In 2024, section and unit secretaries were granted access to input staff's training data in an effort to help ensure timely data entry; previously, records were being sent to and then entered by SD staff.

To better meet the training needs of the CWSB, the Staff Development Office (SDO) committed to making training content more readily available for staff. SDO's first step has been incorporating the State's online DHS Learning Management System (LMS) into their training resources. The LMS allows staff to access training online and at any time.

As part of the implementation, a plan was developed to build a catalog of recorded training videos that would be housed on LMS and available to staff for on-demand learning. The plan prioritized recording new hire training modules with other CWSB training to follow. In 2022, the first recordings began and

continued throughout 2023. The first batch of training videos on LMS was published in August 2023, the second in September 2023, and the third batch in January 2024. The recorded training videos are intended to serve as refresher training for staff and to better meet the ongoing training requirement of 15 hours per year. The recorded training videos are not meant to serve or replace a new hire's attendance at the live NHT modules. For new hires to receive credit for completing new hire training, new hires must attend the live training. The benefits of these live trainings are that there is live Q&A and checks for understanding.

In addition to the new hire training videos, SDO strives to record and publish to LMS any and all trainings for which recording permission has been granted. To-date, the following is a comprehensive list of all of the existing recorded training videos on LMS:

Introduction to CWS

- CWS Intake
- Critical Thinking
- Self-Care
- CWS Assessment – Information Collection & Safety Decision Making
- Domestic Violence in CWS Cases
- Family Law in Hawaii CWS Cases
- Parent Partner/Lived Experience Advisory Group (LEAG) Presentation
- Mental Health, Trauma, and Child Welfare
- Child Sexual Abuse & the Children Justice Centers of Hawaii (CJC)
- Permanency & Case Plan (Safe Family Home Report, Permanent Plan, Family Service Plan, and Ohana Time)
- Understanding Diversity & LGBTQ+ in Child Welfare
- Micronesian Cultural Awareness & the Impact of COFA
- Worker Safety Training
- Family Engagement
- Resource Home Licensing Overview & Introduction to Binti
- Introduction to SHAKA
- Augintel Course for CWS Staff
- EPIC Ohana Presentation
- Comprehensive Counseling and Support Services (CCSS) Presentation
- Family Programs Hawaii Presentation
- Multidisciplinary Team Conferencing & Consultation (MDT) Presentation
- Salvation Army Family Treatment Services (FTS) Presentation
- Bruising & Pattern Marks in Child Physical Abuse (Lunch & Learn Presentation)
- Abusive Head Trauma (AHT) in Child Physical Abuse (Lunch & Learn Presentation)
- Fractures in Child Physical Abuse (Lunch & Learn Presentation)
- Burns in Child Physical Abuse (Lunch & Learn Presentation)
- Sexual Development & Sexual Behavior in Children (Lunch & Learn Presentation)
- Crying – A Trigger for Child Physical Abuse (Lunch & Learn Presentation)
- Impact of Brain Injury in Child Welfare
- Family First Hawaii (FFH) Data Refresher Training
- Safe Infant Sleep (Safe Sleep Hawaii Summit 2024)
- eCare Vault Training
- AAICAMA Training on Medicaid Law and ICAMA
- Comprehensive AFCARS Training

- AFCARS 2.0 (AFCARS 2020) Training Series
- Expectant & Parenting Young People (EPYP)
- Substance Use Assessments & Drug Screening – CWS Policy 2022
- CWS Overview Training for Parent Council
- Family Service Plan 2022
- DHS Information Security Policy Training for CWSB
- DHS HIPAA Privacy Training for CWSB

The benefits to the LMS videos include not only their on-demand feature, which allows for flexibility with staff's busy and varying schedules, but other features that demonstrate the utility of the system. For example, staff have expressed appreciation that they can pause their progress in trainings if they cannot watch a particular training video in full. This allows staff to return later to continue their progress. Additionally, the videos have full capability to skip forward and skip backward to jump to particular points in the videos.

The LMS system also has the capability to track staff's completion of the training videos with some limitations. The system generates reports which include the following data:

- The dates that staff logged onto each training video page,
- A "completed" status flag when staff complete the training video (by watching a minimum of 95% of the video),
- The date the training video was completed, and
- The cumulative amount of time staff spent on the training video page.

These features provide helpful tracking information for SDO. The system's limitations have been identified and assessed to determine how it can better support administrators' and supervisors' ability to track their staff's training hours and needs. Overall, the LMS has been beneficial in advancing how Hawaii CWSB provides training to its staff and helping to ensure staff have the needed resources and skills to meet the requirements of their positions.

ONGOING CWS SUPERVISORY TRAINING

CWSB supervisors and administrators participate in quarterly Management Leadership Team (MLT) Meetings. MLT meetings provide a venue for sharing information, including case review findings, data trends, available services, upcoming initiative details, and current research on CWS best practices. Leadership uses this opportunity to collaborate on measures to accomplish Child Welfare priorities and goals. Supervisors also participate in Supervisor Quarterly Convenings, where trainings are identified and delivered specific to the unique CWS supervisor role. During SFY 2023, there were four MLT meetings and four Supervisor Quarterly Convenings.

Child Welfare supervisor training has continued a regular cycle since it was rolled out in 2015 by the CQI team. VCM and other in-home case management providers do not participate in this training. Contractors separately provide their staff with management and leadership training. Nine training modules are offered annually to new supervisors. In SFY2023, these modules were offered as described below:

[Module]	[Title]	[Date]
Module 1	• Strength-Based Supervision & Coaching: The Big Picture • Strength-Based Practice • Functions and Styles of Supervision	September 2022

[Module]	[Title]	[Date]
	• The CLEAR Coaching Process	
Module 2	• The Challenge of Change • Role change from Social Worker to Supervisor • The Parallel Process • Collaborative Communication	November 2022
Module 3	• Best Practice Approaches • Prevention and Preparation: Crisis and Emergencies • Stages of Readiness to Change • Solution Focused Approach	January 2023
Module 4	• Courageous Conversations • Communication & Conflict Resolution Styles	February 2023
Module 5	• Individual Supervision & Using the PAS for Improvement • Integrating coaching ad supervision in the PAS process • Using the PAS to support growth & Improvement	March 2023
Module 6	• Supervision and Coaching to Practice • Increase the effective use of data trackers & tools in supervision • Supervisor coaching around Safety and Permanency	April 2023
Module 7	• Diversity & Ethics in Supervision • Diversity & Cultural Humility • Ethical Standards • Identify Ethical Concerns	May 2023
Module 8	• Stress, Burnout and Self-Care in Supervision • Recognizing Stress & Burnout • Stress Management & Self Care in Supervision	June 2023
Module 9	• Transfer of Learning: Conclusion & Wrap-Up • Effective Transfer of Learning as part of supervision	June 2023

Nine new supervisors were hired in SFY 2023. All nine new supervisors and one existing supervisor participated in the New Supervisor Training during SFY 2023.

Eight of the newly hired supervisors and the existing supervisor completed all nine training modules and at least five individual coaching sessions. One supervisor was unable to complete the training due to extended leave. When this occurs, the supervisor will complete the missed module with the next cohort, or if it was a single missed module and the training topic allows for it, the trainer may provide a one-on-one session.

The training consisted of nine modules, each delivered in five-hour virtual sessions. In each module, supervisors engaged in coaching practices using the CLEAR coaching model. This model provided opportunities for supervisors to pair up and practice real-life coaching strategies relevant to their supervisory roles within Child Welfare Services (CWS).

CQI data was integrated into discussions as part of the training to address common supervisory challenges and improve practice. After each training session, one-hour individual coaching sessions were scheduled with each supervisor to reinforce the application of the skills and knowledge gained. The

coaching was tailored to the specific goals and challenges faced by the individual supervisors, covering areas such as personnel management, improving practice and outcomes, policy implementation, and coaching their staff.

After the New Supervisor's Training, feedback was gathered through a confidential evaluation survey. Supervisors were emailed a survey link to assess how much the training met its stated objectives. The response rate was 44%, with 4 out of 9 supervisors completing the survey. The results are consistent with feedback from the previous year (SFY 2022) and the most recent (SFY 2024).

Supervisors rated various training objectives on a scale of 1 (Needs Improvement) to 5 (Excellent). The average ratings for each objective are summarized below:

- Explore and practice the coaching process – 4.75
- Explore strength-based practice, supervision, and coaching – 4.75
- Consider the functions of supervision – 4.75
- Deepen collaboration and communication skills – 4.75
- Understand the stages of readiness to change in supervision – 4.75
- Engage in courageous conversations on attitudes, actions, practices, and growth – 4.75
- Explore communication and conflict management styles – 4.75
- Understand the importance of individual and group coaching in supervision – 4.75
- Integrate coaching and supervision with the Performance Appraisal System process – 4.75
- Increase knowledge and skill in coaching around Safety Threshold Criteria, In-Home Safety Planning, and Conditions for Return – 4.50
- Increase knowledge and skill in coaching around permanency timelines and concurrent planning – 4.75
- Understand diversity and cultural humility in supervision – 4.50
- Identify ethical concerns – 4.50
- Recognize components of effective transfer of learning – 4.75
- Recognize stress, burnout, and the importance of stress management and self-care in supervision – 4.75

These ratings highlight the training's effectiveness in meeting its objectives and align with past years' feedback.

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

ONGOING TRAINING FOR CWS CASEWORKERS

In SFY 2023, the training database in SHAKA showed that the number of CWS staff (both caseworkers and their supervisors) that met the ongoing training requirement was significantly low, at 29%. It is believed that the reason for this low rate is related to data entry. In SFY 2024, 58% of CWS staff met the requirement, according to the database.

SFY 2023 Ongoing Training for Case Management Staff	Staff w/ Case Management responsibility	Staff who Met Training Requirements	% of Staff that Met Training Requirements
Child Welfare Services	64	15	23%

SFY 2023 Ongoing Training for Case Management Staff	Staff w/ Case Management responsibility	Staff who Met Training Requirements	% of Staff that Met Training Requirements
Voluntary Case Management	23	21	91%
Total	**87**	**36**	**41%**

Data Source: SHAKA

SFY 2024 Ongoing Training for Case Management Staff	Staff w/ Case Management responsibility	Staff who Met Training Requirements	% of Staff that Met Training Requirements
Child Welfare Services	67	36	54%
Voluntary Case Management	22	21	95%
Total	**89**	**57**	**64%**

Data Source: SHAKA

ONGOING TRAINING FOR IN-HOME CASES CONTRACTORS

VCM

Like CWSB staff, all VCM staff and supervisors must complete 15 hours of training relevant to their job duties. This requirement is included in their contract with CWS. In SFY 2023 and SFY 2024, 91% and 95% of VCM staff met the ongoing training requirements, respectively. VCM ongoing training is tracked during monthly individual supervision and through tracking logs.

To ensure ongoing training addresses the skills and knowledge needed for VCM staff, the VCM agencies gather feedback from Client Satisfaction Surveys, individual and group supervision focusing on professional development, annual performance evaluations, case consultations, and staff meetings. These methods inform VCM leadership of staff's needs for training.

SFY 2023 Ongoing Training for VCM Supervisors	VCM Supervisors who required ongoing training	Supervisors who met Training Requirements	% of Supervisors that Met Training Requirements
Voluntary Case Management	5	2	40%
SFY 2024 Ongoing Training for VCM Supervisors	VCM Supervisors who required ongoing training	Supervisors who met Training Requirements	% of Supervisors that Met Training Requirements
Voluntary Case Management	7	6	86%

Data Source: SHAKA

Other in-home case management providers

No ongoing training data is available for Family Strengthening Services (FSS) or Promoting Safe & Stable Families (PSSF). For Permanency Support Services (PSS) and Human Trafficking, there is a minimum 4-hour annual training requirement. In addition, staff are also required to complete the agency's Relias training, which includes topics like HIPAA, First Aid Refresher, De-escalating Hostile Clients, Workplace Emergencies and Natural Disasters, Workplace Safety, Sexual Harassment for Employees, and Security

Awareness Training. Feedback from staff regarding ongoing training is collected through training surveys, evaluations, and individual and group supervision.

At PSS and HT, training topics are aligned with the specific job descriptions to support and develop staff skills and knowledge. Required training for each staff member is identified during individual and group supervision. Program supervisors monitor attendance logs and training transcripts included in the staff's training plan.

Hawaii has assessed its ongoing staff training system as a strength. Since SFY2023, there has been an increase in the percentage of CWS staff that met ongoing training. There continue to be opportunities to improve tracking of staff's completed training. SDO has been working with units to support clerical staff in inputting training into SHAKA, which takes the responsibility off the CWS worker. Additionally, in collaboration with CWSB and PD, SDO is working to streamline how community training is vetted and identify CWS-sponsored community training that doesn't require the vetting process. These efforts will help continue to improve this area. In-home providers support the strength rating by taking the lead in overseeing their training providers. The training requirements for in-home providers align with CWS by requiring ongoing training hours. In-home providers ensure that training topics are aligned with job duties and tailored to staff members' skills and knowledge.

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Pre-service and ongoing training for resource families is provided through a contracted provider, Catholic Charities Hawaii (CCH) with additional training modules made available through CWS Staff Development Office. Additionally, community training resources (e.g.: The Parent Line- Department of Health, Path Hawaii - DHS Child Care Licensing Service, CapLEARN- CWS Capacity Building Collaborative) are also shared for special training topics consideration.

There are multiple opportunities for resource caregivers (RCGs) to receive training and support. Training contributes to the stability of placement and Hawaii Assures Nurturing and Involvement (HANAI Training) provides a continuous assessment of RCG needs early on and throughout their time as an RCG. Training opportunities are available to RCGs and prospective adoptive parents and guardianship families.

Through the COVID-19 pandemic, CWSB learned the value of virtual and on-demand training and has continued to offer virtual as well as in-person training opportunities through its contracted provider for RCG Support Services. Support services include training, assistance with problem solving, mentoring, and networking opportunities. Examples of specific support services include Pre-Service Training, Ongoing Training, special "child specific" trainings, various online training options (e.g.: www.fosterparents.com and www.fosterparentcollege.com), a RCG support line (known as a "warm line"), caregiver support groups and café's, "Talk Story Tuesdays," and the Kinship Navigator Program among other supports.

Support groups are available, including one for RCGs who are grandparents caring for their grandchildren, and one for RCGs who are caring for teenagers. The small support group idea was expanded to include an informal monthly "Talk Story Tuesday" session with the CWS Branch Administrator and a Program Development Administrator to listen to issues, identify training and support needs, answer questions, receive feedback, and share updates.

Shared parenting is the mindset of a practice to support parents and children involved in foster care; Hawaii has implemented Two Makua as a way to facilitate RCGs and birthparent working together and sharing parenting for the best interest of the child(ren). The foundation of the training curriculum uses a Trauma and Healing Informed Care lens, which may help RCGs understand the experience of children and families in foster care and better support their needs. It also provides an opportunity for a coordinated approach to help establish relationships and support pre-service training. Training participants are provided the opportunity to share feedback on the training facilitation and content. This feedback is used to improve training delivery and expand content for future trainings.

HANAI Pre-service (initial) training: Year 1

To ensure that all children are placed in safe and nurturing homes, anyone interested in providing care for a foster child must complete H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) training as part of the licensing process to become a resource caregiver in the State of Hawaii. This includes potential adoptive parents and those seeking guardianship. A home may not be licensed or recertified if resource caregivers do not meet training requirements. The H.A.N.A.I. curriculum was developed through the collaborative effort of CWSB staff, stakeholders, providers, cultural consultants, and University of Hawaii partners. The collaboration increased cultural sensitivity awareness in the curriculum providing appropriate and relevant training to Hawaii's multi-ethnic community. New RCGs must complete HANAI Pre-service training Year 1 as their initial training while Year 2 is considered ongoing training.

The trainings have become more accessible, with virtual options, and the curriculum is consistent across all sites. H.A.N.A.I. training is composed of six training sessions (total of 15 hours) consisting of: 1) three face-to-face classroom sessions (each session is three hours long) with a Trainer and Co-Trainer; and 2) three self-directed learning sessions (total of six hours) to be completed at home. The H.A.N.A.I. training provides resource families with a basic understanding of the child welfare and foster care systems. This training helps families to better understand the needs of children in care and how to work cooperatively with the child's Child Welfare Services Branch (CWSB) team to meet these needs. This training covers various topics including but not limited to:

- Licensing Process
- Role of Resource Caregiver
- Understanding Parents with children in care
- Rights of Youth

- Child Welfare Team
- Family Court Process
- Child Welfare Overview
- Child Abuse & Neglect
- Human Trafficking
- Trauma ·
- Safety
- Discipline Guidelines
- Adverse Childhood Experiences
- Brain Development and Trauma
- Culture Identity
- Separation/Loss/Grief
- Prudent Parenting
- Bill of Rights
- Ohana Time or Family Connection
- Preparing for Ohana Time/Challenges
- Sexual Health
- Childhood Development
- LGBTQA+ Transition (includes independent living information, resources, and providers)

According to data from our RCG Licensing portal, from January 1, 2024 through December 31, 2024, there were 695 applications initiated to become a RCG. Of this number, 140 applicants continued through the approval process, completing HANAI year 1 training requirements to become a licensed RCG.

Participants complete evaluations after each H.A.N.A.I. training session and an additional survey at the very end, to provide feedback on the entire H.A.N.A.I. training. These surveys permit participants to review the training site, training methods, trainers' approach, and effectiveness in teaching the material.

The survey results suggest the H.A.N.A.I. training session has an increased understanding in the areas of: their role as a resource caregiver, the licensing and court process, Child Welfare Services, Child Abuse & Neglect, trauma, separation, loss and grief, Ohana Time (visitation), how to support the family, and sexual health and gender identity and expressions. Positive responses were 93% or above.

H.A.N.A.I. Year 1 Survey Questions and Results

Questions:	% Positive Response
1. Do you have a better understanding of your role as a resource caregiver and the licensing/court process?	95%
2. Do you feel like the information shared during this session was helpful?	96%
3. Do you have a better understanding of Child Welfare Services, Child Abuse & Neglect, and Trauma?	97%
4. Do you feel like the information shared during this session was helpful?	98%
5. I have a better understanding of how trauma affects the brain and separation, loss, and grief.	96%
6. Do you feel like the information shared during this session was helpful?	99%
7. I have a better understanding of Ohana Time (visitation) and how to support the family.	98%
8. Do you feel like the information shared during this session was helpful?	98%
9. I have a better understanding of sexual health and gender identity/expressions.	93%
10. Do you feel like the information shared during this session was helpful?	96%

Ongoing training

RCGs are required to recertify one year after initial licensure and every 2 years thereafter. RCGs recertifying in the second and subsequent years complete HANAI training Year 2 as ongoing training

Beginning in the second year of licensure, resource caregivers are required to complete a minimum of 13 hours of ongoing training. To ensure that resource caregivers complete the required ongoing training hours, licensing workers maintain a training log in each resource caregiver's file. Licensing workers update logs with each training and review logs during regular three-month checks. If there are outstanding training requirements, the licensing worker reminds the resource caregiver and explains how to fulfill requirements. In addition, resource caregivers receive notice of outstanding training requirements in recertification letters approximately two months before the resource home's license is scheduled for redetermination. A home may not be recertified if resource caregivers do not meet requirements, including training hours.

In 2024, ongoing training topics included:

- Ola Ka Ohana "The Family that Thrives"
- Trauma & Developmental Stages
- Being Trauma Responsive
- Attachment
- Caregiver Toolkit (Positive Discipline)
- Sibling Connection
- Social Capital
- Normalcy
- Promoting Resiliency
- Transition
- Mandated Reporting
- Becoming an Advocate, and Community Resources)
- Sexual Health 101
- Prudent Parenting
- How to Support Youth with Challenging Behaviors
- Tips on Working with your Child Welfare Services Team
- Impact of FASD on Foster Care
- Sibling Connection
- Kinship Parenting
- Pono Process and Self-Advocacy
- Tips on Working with Babies/Toddlers exposed to Substances
- Tips on Working with your Child Welfare Services Team ·
- Working with Youth with ADHD
- Preparing for Placement
- Documentation & Vital Documents
- Overstimulation for Toddler & Babies
- Trauma Related Behaviors/Trauma Informed Parenting
- Supporting Older Youth
- Empowering Support for Human Trafficking Victims
- Cultivating Care for Human Trafficking Victims
- Drug Exposed Children-What Resource Caregivers Should Know.

Large conferences are held annually that also provide education for RCGs. These conferences are attended by various stakeholders, so a wide variety of topics are offered, relevant to current events. This format also allows for networking. Annual conferences include:

- **Teen Day** is held once a year at Family Court on Oahu. All other islands/sections hold either a Teen Day or a similar event. Teen Day is an event where young people, age 14 and older, currently or formerly in care – come to Family Court to learn about the court, and the roles of judges, VGALs, CWS, RCGs. They also learn about their being in care, their rights, resources, permanency, Imua Kakou, etc. They hear alumni share their stories and are encouraged to let their voices be heard. Resource caregivers, guardians, adoptive parents, and service providers of youth attendees are encouraged to attend. These events are coordinated by the HI HOPES Advisory Boards in each area, EPIC Ohana, CWS, Judiciary, Court Improvement Project, UH Law School, Providers, other Partners – to make it a fun learning event and to build relationships between the young people and all those who serve and provide care for them.

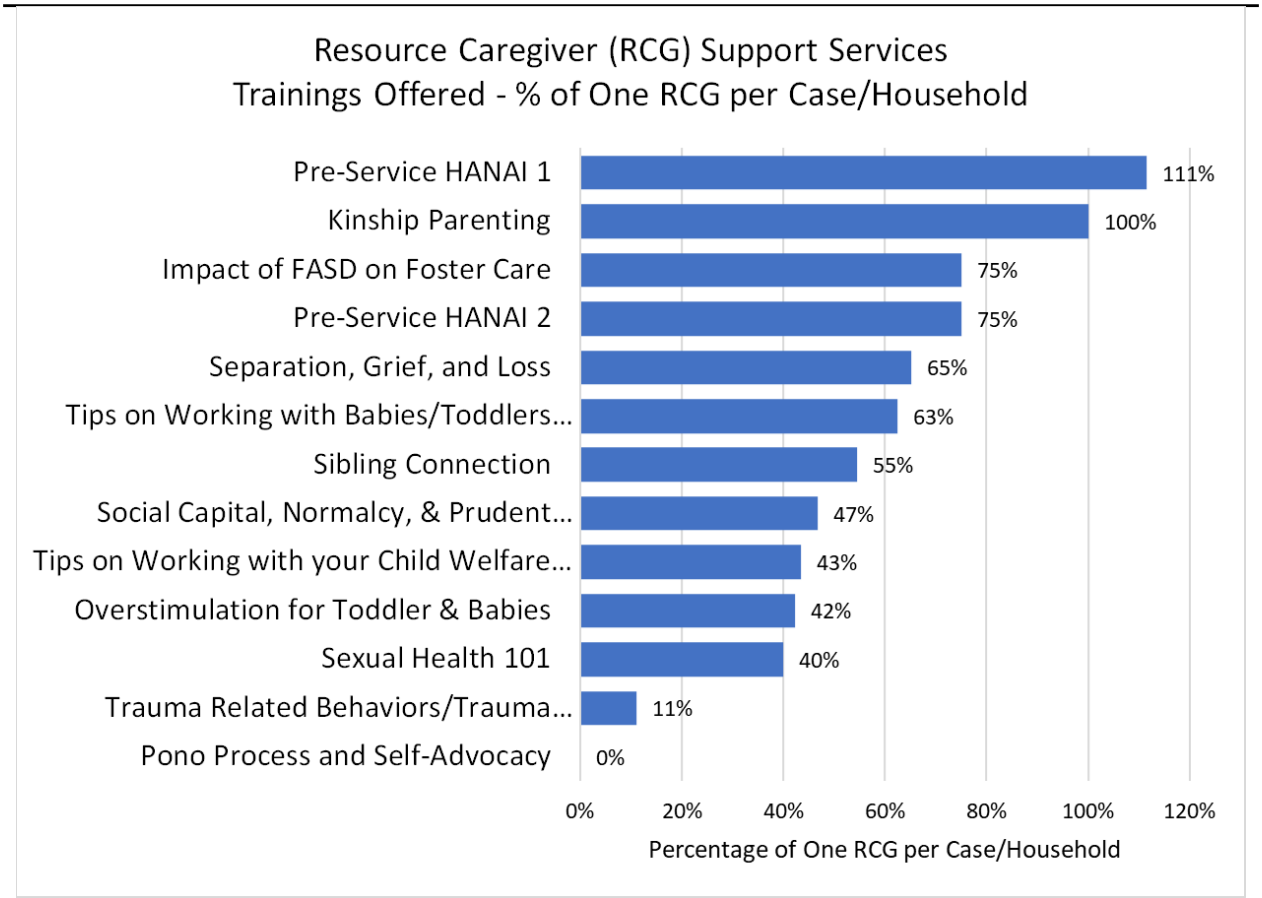
- **Ohana is Forever** an annual conference focused on young people currently or formerly in care. Young people are flown in from Neighbor Islands and transported on Oahu. It is well-attended by Family Court judges and court staff, Guardians ad Litem (GALs), Court Appointed Special Advocates (CASAs), Department of Human Services staff, Resource Caregivers, Service Providers, other partners. Attendees gain inspiration and knowledge to better support young people after hearing their perspectives on various topics and from speakers presenting on issues related to providing foster care services. Young people learn about resources, supports, skills, the systems of care, etc. This event is coordinated by the Court Improvement Project, Judiciary, UH Law School, HI HOPES Advisory Boards, EPIC Ohana, CWS, V/GALs, Providers, other Partners – to make it a fun learning event and to build relationships between the young people and all those who serve and provide care for them.

The Lending Library is another resource provided by Catholic Charities Hawaii and has a collection of recorded trainings available to watch online for Resource Families to view. Resource families can receive training hours by completing the quiz after viewing the material. A sample of library topic areas include:

- Advocacy
- Culture
- Grief
- Behaviors
- Education
- Healthy Ohana
- Court
- Mental Health and Wellness, etc.

In addition, resource caregivers are provided an opportunity to identify their special training needs to support the child(ren) in their care, locate a training in the community that meets that need and request to have the community training hours count as a substitution towards their year two training hours.

The chart below depicts the trainings completed by RCGs in 2024:



According to data from CWS RCG Licensing portal, from January 1, 2024, through December 31, 2024, there were 108 RCGs that completed the training necessary for license recertification.

Participants were surveyed to determine whether they felt the training gave them new understandings and provided information that prepared them for their work supporting children and families in care. This was accomplished through a total of seven targeted survey questions.

The survey results suggest that participants in the H.A.N.A.I. Year 2 Training session have an increased understanding of how trauma impacts youth development, the importance of sibling connections, social capital and normalcy, transitioning youth, and being mandated reporters. Positive responses were 95% or above.

H.A.N.A.I. Year 2 Survey Questions and Results

Questions:	% Positive Response
1. Do you have a better understanding of how trauma impacts youth development?	95%
2. Do you feel like the information shared during this session was helpful?	98%
3. Do you have a better understanding of how important sibling connections are for youth?	97%
4. Do you have a better understanding of Social Capital and Normalcy?	95%
5. Do you feel like the information shared during this session was helpful?	98%
6. Do you have a better understanding of transitioning youth and being a mandated reporter?	96%
7. Do you feel like the information shared during this session was helpful?	98%

Resource Family Evaluation of Training Efforts

Ongoing Training Evaluation

To evaluate Hawaii's overall resource family training system, from April through June 2024, Catholic Charities Hawaii (CCH) surveyed participants asking various general questions pertaining to the H.A.N.A.I. training and ongoing training and support opportunities, such as:

- How would you rate your experience in training sessions provided?
- Which topics(s) do you feel was helpful or useful?
- Are there any topics you would be interested in learning more about? Or any that you would like more of?
- What platform {delivery method} do you prefer attending for training?
- Any additional comments regarding training?
- Have you attended a support group?
- How would you rate your experience in a support group?
- What discussions or topics do you feel supported you?
- Are there any other topics you would be interested in discussing
- What platform do you prefer attending for support groups?
- Any additional comments regarding support groups
- Have you attended Talk Story Tuesday Sessions
- If you did not attend, what were some of the reasons?
- If attended, how would you rate the session
- Are there other topics that you would like to discuss with DHS during these sessions?
- Are there other ways we can support you?

This general question survey allowed for the identification of relationship to the child(ren), island of residence, length of time as a RCG and overall rating of the training experience.

- 67% of respondents rated their training experience as Very helpful/Helpful/Somewhat Helpful.
- 56% preferred "Zoom" as the platform with 33% preferring "In person," 22% preferring "Pre-recorded, 19% preferring "Self-guided," and 7% with "No preference."

This information supports the continued use of the current platforms and methods of training delivery available to RCGs and adoptive parents.

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

Hawaii does not claim Title IV-E funding for children temporarily housed in shelters. CWSB contracts with several providers for on-call shelter services statewide and each contracted provider's staff is required to complete 12 hours of training annually that promotes an understanding of the clients that CWSB serves and good practices. Providers must have a written staff training plan, approved by DHS, that describes how they meet the requirement.

Adoption Training and Preparation

Prospective adoptive parents have access to all trainings offered to resource caregivers. Hawaii requires those interested in adoption from foster care to meet the requirements for foster care licensure prior to placement of a child into their home. When a family is identified and matched as a potential adoptive resource, they must complete HANAI training, and they also receive support through Family Programs Hawaii's Wendy's Wonderful Kids (WWK) program. WWK uses a comprehensive training and preparation model for adoption. WWK training and support may contribute to prospective adoptive parents' annual training hours. WWK's training and support is specific to 1) the child or youth to be adopted; 2) the prospective adoptive families; and 3) the team of service providers who work with the child or youth. WWK utilizes the Child Focused Recruitment evidence-based model for adoption preparation.

Additionally, the WWK program provides a consistent and supportive navigator for all parties involved in the adoption process

Item Rating

Hawaii's Child Welfare Services, in collaboration with its partners, showcases a robust training framework designed to enhance service delivery. The comprehensive scope of these training programs coupled with established systems for monitoring quality, underscores Hawaii's commitment to excellence in training for RCGs and prospective adoptive parents and legal guardians. Hawaii's training system not only strengthens the capabilities of RCGs but also ensures that the needs of children and families served are met effectively. Therefore, Hawaii identifies this item as a strength.

E. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:

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

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Hawaii Child Welfare Services Branch (CWSB) has an array of services in place to assess and address the needs of children and families. The state offers a comprehensive service array through the child welfare agency, including purchase-of-service (POS) contracts, effective coordination with other state departments, and partnerships with community-based providers.

Information on this item includes services identified through the Social Services Division - Purchase of Service Directory, various workgroups, and feedback from CWSB Sections.

CWSB is committed to ensuring that families across the State have access to appropriate and effective services. At the frontline, CWS and VCM caseworkers assess families' strengths and needs and identify

suitable services and supports to mitigate the risk of harm, enabling children to remain safely in their homes or be reunified with parents when placed outside the home. Each client's strengths and needs are assessed through the use of informal and formal tools, which include but are not limited to face-to-face contacts and the use of safety and risk tools (Child Safety Assessment and Comprehensive Risk and Strengths Assessment). The collaborative development of the Family Service Plan and Individualized Program Plan (IPP) with the client and CWS worker or service provider, as appropriate, helps further assess strengths and needs. The IPP is developed for cases referred to CWS contracted providers and may also identify community services available to the client. It is tailored to the specific needs of the client and serves as a contractual agreement for all services contracted by CWS. Progress on the IPP is regularly reported to CWS, with adjustments made as needed

The Child Welfare Services Branch (CWSB) aims to provide services to families at the least intrusive and most appropriate level of intervention. Family preservation and support services encompass various forms of assistance, including but not limited to individual or family counseling, crisis intervention, case management, parenting skills training, home-based services, and family monitoring through home visits by CWSB caseworkers. The scope and intensity of these services depend on each family's needs and the availability of community resources. Services are offered free of charge to families, either directly by CWSB staff or by other social service agencies contracted by the Department of Human Services (DHS). Families may also receive support from other state resources and community organizations.
CWSB is committed to continuously improving access to appropriate and effective services statewide by fostering collaboration among the Department, other State agencies, Purchase of Service (POS) providers, and the community. Department representatives regularly gather feedback from CWSB staff, stakeholders, community members, and provider agencies through a variety of forums, including meetings, convenings, workgroups, councils, conferences, committees, and caucuses, all focused on different CWSB-related topics. The service array is regularly discussed within various workgroups. For example, the All-State Team convenes to identify the needs of families with children ages 0 to 5 and explores resources available within their communities, such as childcare, legal services, and health services. Other workgroups include a focus on mental health resources, housing support, and educational services.

As the needs of various populations shift, CWSB takes necessary actions to adjust the system, ensuring that it remains effective. The service model is organized to ensure that each child and family receives a program tailored to their unique needs. Section Administrators in each geographic region hold regular meetings—either monthly or quarterly, depending on the region and specific needs—with local service providers. These meetings facilitate discussions on trends, resolution of communication challenges, and appropriate modifications to services. For example, meetings on the island of Hawaii led to a change in the physical location and service focus of Title IV-B-2 contracted services in that region.

CWSB will continue to assess the needs of families and adjust the service array as necessary. Furthermore, CWSB will collaborate with providers and community partners to consistently improve efforts to incorporate cultural competence, diversity, and trauma-informed care into service delivery.

The following describes some of the services available in Hawaii for each category of cases related to CFSR Item 29. Services are available statewide unless otherwise specified. Many of the services listed in a specific category (for item 29) also address other categories. This is not intended to be an exhaustive list.

Services that assess the strengths and needs of children and families and determine other service needs

CWS caseworkers use various tools during their initial and ongoing assessments of children's safety and risk and the needs of both children and parents. These tools include the Child Safety Assessment, Safety of Placement Assessments, Safe Family Home Report, and Family Service Plan. Tools assist caseworkers in collecting specific information and support the documentation of details and decision-making.

Also, DHS contractors are required to assess the needs of children and parents that are referred to them to ensure the appropriateness of the referral and level of required intervention. For example, when a parent is referred to the DHS-contracted domestic violence service provider, information is gathered about the parent to ensure the program meets his/her needs and to identify which component of the service is needed before beginning the service.

Furthermore, the following services are available through DHS contracts and the community:

Wraparound meetings (Oahu, East Hawaii, and West Hawaii only)
Family Wrap Hawaii is a family-centered, strengths-based, needs-driven planning process facilitated through meetings that include an assessment of underlying needs and unique, creative strategies to address those needs and to achieve the family's hopes and dreams.

Psychological Evaluations and Mental Health Assessments
Psychological evaluations and mental health assessments for children and parents are available statewide through a contracted agency, and other state agencies (such as the Department of Health and the Child and Adolescent Mental Health Division), and CWS contracted providers. When necessary, psychological evaluations are offered at no cost to parents and caregivers with an open CWS case statewide. Evaluations and assessments may also be available through medical plans and community providers.

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

Ohana Conferences
Structured family meetings provide a facilitated process whereby key family members and other key individuals identified by parents discuss status, progress, and barriers. Through this process, strengths and needs of children and families are identified and/or updated.

Substance abuse assessments & urinalysis
Substance abuse assessments and urinalysis (UA) testing referrals are received via fax from DHS/CWS, A comprehensive, written assessment is completed within two weeks by a certified substance abuse counselor (CSAC) or a qualified professional, based on client self-reports and additional information from the worker, such as court reports, evaluations, and test results. The assessment includes a diagnosis, drug use details, impairment description, treatment recommendations, and any suggestions for drug monitoring. Ongoing UA monitoring begins weekly unless otherwise agreed, and one-time random tests may be requested. This service is available statewide.

Multidisciplinary Team (MDT)

The purpose of this service is to provide professional consultation and facilitate team decision-making in collaboration with the Department of Human Services (DHS) on medical, mental health, psychosocial, and legal issues related to intervention, planning, and services for selected Child Welfare Services (CWS) families. The MDT team consists of professional staff including medical doctors, nurses, psychologists, and a social worker. Through the collection and review of case-related documents, the MDT team completes assessments of safety and needs of parents and children and provides recommendation. The primary goals include reducing the recurrence and incidence of child abuse and neglect, particularly in foster care, increasing permanency for children, and shortening the duration children spend in foster care before reunification, without increasing re-entry rates. The target population consists of children and families involved in CWS. While any case can be referred, certain cases including near fatalities, fatalities, and serious harm, are required referrals.

Children's Justice Center

Hawai'i Children's Justice Centers are programs under the Hawai'i State Judiciary and are accredited members of the National Children's Alliance, which includes over 1,000 Children's Advocacy Centers across the country. The program brings together a multidisciplinary team of professionals who collaborate in the investigation and coordination of child abuse and neglect cases. This service is available on Oahu and all neighboring Islands.

Services that address the needs of families in addition to individual children in order to create a safe home environment

Most services are available to families in-home or in foster care and can transition as the child and family arrangement changes. Also, many services are able to meet the needs of families both in-home and in foster care and may be noted in both sections that describe in-home and foster care service. CWSB has been collaborating with community partners, other State agencies, the military, and social service agencies, such as Liliu'okalani Trust, Kamehameha Schools, EPIC Ohana, Inc., and the State Office of Hawaiian Affairs, to achieve these goals. A sample of contracted and community services are discussed below.

Please see this link for a complete list of services contracted by DHS:https://humanservices.hawaii.gov/ssd/files/2022/11/DHS-Purchase-of-Service-Directory-POS-Directory-FY2023-11-2022.pdf

Comprehensive Counseling and Support Services

The family-centered, strength-based services are designed to address risk factors and safety concerns for families involved with Child Welfare Services (CWS). The services provided include comprehensive assessments conducted within 30 days of referral to evaluate an individual's strengths, needs, and ability to ensure child safety, helping to identify the most appropriate services. Within the same timeframe, an individualized program plan is developed, offering families clear goals, objectives, and services, along with ongoing feedback and progress updates. A 24/7 crisis intervention service is also available to prevent placement, support reunification, or prevent placement disruption. This includes assessments, crisis management, counseling, role modeling, education, referrals, and tangible assistance to meet identified needs. Counseling and clinical therapy are offered to families and children, focusing on problem-solving, communication, coping strategies, and behavior management through individual, conjoint, or family counseling, skill-building sessions, child development education, and behavioral management training. Additionally, Ohana Time/Visitation Supervision Services are available in the family home, a designated "safe home," or other secure community locations to facilitate supervised visits between children in foster care and their parents or other family members. The service also

includes individual and group skill-building sessions to improve child-parent bonding, understanding of child development, and to address the effects of substance abuse, mental health challenges, and domestic violence, with post-reunification support. Finally, transportation services are provided to support medical appointments, therapy, court hearings, supervised/unsupervised visits, and other identified needs.

Home Visiting Services

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

Family Advocacy Program (FAP)

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

Healthy Mothers, Healthy Babies

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

Women, Infants, and Children (WIC)

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

Early Intervention Services

Early Intervention Services is a community service in which they support a child's development in five key areas: Physical (such as sitting and walking), Cognitive (including attention and problem-solving skills), Communication (like talking and understanding), Social/Emotional (such as playing with others and building confidence), and Adaptive (like eating and dressing independently).

Language Interpreter Services

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

Transportation Assistance

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

Substance Abuse Treatment

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

Domestic Violence Shelter Services

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

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

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

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

Intrafamilial Sex Abuse Treatment Services (IFSATS)
A DHS contracted service that provides comprehensive assessment and treatment services to families/caregivers whose children are victims of intra-familial sex abuse.

Temporary Assistance for Needy Families (TANF)
A federally funded program that provides monthly cash benefits to families for food clothing, shelter, and other essentials.

Additionally, CWSB partners with Native Hawaiian and community partners to pilot services in specific geographic areas that incorporate Native Hawaiian values to meet the needs of Native Hawaiian families. Examples are included below:

Two Makua Meetings
CWSB primarily partners with EPIC Ohana to implement Two Makua Meetings (TMM), which are informal meetings between birth parents and the Resource Caregivers (RCGs) designed to encourage the development of a positive relationship that fosters open communication between the child's caregivers. Lili'uokalani Trust (LT) is integrated into these meetings by introducing the Native Hawaiian cultural component for Native Hawaiian families. CWSB participates in collaboration meetings on an ongoing basis to support implementation.

In ancient Hawaiian culture, there was no significant distinction made among the adults in the family that cared for a child. Aunts, grandfathers, moms, uncles, dads, and grandmothers were all referred to by the same Hawaiian word – makua. Building on this concept, a program has been created to bridge the gap between birth parents and resource caregivers, called Two Makua. In the Two Makua program, there is an initial facilitated meeting with the resource caregivers and the birth parents to introduce them to each other in a positive manner, and then ongoing assistance to promote mutual support and shared caregiving responsibilities. The Two Makua program embodies the CWS core intervention and strategy tenets listed above, such as: identifying and using the family strengths; tailoring care to the specific child; cultural sensitivity; respecting family lifestyle, dynamics, and choices; embracing the spirit of partnership; engaging families; utilizing creative approaches; and promoting honest communication and compassion.

Ka Pili Ohana (KPO)
A collaboration with CWSB, EPIC, Lili'uokalani Trust (LT) and other community partners to support and foster the Two Makua ("Two Parent") relationship for Native Hawaiian families involved within CWSB, the pilot project which began in 2019 focuses on developing positive working relationships among birth parents, CWSB, and Resource Caregivers (RCGs), and strengthening parent and child relationships during

visits with birth parents, children, RCGs, and CWSB. LT provides cultural guidance to the project and participants. KPO is currently being offered on the island of Oahu in the East and West Oahu CWSB Sections, and on the island of Hawaii in the Kona and Hilo CWSB Sections. Meetings and collaboration are ongoing to support implementation.

Services that enable children to remain safely with their parents when reasonable
The state provides services to enable children to remain safely in their homes with their families by providing various forms of support before and after Child Welfare Services (CWS) involvement. Some contracted services that enable children to remain safely in their homes are included below and are listed in the Purchase of Service Directory.

Neighborhood Places offer community-based services designed to assist families to access resources in their communities to prevent CWS involvement or provide ongoing connection and support post CWS intervention.

Voluntary Case Management (VCM) and Family Strengthening Services (FSS) offer families referred to Child Welfare Intake an alternative to Child Welfare Services. Families can engage with the services provided by VCM and FSS to reduce risk while keeping their children at home.

Home Visiting Services (HVS) are long-term, voluntary services to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness.

Domestic Violence Safe Families (DVSF) allows families affected by domestic violence to access therapeutic and support services that help address the domestic violence and promote healing.

Intensive Family Support and Treatment Services (IFSATS) provides additional support for families facing significant challenges. Therapy services are also available for both children and families.

Intensive Home-Based Services: Homebuilders Model continues to be a service that supports maintaining children in the home and reunification. Services are time-limited, typically lasting four to six weeks, and are tailored to individual family needs, goals, values, and capacities. This service also goes beyond therapy to provide concrete supports. especially when a child is at imminent risk of removal from their home. If IHBS is not accessible in such circumstances, CWSB will be compelled to place the child in foster care to ensure safety of the child. IHBS is currently available on Oahu, Hawaii island, Maui, and Kauai; however, services have not yet begun on Maui and Kaui because, while IHBS contracts were awarded to service providers on Maui and Kauai in July 2022, the provider agencies encountered challenges in staff recruitment due to stringent experience requirements and a limited pool of candidates. CWSB is working with the provider agencies on Maui and Kauai to identify barriers to hiring staff as well as brainstorming

Child Care Subsidy Services (CCSS) This service provides financial assistance for childcare to help families maintain stability.

SNAP (Supplemental Nutrition Assistance Program) provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being.

Kamalama Parenting is a Hawaiian-based parenting curriculum delivered by various organizations intended to strengthen parents' skills and their relationships with their children.

Women's Way on Oahu, and **Aloha House** on Maui These are both residential substance abuse treatment facilities where mothers can live with their young children. These services provide mothers with parenting classes in addition to traditional substance abuse treatment services.

Homeless Shelters These shelters are available for families with short-term housing challenges in various geographic locations. Some examples are included below.

On Oahu, Hawaii's most populated county and island, CWSB has worked with its partners to connect families to homeless services. Partners In Care and EPIC Ohana Inc. Have made great efforts to help identify families involved with CWS and connect them to much needed housing services to support stability to engage in further services. As part of the efforts to support families on Oahu, CWSB, has also worked with the City and County of Honolulu to revise an existing Memorandum of Understanding to give access to Family Unification Vouchers to CWSB involved families and Young Adults that were involved with CWSB. CWS Hawaii also participates in the Family Unification Program (FUP) voucher program through the U.S. Department of Housing and Urban Development (HUD) which is currently provided to former foster youth and implemented through the assistance of Hale Kipa the Independent Living Program provider. Hawaii CWSB is also working with the Hawaii Housing Authority which manages HUD vouchers to expand this voucher program to birth families.

CWSB has also enhanced its partnership with EPIC Ohana Inc., the contracted Wraparound provider, based on their knowledge of helping families that were receiving Wraparound services to access housing resources. As part of service provision, it was noted that barriers to housing impacted families' ability to resolve other issues, not as a standalone issue but a complex basic need that supports structure and stability to engage in services and attend to other life needs. EPIC Ohana Inc. developed a partnership with the Oahu homeless outreach programs through the Coordinated Entry System (CES) on Oahu and worked to advocate for the needs of families involved in the CWSB Wraparound service. CES facilitates and manages homeless resources including shelters along with homeless providers on Oahu. CES has a data base of homeless outreach providers along with services and shelters for individuals and families in need. An assessment is applied to individuals and families in need of housing. The assessment rates and prioritizes need to best deliver services. Through this collaboration, CWS families in need of housing to assist them with reunification of their children have been prioritized to access housing, shelters, and other services. Periodically, EPIC Ohana Inc. will forward a listing of families to CWSB to provide feedback on the reunification goal and time frame for their children which impacts their priority.

Bridging the Gap Hawaii provides similar services as CES on Oahu for Hawaii, Kauai and Maui islands which has a database of homeless and housing resources including services, shelters and short and long-term housing resources.

Multi-Systemic Therapy (MST) The Department of Health, Child and Adolescent Mental Health Division (CAMHD) offers in-home therapists statewide to families with children with diagnosed mental health challenges. These therapists follow the MST model, working to stabilize the family unit and its behavioral responses.

Primary prevention aims to prevent child maltreatment by targeting the general population. In Hawaii, these efforts were crucial during the COVID-19 pandemic and involved utilizing community resources and neighbors to ensure child safety. CWSB adapted by learning about evolving local resources and ensuring that families had access to essentials, such as food and shelter.

While CWSB focuses on secondary and tertiary prevention services for child welfare-involved families, DHS supports an enhanced prevention-based service continuum through contracted Neighborhood Places and community collaboration and training. Funding for these activities comes from a mix of federal, state, and private sources.

Most primary prevention activities in Hawaii are carried out by nonprofit organizations and community initiatives funded through government contracts and private grants. Key statewide coordinators include the Hawaii Children's Action Network and the Hawaii Children's Trust Fund (HCTF). These efforts are integrated into a statewide Child Abuse and Neglect (CAN) Prevention Plan that connects various resources and identifies gaps and proposes solutions.
Prevention strategies have included anti-bullying education, child injury prevention, family strengthening services, and public awareness campaigns. Home Visiting Services, though typically considered secondary prevention in Hawaii as it targets families in at risk communities and provides support to families with identified risk factors.

Specific initiatives include the Hooikaika Partnership on Maui, which emphasizes primary prevention through community education and support, and the Islands of Hope-Maui, which focuses on preventing families with risk factors from entering the child welfare system. Other notable programs include the Keiki to Career initiative on Kauai and Hawaii Early Childhood Action Strategy, which aims to improve care systems for young children statewide. The Department of Health - Child Death Review (CDR) in Hawaii is a multidisciplinary and multiagency review of child deaths. The purpose of these reviews is to understand risk factors, prevent future child and maternal deaths by helping communities understand why children die, and to equip families and stakeholders with effective preventable resources and supports to reduce future fatalities. CWSB is a member of the CDR and collaborates on each local CDR review to identify strategies and resources to prevent child fatalities in areas including, but not limited to safe sleep, suicide, and drowning.

Services that help children in foster and adoptive placements to achieve permanency.
In addition to service to prevent placement, address foster care, and support permanency, CWSB provides prevention services and coordinates with community providers to promote robust array of services to prevent involvement with the child welfare system and provide a stable support post case closure as needs arise.

Resource Caregiver Training Statewide training, provided by a contracted provider. Please refer to Systemic Factor 4, Item 28: Foster and Adoptive Parent training above for additional details on training offered.

Independent Living Program Services (ILP) Provides case management, life skills assistance, financial support, and housing for foster youth over age 14.

Ohana Time Facilitated, meaningful family time for foster children with parents, siblings, and relatives, arranged by caseworkers, DHS staff, and contracted providers, to support reunification.

Family Finding Begins when a child enters foster care and continues until they exit, aiming to locate relatives who may want to foster or adopt and maintain lasting family connections.

Youth Circles Youth-centered meetings that support foster youth in planning their transition into successful adulthood after foster care.

Permanency Support Services Contracted community services offered before and after adoption or guardianship to ensure successful and stable permanent placements.

Department of Health, Child and Adolescent Mental Health Division (CAMHD) State agency offering mental health services, therapeutic in-home and residential treatment, and care coordination for youth with qualifying mental health diagnoses, enhancing skills for families to support the child's needs. CWSB partners with the CAMHD to fund a crisis stabilization program to support children in crisis situations and help transition them to their parent, caregiver, or other level of intervention as appropriate.

Project Visitation Structured group activities in a supervised setting for siblings in foster care who are placed separately.

MedQuest to 26 Medical coverage for youth exiting foster care, allowing them to retain insurance until age 26 without reapplying.

Wendy's Wonderful Kids Adoption services tailored to the specific needs of foster youth in long-term care, providing personalized adoption support.

ANALYSIS

CWSB contracts for and coordinates with agency and community partners to provide services to families to meet their needs. Some challenges to service delivery include waitlists for services, contract capacity, staffing challenges for contracted and community services, absence of service in a specific geographic location, or absence of specific needed service. There are a variety of challenges that impact families and services in Hawaii including those related to financial and limited and costly housing options. These impact families as well as presents challenges to hiring and maintaining staffing for services. While there are some challenges, CWSB caseworkers and system partners work together to identify and enhance other resources to meet the needs of families. This may include accessing different forms of service delivery such as crisis counseling when IHBS is not available or appropriate and mental health crisis line services for children experiencing mental/behavior health immediate need. When a specific resource is not available, another service may also be utilized with enhancements to meet the needs to children and families. For example, caseworkers also reach out to resource caregivers with experience supporting children with complex needs when there are waitlists or absence of a shelter/residential service for the youth. Services can be enhanced to meet the needs of children, in this case by adding a therapeutic support or respite for caregivers in these situations. Sections have shared that it can be difficult to engage teenagers and services that they work to connect youth to community services that promote pro-social skills and activities. Sometimes these services are not available, or end and workers seek out other services to meet the needs of children and families. Engaging and serving families that are experiencing housing issues may impact access and consistent service involvement and progress. Families may move during service delivery. Efforts are made to support connection in services through their transitions. Parents that are experiencing substance use and mental health challenges may need additional time to engage and participate in services to promote change. In addition, there may also not always be a substance use or mental health services available in their community leading to or extending time in CWSB involvement. This may extend the time families are involved in CWSB as well as the services provided. CWSB has greatly benefited from working with parent partners with lived experience to help engage families in working with CWSB and participating in the services provided.

Item Rating

Hawaii identifies this item as a strength. Overall, the service array and resource development system is functioning to ensure that the following array of services is accessible in all geographical jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency. Services are provided through the use of purchase-of-service (POS) contracts, effective coordination with other state departments, and partnerships with community-based providers.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

How services are individualized to meet the unique needs of children and families served by the agency

As mentioned in item 29, CWSB is continually working to provide and access appropriate and effective services statewide through the collaborative efforts among the Department, other State agencies, Purchase of Service providers, and the community. On the frontline, CWS and Voluntary Case Management (VCM) caseworkers assess family needs and identify appropriate services and supports to reduce risk of harm so children can safely remain in the family home or be reunified with parents when children are placed out of the family home.

CWSB also seeks to identify and connect families to services within their communities so that they may have continued support post involvement with CWSB.

<u>Assessment and information gathering</u>

Information gathering is an important part of the assessment process to individualize services. Over the past five years, CWSB has worked to enhance information collection as part of the child safety assessment. This includes information on the nature and extent of the maltreatment, the circumstances that accompany the maltreatment, how the child functions day-to-day, how the parents discipline the child, what the overall parenting practices are, and how the parents manage their lives. Information on strengths and needs helps to identify and individualize services and approaches.

Item 29 also notes a variety of strategies, tools, and services to gather information and assess the individual needs of families. These may include:

- CWSB caseworker assessment
- Child Safety Assessments (CSA) are completed at critical junctures for children in their family homes
- Safety of Placement Assessments are completed quarterly for children in foster care
- Comprehensive Strength and Risk Assessments (CSRA) are completed for all families
- Family Service Plan (FSP) development with the family – connected to needs and safety concerns identified
- Multi-Disciplinary Teams (MDT)
- Ohana Conferencing
- Psychological Evaluations and Mental Health Assessments, as appropriate
- Synthesis in the Safe Family Home Report (SFHR)
- Case Staffing with CQI – helps to review barriers to reunification and identify and
- address resources to meet the needs of families.
- Wraparound facilitated process that includes an assessment of underlying needs and unique, creative strategies to address those needs and to achieve the family's hopes and dreams.
- **Ka Pili Ohana (KPO)** is a collaboration with CWSB, EPIC, Liliuokalani Trust (LT) and other community partners to support and foster the Two Makua ("Two Parent") relationship for Native Hawaiian families involved within CWSB. The project focuses on developing positive working relationships among birth parents, CWSB, and Resource Caregivers (RCG), and strengthening parent and child relationships during visits with birth parents, children, RCGs, and CWSB. LT provides cultural guidance to the project and participants. KPO is currently being offered on the island of Oahu in the East and West Oahu CWSB Sections, and on the island of Hawaii in the West and East Hawaii CWSB Sections. Meetings and collaboration are ongoing to support implementation. Individual and culturally relevant services, approaches, and connections are integrated in the model.
- **Two Makua Meetings.** CWSB primarily partners with EPIC Ohana to implement Two Makua Meetings (TMM), which are informal meetings between birth parents and the Resource Caregivers (RCGs) designed to encourage the development of a positive relationship that fosters open communication between the child's caregivers. Liliuokalani Trust (LT) is integrated into these meetings by introducing the Native Hawaiian cultural component for Native Hawaiian families. CWSB participates in collaboration meetings on an ongoing basis to support implementation. Supporting the relationship between parents and caregivers helps to provide additional connection and support for both parents and children in foster care. This may result in more frequent Ohana Time/Visitation as the resource caregiver may serve as an additional support to facilitate family visitation in natural settings and activities. Strengthening the relationship between the parent and resource caregiver can also provide continuity and positive (missing a word) outcomes(?) for the child when shared strategies and approaches are implemented to support the child's wellbeing.

Revisions to Family Service Plan

CWSB continues to work on enhancing the assessment process through revisions of forms and procedures as well as incorporation of the family voice and perspectives in assessing and managing safety. This work is supported through technical assistance through ACF and with key participation from parent partners with lived experience and CWS caseworkers. Collaboration and partnership with families will help to create an environment that allows for trust and openness to identify and uplift strengths and areas to build on through safety strategies and individualized services.

When children and families are referred to services, the strengths and needs of each client is further assessed through the client's and provider's collaborative development of an individualized plan. The individual plan is unique to each client and is a contractual requirement for each service contracted by CWSB. Progress on the individual plan is reported to CWS on a regular basis and adjustments are made as necessary. Services are tailored for each family with goals and strategies to achieve positive outcomes.

CWSB also works to provide services in a way that is responsive to the individual needs of families, meeting them where they are at. Many services are provided in the home or in real life situations. Placement with relatives further enhances opportunities for connection and contact while providing natural supports for the child and family.

In addition to individualizing the focus and approach of contracted and community services, identifying services that meet the unique needs of the child and family is an important component of case planning. As part of case planning, children and families may identify services and supports that meet their need and concerns identified in the assessment. CWSB works collaboratively with families to design a service plan that honors their preferences and supports the necessary interventions to promote the wellbeing and success of children and families.

Coordinated comprehensive services

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

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

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

Families with complex needs

For children and families with complex needs and barriers that impact permanency, the Family Wrap Hawaii (FWH) contracted services, using the wraparound planning process, are available on Oahu and Hawaii Island. These areas were identified in the Title IV-E Waiver to address long stayers in foster care. The wraparound planning process utilizes a creative and comprehensive team-based approach that is individualized to meet the unique needs of each family. By focusing on the family's underlying needs and leveraging their strengths, this approach helps to develop tailored, comprehensive plans to support the family's capacity to achieve and sustain positive outcomes. Navigation services are included to identify and connect families to specific resources in their community that meet their needs. Parent parents and youth partners are available to enhance engagement and provide peer support throughout the healing journey. Flexible funds are also utilized to address barriers and meet needs with creative concrete supports that are not available through other funding sources. CWSB hopes to expand this service to other locations. CWSB is working with the wraparound provider to make parent partners and concrete resources available to other families that are in need of and may benefit from these supports.

For Family Wrap Hawaii in both SFY 2023 and SFY 2024, 100% of families that completed a survey reported that the Family Wrap Meetings helped create a more individualized plan that met the needs of the family.

Collaboration to identify individual and specific services to meet the needs of families

CWSB and its partners continually work to identify needs and resources in the community to address those needs.

For example, as part of the All-State Team, members meet every other month to discuss the needs of families with children ages 0 – 5 and identify resources to meet their needs as well as provide opportunities for collaboration. Resources are shared through discussions, learning sessions, and via email in between meetings. Shared information has provided members with information, strategies, connections, and new collaborations to support the families they work with. Awareness and access to resources assist to tailor a more individualized plan and approach to support families. Some of the needs and resources identified include childcare resources through Childcare Connection Hawaii (CCCH) – a financial and informational resource for families, legal services through Legal Aid Services of Hawaii (LASH) and the Medical-Legal Partnership for Children (MLPC) - an innovative collaboration between Kokua Kalihi Valley (KKV) and the University of Hawaii William S. Richardson School of Law to provide "preventive legal care" alongside "preventive health care" (Medical Legal Partnership for Children — Kokua Kalihi Valley), and providers that are implementing Child-Parent Psychotherapy (CPP).

Services that are developmentally and/or culturally appropriate (including linguistically competent)

Many contracted services incorporate the following provisions as part of service delivery:

- a trauma-informed approach
- culturally and linguistically appropriate, fully serving clients with language access needs
- be fully accessible and accommodate clients with any disability

- services provided to all clients, regardless of gender identity, gender expression, or sexual orientation and use gender-neutral language in its program and prohibit harassment and discrimination based on gender, gender identity, gender expression, and sexual orientation
- reasonable effort to assure that services are provided in a flexible manner to clients and their families so as to best meet their specific needs. Service activities may need to be scheduled outside of normal office hours, such as in the evenings or on the weekends, to accommodate clients'/families' schedules
- age and developmentally appropriate
- client-centered, designed to meet the unique needs of each client and build on their strengths to promote and enhance safety, health, and well-being. Service and discharge planning shall be designed in conjunction with the client to the extent possible.
- the client's desires, needs, and perspective shall guide the development of all plans
- In addition, contracted providers work to:
- provide programs and services that are aligned with the needs of the diverse communities in the population served, including but not limited to, cultural identity and practices and sexual orientation, gender identity, and gender expression
- refine operations in order to best serve the target population and make progress towards reducing healthcare disparities
- ensure effective, equitable, understandable, and respectful quality care and services that are sensitive and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs to preserve cultural identity. Providers shall communicate and interact effectively with non-English speaking children and families and provide language assistance services.
- provide language assistance services that include oral interpretation from a qualified interpreter and written translation from a qualified translator. Language assistance services must be:

    a. free of charge to the participant;
    b. accurate;
    c. timely; and
    d. protect the privacy and independence of the participant.

Language Interpreter Services

- For adults or children with language access needs, free interpreters and translators are provided statewide for all State services and for all court-related matters. CWSB offers families language assistance and services are coordinated as needed. In-person interpreters are very helpful for the process. Other services include phone and zoom.
- CWSB workers utilize the DHS Access Resource List and the DHS LEP (Limited English Proficiency) Form (5000) and Language Assistance Resources (for interpreter services) to offer and coordinate language assistance services.
- Work to access interpreters in real time and the interpreter that meets the families' needs. Can be challenging in areas with limited cellular phone coverage. Family may come into office to use phone lines that support coverage.
- Can use family members that are present while coordinating interpreter services, as appropriate.

In addition, CWSB caseworkers seek to understand all children's and families' race and ethnicity beginning at the point of intake and throughout the assessment process and ongoing work with the family.

The caseworker must make efforts to confirm, determine and/or document the race and ethnicity of each person in the family by asking the children and families. The caseworker must not make assumptions on which and how many racial and ethnic groups a person may belong to, and if the client is of a certain race or ethnicity. When a caseworker, rather than the child or family, makes this determination, he or she may be incorrect and/or under-representing all possible race and ethnicities. Understanding the familial culture is valuable as it informs culturally responsive service planning. A person's race and ethnicity is determined by how the person defines him, her, or themself. In the case of a young child, parents determine the race and ethnicity of the child.

Some examples of special needs characteristics of families and how services are responsive to meet the special needs of families

Through the CWSB assessment, all disabilities, special needs, and individual and unique needs are identified, and services are tailored accordingly. Families are also referred to specialized services that meet their needs.

CWSB maintains connections with other agency and service providers to refer and support families to access the services that meet their needs. Some include Department of Health (DOH), Developmental Disabilities Division (DDD); Department of Human Services (DHS), Division of Vocational Rehabilitation (DVR); Department of Health, Child and Adolescent Mental Health Division (CAMHD). CWSB caseworkers and administrators work to connect and advocate to ensure that the special needs of families are addressed through service delivery with other agencies.

CWSB continues to collaborate with Casey Family Programs (CFP) Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), DOH, DOE, and other community agencies to strengthen partnerships and best service children and families through a community approach. Frequency of these meeting and working groups varies, based on the mission and goals. For example, the Hawaii Child Welfare Equity Improvement Collaborative (EIC) meets monthly and is creating statewide implementation plans for addressing racial disparities, as well as equity in other key areas, such as gender, sexual orientation, gender identity, gender expression, social class, disability, and age. Other workgroups meet quarterly, or more frequently, as needed. Across collaborations in CWSB, the overrepresentation of Native Hawaiian families is a high priority. Culture and values are frequently discussed when implementing new initiatives and revising ongoing practice.

Race Equity Overview. Casey Family Programs (CFP) plays a vital role in supporting CWSB's efforts to advance race equity and cultural learning. This support includes hosting Race Equity Convenings, offering technical assistance, and providing supplemental funding to enhance equity initiatives within CWSB. CFP facilitated the establishment of Na Kama a Haloa, a key partner in addressing Native Hawaiian disproportionality within CWSB. Na Kama a Haloa (housed by EPIC Ohana) is a Native Hawaiian community collaborative that initially consisted of five hui or groups [Hui Kauhale: Developed Native Hawaiian Perspectives, a Native Hawaiian culture-based training curriculum for CWS staff and community providers. Hui Makua: Empowering Native Hawaiian birth parent voice. Hui Pilina: Supporting sibling connections. Hui Fostering Strong Connections: Services and strategies to support shared parenting between birth parents and resource caregivers (RCG). Hui Hilo: Hilo-based project to engage and support RCGs, families, and community members].

Figure 54 (Hawaiian and Non-Hawaiian Children in Foster Care 10-Year Trend) in the Hawaii Data Booklet APSR FFY 2025 depicts a rise and then fall in the overall number of children in foster care from SFY 2014 – SFY 2023. For Native Hawaiian and part Native Hawaiian children in foster care, their percentage in foster care also decreased from 50% in SFY 2014 to 43% in SFY 2023. However, even at 43% (a 7% decrease), the percentage of Native Hawaiian and part Hawaiian children in foster care is still higher than their percentage in the general population of children in the State (34%). CWSB acknowledges this disparity and is committed to taking action to eliminate this racial disproportionality and ensure appropriate support for Native Hawaiian children and families within the child welfare system.

Equity Improvement Collaborative

Following participation in the CFP Race Equity Convening in 2022, CWSB transitioned an existing race equity workgroup to the FFH Equity Improvement Collaborative (EIC) to receive technical assistance support from the Capacity Building Center for States (CBC). The purpose of the EIC is to promote and improve equity for all people who are involved with CWSB, while building on existing work and partnerships. The EIC's current focus is to achieve racial equity for Native Hawaiian children, families, and communities by centering their experiences and aligning CWSB policies accordingly. This work has been determined a priority based on the data discussed above. Although the current focus is on Native Hawaiians, the EIC recognizes that the targeted actions to address the needs and challenges of Native Hawaiian children and families will simultaneously benefit other marginalized communities and society as a whole.

Led by CWSB in collaboration with partners like EPIC Ohana, Liliuokalani Trust, and Na Kama a Haloa, the EIC aims to end Native Hawaiian disproportionality in CWSB and achieve its vision through targeted actions and ongoing collaboration, with the overarching goal of safely reducing the number of children in foster care.

Disparate Outcomes for Native Hawaiian Children. (Figure 52 - Hawaii Data Booklet APSR FFY 2025). Notably, there was a decrease in the percentage of Native Hawaiian children entering foster care in SFY 2023 at 33%, as compared to the previous years, ranging between 40% to 42%. Despite this decline in new entries, the total proportion of Native Hawaiian children in foster care for SFY 2023 was at 43%, which is relatively consistent with the preceding years' rates of 44% to 45%. Even with a significant decrease in the number of children entering foster care, CWSB does not expect to see immediate effects regarding the decline in the number of Native Hawaiian children in foster care. This is because the current number of children in care reflects years of historically high entry rates for Native Hawaiian children. The emancipation rate among Native Hawaiian children in foster care for SFY 2023 remained relatively stable at 47% with the preceding years ranging from 38% to 54%. According to the 2021 estimates from the U.S. Census American Community Survey, Native Hawaiian children constitute 34% of the state's child population while Hawaii Child Welfare data for SFY 2023 revealed that Native Hawaiian and part-Native Hawaiian children comprised 43% of the statewide foster care population. Furthermore, CWSB data for SFY 2023 showed a significant disparity in reunification rates between Native Hawaiian children and non-Hawaiian children. Specifically, only 45% of Native Hawaiian children were reunified with their families, compared to 60% of non-Hawaiian children. This highlights a gap in the effectiveness of reunification efforts for Native Hawaiian families and underscore the urgent need for targeted interventions and support for Native Hawaiian children and families in the child welfare system. Additionally, addressing this disproportionality requires robust support for Hawaii Child Welfare Services leadership and staff to effectively serve Native Hawaiian children, families, and communities.

Hawaii CWS Equity Action Plan

The EIC has been tasked with developing the Hawaii Child Welfare Equity Action Plan (EAP) to ensure equitable outcomes for all children and families involved with CWSB, with a current focus on ending the disproportionality of Native Hawaiian children and families in the child welfare system. To develop the Equity Action Plan, the EIC analyzed the impact of historical legacies of oppression and contemporary systemic, explicit, and implicit biases, leading to disparate outcomes for Native Hawaiian children and families within the CWS. The Hawaii CWS Equity Action Plan reinforces the core mission of the EIC, emphasizing, "The EIC seeks to enact change in partnership with community stakeholders to advance anti-racist practices and policies in the child welfare system that undoes existing systemic racism and colonialism and promotes equitable outcomes for Native Hawaiian children, families, and communities. The EIC's current vision is to achieve racial equity for kanaka oiwi (a multilayered Indigenous Native Hawaiian word describing the people whose ancestors were the original inhabitants of the Hawaiian archipelago). This means centering the experiences of Native Hawaiians and focusing on implementing solutions that specifically target the existing policies and practices that harm and oppress these children and families. The EIC is committed to decolonizing CWS policies and practices to achieve this vision." With the EIC vision in mind, the EAP was created to advance a paradigm shift where the strengths of families, children, and culture are always at the center of CWSB practice; families are trusted as experts of their own lives; families are full and equal partners in determining the best supports for themselves; and families are served within their communities. Implementing such a paradigm shift requires collaborative efforts with community stakeholders and persons with lived experience within the child welfare system.

The EIC has and continues to foster strong partnerships with these stakeholders at every stage of the process, from team formation and strategy development to priority identification. The EIC identified three key equity priority areas for the EAP that were crucial for supporting the paradigm shift. For the initial phase of this equity work, the EIC has chosen to focus on the three priority areas of Child Welfare Services Branch: prevention, reunification, and workforce support. The group identified multiple strategies for each of the three priority areas. In order to develop a pragmatic plan capable of timely execution while effectively addressing the disparities faced by Native Hawaiian children and families, the group prioritized two initial strategies for each priority area: 1. Strategy One: A short-term strategy, achievable within one year of finalizing the plan. 2. Strategy Two: A longer-term strategy, requiring more time for implementation but deemed essential in advancing the paradigm shift. a. Additional strategies were incorporated for each priority area for future consideration. This underscores the importance of documenting these strategies to ensure they receive due attention in subsequent planning and implementation phases.

The strategies for each priority area are as follows: 1. Child Welfare Prevention a. Strategy One: Enhance and increase Parent Partners (PP), especially underrepresented populations. b. Strategy Two: Revamp mandatory reporter training and implement with partners. 2. Reunification a. Strategy One: Increase Native Hawaiian culturally-based services to prevent entry into foster care and expedite reunification. b. Strategy Two: Provide Economic and Concrete Supports (ECS) for Native Hawaiian families to prevent foster care entry and to expedite reunification. 3. Workforce Support a. Strategy One: Update New Hire Training, Refresher Training, and/or policies that specifically address ethnic and cultural practices. b. Strategy Two: Strengthen supervisor practice to ensure that Native Hawaiian equity is reinforced and promoted in staff supervision. Additionally, the EAP includes supplementary approaches categorized as "Phase Two" strategies for each priority area. These plans, earmarked for future equity initiatives, are documented in the attachment of the EAP, ensuring comprehensive coverage and sustained progress in addressing equity concerns. [NOTE: A condensed version of the EAP was submitted to ACF as part of Hawaii CWSB's commitment to advancing equity for children and families within the child welfare

system. This abbreviated version does not include the detailed metrics and activities associated with each equity strategy, nor does it include the attachment containing the Phase Two strategies found in the comprehensive EAP.]

The EIC is actively working on enhancing the content of the comprehensive EAP by incorporating criteria for success and establishing target dates for achieving the overarching goal of eliminating disproportionality of Native Hawaiian children and families within the child welfare system. The group aims to finalize the comprehensive EAP by early 2025 and move forward with implementation in the latter half of 2025. While the current focus of the EAP centers on addressing and ending the disproportionality of Native Hawaiian children and families within CWSB, it is important to recognize the EAP as a living document. Continuous revisions are expected to ensure alignment with evolving trends and the evolving needs of marginalized communities.

Collaborative Efforts. The EIC proactively pursues opportunities for both internal and external collaboration. Internally, this has involved supporting the FFH Communications workgroup's Public Service Announcement (PSA) Project, specifically in developing a 60-second PSA about the overrepresentation of Native Hawaiian children in foster care. Additionally, the EIC helped with subsequent PSA presentations for CWSB staff, aimed at raising staff awareness regarding the disproportionality of Native Hawaiian children and families within the child welfare system.

The EIC spearheaded efforts to embed EIC representation in the current efforts to revise the CWSB Safety Framework and update Safety Assessment procedures. This proactive involvement aims to identify and rectify policies and practices that perpetuate systemic racism, while ensuring an equity-driven approach to creating policy. Notably, the Na Kama a Haloa manager serves as a key member of the EIC and is participating as one of its representatives in providing input to revising the Safety Framework and assessment procedures.

The insights of the Na Kama a Haloa “Call to Action for Healing” document catalyzed the EIC's proactive collaboration with the FFH Case Pathways workgroup to ensure a comprehensive and culturally sensitive safety framework, one that addresses equity concerns and acknowledges cultural significance for families navigating the complexities of CWSB. The following section in the Na Kama a Haloa Call to Action for Healing served as the point of inspiration for EIC involvement in the revision of the CWSB Safety Framework and assessment procedures: “We acknowledge that American child welfare practices and policies have harmed and contributed to the disruption of kanaka oiwi ohana in these ways:

- A western definition of risk and safety may separate keiki from their ohana and lead to the loss of protective connections to living ohana, ancestors, place and community.
- A western definition of family may ignore or underestimate the role of extended ohana as connections and resources for parents and children. Extended ohana connections may be thought to be against the best interest of the keiki and parents.
- Blind spots have led to not recognizing and valuing the spiritual, cultural, and community aspects and to place connections for family support as opportunities for healing.
- There is often a focus on what an ohana may be lacking from a Western perspective rather than identifying and highlighting the strengths of the ohana from a kanaka oiwi perspective.”

Na Kama a Haloa. As previously mentioned, Na Kama a Haloa is an essential partner in addressing and ending Native Hawaiian disproportionality in CWSB. The name itself holds cultural significance, as "Na Kama a Haloa" translates to "The Descendants of Haloa," referencing the ancient Hawaiian creation story where Haloa is the first Hawaiian and ancestor of the Hawaiian people. A self-description of Na Kama a Haloa is as follows: “Naa Kama a Haloa network is a community-based network that first came together

in September 2018 to address the crisis of the disproportionate number of Native Hawaiian children involved in the child welfare system. We work to weave Native Hawaiian wisdom and perspective into the Hawaii child welfare community. We strive to share power among representatives of Native Hawaiian serving institutions; the state Child Welfare Services; contracted service providers; communities; and resource caregivers, birth parents and youth with lived experience in child welfare. Through inclusivity, our efforts improve opportunities and outcomes for Native Hawaiian keiki and ohana and address the overrepresentation of Native Hawaiians in the child welfare system, with the Na Kama a Haloa network goal of Native Hawaiian children no longer being disproportionately represented in child welfare by the year 2030. Our Goal: By the year 2030, Native Hawaiian children are no longer disproportionately represented in child welfare. Our Dream: We have reimagined and transformed child welfare so that it is grounded in Native Hawaiian culture and values and is sustained in deep positive relationships that heal and strengthen ourselves, our ohana, and our communities." Na Kama a Haloa developed a prioritized set of critical shifts essential for achieving their goals. These shifts consist of two-part statements, outlining the current state and the desired future state.

Na Kama created subcommittees, small groups known as Hui, with each hui assigned to work on a specific critical shift in order to achieve the overarching goal of ending Native Hawaiian disproportionality in CWS. These hui convened regularly to strategize and implement next steps toward realizing their identified priorities. The previous five Hui were mentioned in the Overview section of this report and played instrumental roles in creating the Native Hawaiian Perspectives training curriculum for CWSB New Hire Trainings; keeping siblings connected while in foster care; strengthening birth parent supports and lived experience voice; and fostering partnerships between parents and Resource Caregivers to maintain parent-child connections and enrich the lives of children in care. Having successfully achieved numerous initial goals, Na Kama a Haloa has pivoted its focus towards new critical shifts, prompting the formation of new groups or hui tailored to meet its evolving needs.

One such group, the Hui Call to Action for Healing, was established in October 2022 with the purpose of creating a document addressing the injustices inflicted upon Native Hawaiian families within the child welfare system, along with strategies for effecting change. The Call to Action for Healing document was finalized at the end of 2023. Presently, this hui is actively exploring diverse avenues and methods for disseminating the document, including the identification of individuals, agencies, and communities with whom to share the document. The Hui Ka Piko (the navel – where life begins) was formed in April 2023 with the primary focus of fostering community empowerment by bolstering prevention services and resource supports for families at every stage of systems involvement. This hui is currently in the process of assessing existing resources while simultaneously identifying the unique needs of each community. The Hui Training was created in November 2023 to develop a "Train the Trainer" curriculum to address the increasing demand for the Native Hawaiian Perspectives training. The selected trainees are required to be current Na Kama a Haloa partners. Presently, the hui is exploring the potential of hosting a larger training or conference for the Native Hawaiian Perspectives training. This platform would also serve as an opportunity to not only share the Native Hawaiian Perspectives training, but to also share ways to integrate Hawaiian cultural values and practices into working with families and communities. Of note, the sole hui continuing from the initial hui is the Hui Pilina (Sibling Connections). Presently, this hui is actively exploring ways to resolve transportation barriers hindering sibling connections and identifying a dedicated connector role to facilitate this endeavor. This hui is also engaged in providing input for CWSB policy and process reform to strengthen sibling connections while in care. The Department is well-represented in Na Kama a Haloa with its current members ranging from the SSD administrator, CWS branch administrator, CWS section administrators and supervisors, CWS PD assistant program administrators, and CWS line staff representatives.

Other Na Kama a Haloa members include representatives from Liliuokalani Trust, Kamehameha Schools, EPIC Ohana, Partners in Development Foundation, Family Court CASA program, Catholic Charities Hawaii, Family Programs Hawaii, Hale Kipa, Neighborhood Place of Waianae, Pua Foundation, Friends of the Children's Justice Center Maui, Hooikaika Partnership, Geist Foundation, Hawaii Community Foundation, Consuelo Foundation, Family Court, DOH Children with Special Health Needs Branch, Office of Hawaiian Affairs, Youth Partners who experienced foster care, Parent Partners who experienced child welfare involvement, resource caregivers, Annie E. Casey Foundation, Casey Family Programs, CoCreative. This diverse Hawaii representation strengthens our efforts to effect meaningful and sustainable change in advancing equity and ending racial disproportionality within CWS.

Casey Funded EIC Projects. In-person Native Hawaiian Perspectives Training: The EIC has committed to supporting in-person Native Hawaiian Perspectives trainings for CWSB staff to foster genuine interactions, hands-on learning, and meaningful engagement to enhance deeper cultural understanding and sensitivity. Part of the Casey funding for Race Equity has been and will be allocated to cover travel expenses for Native Hawaiian Perspectives trainers to provide in-person trainings for CWSB sections on the neighbor islands, ensuring equitable access to this valuable training.

EIC In-Person Meeting. A top priority for the EIC is the completion and implementation of the comprehensive Equity Action Plan. This entails formulating actionable activities aligned with the prioritized strategies within the EAP, enhancing quantitative metrics and qualitative benchmarks to effectively measure progress, incorporating criteria for success, and establishing target dates for achieving the goals of the EAP. An in-person EIC meeting was convened in August 2024 to finalize the comprehensive Equity Action Plan (EAP) and strategize for its effective implementation. However, the collaborative was unable to finalize a shareable version of the EAP during that session. Work continues in this area and another in-person EIC meeting has been scheduled for February 20, 2025, to accomplish the above objectives and finalize a shareable version of the EAP. Casey Family Programs will provide technical assistance support by offering a facilitator to guide the meeting and support the EIC in achieving its goals of completing the EAP. The outcomes of this meeting should mark the transition from planning and development to the implementation of the EAP. The EIC's commitment to completing and implementing the comprehensive EAP is reflective of its dedication to promoting equity and inclusion within the CWSB. By developing actionable strategic solutions, strengthening measurement metrics, and investing in internal capacity, the EIC is paving the way for meaningful and sustainable equity work within CWSB.

Flexible funding to support individualized services

CWSB works to provide and coordinate services that meet the needs of families, utilizing flexible funding. Flexible funding is used to provide concrete needs such as transportation, phones, clothing. Allowable expenses can include shelter, respite childcare, clothing, medical costs, utilities, food, repairs, essential equipment, safety items such as gates, and other goods or services which in the discretion of the department are necessary to eliminate or alleviate an emergency situation and when other resources are not available. Flexible funding can also be used to address a need if a service is not available. CWSB will work with the family to identify, coordinate, and/or pay for the needed resource as allowable.

In addition to resources for all families involved with CWS, flexible funding is a component of both the Intensive Home-Based Services (IHBS) and Family Wrap Hawaii (FWH) contracts to provide funding to meet a goal and address a barrier to children remaining in the home or reunification when there is a need identified and no other CWSB or community resource that can meet that need. Providers learn about community resources that are available before utilizing flexible funds. Including this as part of service delivery has helped others within the system to identify community resources to meet the needs

that might be served by flexible funds. This knowledge of community resources helps to connect other families in need to specific and individualized services.

Fifty-two out of 75 families in SFY 2023 and 44 out of 52 families in SFY 2024 received concrete supports that could include things such as cleaning, housing, transportation, etc. through IHBS.

Twenty-eight out of 63 families in SFY 2023 and 24 out of 54 families in SFY 2024 were identified to be in need of and provided flex funds. Some examples of flex funds through Family Wrap Hawaii include:

- Annual pass to water park passes for family to continue to increase bond, provide normalcy, and opportunities to create new positive experiences and memories together
- Plastic drawers to support organized, safe, clean environment for baby
- Small car part for parent who completed formal diagnostic test and who has capacity to replace the part themselves to support continued access to mental health services and pain management to address physical ailments
- Residential fees to support housing stability allowing parent to focus on and complete substance treatment and parenting services
- Potty-training chair, pull-up underwear, and potty-training book to support child development
- DVD player and DVDs for learning and entertainment for children during sleepover visits in family shelter with no internet access
- Playpen and foam mats for single parent household of multiple children under 4-year-old to support child safety from concrete floors and ensuring all children remain in line of site
- Gas card calculated based on average cost of gas and mileage (approximately 40 miles round trip) needed to support 8 additional visits per month before overnight visitation and reunification can occur for child and full-time working single parent with limited discretionary income and long travel distance between work site, home, and child's house
- Picnic blanket to support visitation at park for two very young children
- Bedding for 4 children according to their preference of color/character to support reunification and normalcy
- Child safety items for home, including tub thermometer, cabinet locks, corner guards, outlet covers, toilet lid lock, oven door lock, doorknob covers
- Double stroller and baby carrier for family of 6 children who use the bus and walking as primary modes of transport
- Planners for families to track appointments and increase consistency in services and medical appointments
- Child clothing items and backpack to promote normalcy and continued confidence in accessing church and summer programs for child who was reunified at a family shelter and only given back limited clothing items
- Umbrella stroller for single parent of 3 children to support safety for all children as the family navigates the bus and community together
- Elevated bed frame for youth fearful of bugs on the floor to support independence and comfort in sleeping in his own bed
- Storage bins for family navigating family shelter and transitioning to next step in housing to remain organized
- Learning and developmental toddler toys for overnight visits leading toward reunification

CWSB partners with other agencies that provide flexible and concrete resources such as food, baby items, clothing, utilities, childcare, legal services, culturally based services, etc. to connect families to the resources that meet their immediate and individualized needs.

Hawaii identifies this item as a strength. Over the years, Hawaii has demonstrated its ability to provide individualized services for families and children throughout the state by making use of a wide range of services that include Ohana conferencing, Purchase of Service contracts, community-based partnerships, and flexible funding. Hawaii has continued to build upon its strength to individualize services by providing culturally, and linguistically appropriate services tailored to the vast diversity of the islands' multicultural population. Thorough assessments help to individualize services to meet the needs of families.

F. Agency Responsiveness to the Community

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

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Overview

Child Welfare Services Branch (CWSB) values and includes the voices and perspectives of families, children, youth, young adults, courts, service providers, foster care providers, and other public and private system partners in assessing agency strengths, concerns, and areas needing improvement; reviewing and modifying goals, objectives, and interventions; and monitoring Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), and Program Improvement Plan (PIP) progress, when applicable. Ongoing consultation and information gathering is used to guide the development of goals, initiatives, and target strategies as a part of strategic planning efforts. This includes ongoing consultation and information gathering from those with lived experience include parents and youth. Specific examples of how CWSB prepares, engages, and utilizes consultation and information in planning and strategic planning efforts is included throughout this section.

As part of the CFSP development and APSR review and revisions to the CFSP and goals, data and information on outcomes is shared with stakeholders to align efforts and identify opportunities for collaboration to improve outcomes. Data and shared outcomes are reviewed in a variety of venues to actively engage diverse stakeholders in discussing current practices and developing shared strategies for improvement. The integration of voices of families, children, youth, and young adults; courts; and other system partners occur in many ways and are highlighted throughout the CFSP and APSR. Some examples are included in this section and elsewhere in the Statewide Self-Assessment.

This year, in preparation of the Statewide Self-Assessment, CWSB developed a PowerPoint presentation to share information on the Department of Human Services and CWSB mission and priorities, Continuous Quality Improvement efforts, CFSP, APSR, Child and Family Services Review (CFSR) including the Statewide Self-Assessment, and Program Improvement Plans (PIPs). This was created to help share information on how CWSB functions within the mission and goals we work towards, in collaboration with the full array of stakeholders and agency and community members, how CWSB partners and receives guidance from the Administration for Children and Families to assess and improve outcomes for families served by the child welfare system, and opportunities for participation in the CFSR and ongoing work together to meet shared outcomes.

CWSB values collaboration and recognizes that ensuring the safety of the keiki of Hawaii is everyone's responsibility. Our work is deeply rooted in the values of Hawaii collectivist culture, embodied by the Aloha Spirit law, with its traits of Akahai (kindness), Lokahi (unity), Oluolu (agreeableness), Haahaa (humility), and Ahonui (patience). Coupled with the fundamental Hawaiian value of Laulima (many hands working together), these principles form the cornerstone of meaningful collaboration with all communities in Hawaii to achieve collective success.

Ongoing consultation and information gathering from people with lived experience including parents and youth

Over the years, CWSB Hawaii has made efforts to engage partners including adults and young people with lived experience, partners in the court, resource caregivers, contracted providers, and community providers to meetings, workgroups, and program improvement plan (PIP) activities to develop and implement the state's Family First Prevention Services Act (FFPSA).

CWSB strives to uphold the values of the Aloha Spirit law as a standard for engaging stakeholders, including the CWSB workforce, service providers, persons with lived experience, community-based organizations, and representatives from various State departments to work together in safeguarding the children and families of Hawaii. To truly engage in ongoing consultation and information gathering, CWSB

Efforts and outcomes in preparing and engaging individuals with lived experience

CWSB is deeply committed to ensuring that the voices and perspectives of persons with lived experience is heard and validated. We continue to seek guidance and consultation from our Lived Experience Advisory Group (LEAG) in key decision-making points, trainings, refining policies and procedures, and other Family First Hawaii (FFH) initiatives. FFH leadership have taken uplifting lived experience voice even further by embedding LEAG members at the core of our operations Individual LEAG members are now a part of our various FFH workgroups such as the Steering Committee, Implementation Management Team, Communications, Equity Improvement Collaborative (EIC), FFH Continuous Quality Improvement Hui, and Family Supported Arrangements Continuum (FSAC) workgroups to inform practice on a more

intimate level while enhancing their understanding and roles within FFH. Additionally, FFH leadership has provided LEAG members with leadership opportunities by appointing them as co- or tri-leads for most of these workgroups.

FFH leadership also recognized that this level of involvement for all LEAG members demands more than just having "a seat at the table" and requires additional supports and resources to fully engage and empower lived experience voices. Recognizing this increased demand on LEAG members, FFH leadership sought technical assistance from the Capacity Building Center (CBC) to provide guidance on how to genuinely and effectively maximize lived experience voice and participation throughout our workgroups and overall FFH implementation.

As part of preparation, CWSB reached out to the organization that employs and coordinates parent partners who are involved in the contract for the Wraparound planning process service, the LEAG representatives, and the Parent Partners who support the Makua Allies program that provides maternal/infant-focused peer support services for pregnant and parenting women with substance use disorder can improve outcomes and reduce involvement with Child Welfare Services (CWS).

As part of reaching out, CWSB shares information on the topics being worked on, the desired outcomes such as revisions to forms, procedures, practice, and the request to include individuals with lived experience in the workgroups and discussions. Meetings are scheduled at times that work for members with lived experience and adjusted as needed to support their participation. Initial smaller group meetings are offered and held to discuss the projects in more detail, providing information and support to those who may participate.

In early meetings, information is reviewed to describe how the project fits in the overall work of the child welfare system such as how the project will help meet CFSR outcomes.

We are currently working on a Lived Experience Engagement Framework (LEEF) as we recognize the need for improving in this area.

Support for individuals with lived experience

EPIC Ohana Inc. (referred to as EPIC), the organization that employs and coordinates parent partners involved in the Wraparound contract, LEAG representatives, and the parent partners supporting the Makua Allies program, provides extensive support to individuals with lived experience, enabling them to actively participate in program improvement work as well as enhancing their work capacity.

EPIC provided information for this assessment about how they as an agency support individuals with lived experience to participate in meaningful collaboration:

> *EPIC Ohana employs persons with lived experience as Parent Partners, Youth Partners, and HI HOPES Initiative staff. To prepare them to engage and uplift youth and family voice in CWS system change efforts, they receive a wealth of training to understand their role and to understand CWS. They participate in strategic sharing training, which is essential for staff to learn how to share their lived experience in a way that feels right to them and is meaningful to the topics in which they are contributing. Additionally, EPIC Facilitator training prepares the staff to navigate challenging conversations and builds on EPIC's values of collaboration, respect, and being strengths-based and solution-focused. When participating in presentations and meetings, it is regular practice to*

prepare staff ahead of time, offer support during the event, and debrief after. EPIC's Youth Partners and Parent Partners who engage youth and families in direct service work complete a Peer Support Specialist certification training, and they are equipped with the knowledge and tools to elevate the voice, choice, and self-advocacy for the those they are working alongside.

Ongoing efforts to engage people with lived experience in planning

With the support of CBC, an in-person Lived Experience Engagement Framework meeting was convened in August 2024, that brought together individuals with lived experience in CWS, CWS staff, and others to create a structured and sustainable framework to fully engage and empower individuals with lived experience in CWS. This framework will serve as a CWS roadmap for actively incorporating lived experience voice into improving practice and outcomes.

Enhancing Lived Experience Engagement. FFH leadership has proactively sought technical assistance to authentically and effectively amplify the voices and participation of persons with lived experience throughout our workgroups and broader FFH implementation efforts. LEAG and FFH leadership initially collaborated with a CBC Family Consultant to create a comprehensive framework, ensuring that our approach to engaging lived experience is not only impactful but also sustainable over time. This includes developing onboarding documents with input and guidance from LEAG to facilitate a smooth transition into FFH workgroups, ensuring that persons with lived experience are equipped with the knowledge and tools needed for informed and meaningful engagement. FFH leadership is currently awaiting technical assistance support to move forward with building LEEF.

FFH is committed to finalizing and implementing a structured and sustainable framework for lived experience engagement, empowering individuals to contribute meaningfully to our initiatives. This framework will serve as a roadmap, guiding our interactions with lived experience individuals and uplifting their voices throughout every aspect of our work. By actively involving members with lived experience, we not only enrich our discussions but also inform our policies, procedures, and practices with valuable perspectives, ultimately fostering more inclusive and effective outcomes for all involved.

CWSB has worked to increase the voices of people with lived experience by actively involving them in reviewing procedures and providing valuable consultation to improve practices that support positive outcomes for families. CWSB looks forward to continuing and strengthening our partnerships with people with lived experience to further enhance how we work together to serve families.

Family Engagement, Lived Experience Partnerships, and Cultural Connections

Lived Experience Advisory Group (LEAG): The Lived Experience Advisory Group (LEAG) workgroup, consisting of parent partners (birth parents previously involved with CWSB), youth formerly in foster care, support staff, resource caregivers, and representatives from CWSB, continues to generally meet every other month or more frequently as needed.

The group has provided valuable insights and feedback in multiple areas of Family First Hawaii (FFH) planning and implementation. LEAG birth parents recorded a video of their experiences with CWSB, how they received their Family Service Plans (FSP), and how that made them feel. The video was specifically created for the Family Service Plan training for CWSB staff and parent partners were present during the trainings to answer any questions from CWSB staff. The overall feedback from CWSB staff regarding the birth parent video and question and answer sessions was very positive, with staff realizing the

importance of not only how they share FSPs with families, but how they interact with families as part of case practice. A link to the video is: https://www.youtube.com/watch?v=kYqjQT0wxwU&t=14s

Parent Partners have valuable lived experience with CWSB and/or other systems and provide specialized support to Hawaii parents in a variety of ways, including enhancing parent voice in case planning, which promotes engagement and positive outcomes.

LEAG has continued to be a key partner in enhancing practice by providing insights and guidance on the development of policies, procedures, trainings, FFH Feedback Loops, and the CWS Equity Action Plan. LEAG participation in workgroups has expanded to include actively participating in FFH workgroups, Family Supported Arrangements Continuum workgroup, and workgroups to revise the safety assessment tool, instructions, and training curriculum. Their participation is reflective of the value that CWSB places on ensuring the voice of those with lived experience is heard and is indicative of their deep involvement in organizational initiatives and projects.

LEAG and Parent Partners have been critical in the process of enhancing practice in different areas and participate in different workgroups including Family First Hawaii and enhancements to the Family Service Plan and Concurrent Planning brochure. Parent partners have recently been involved in meetings to review and revise safety tools and procedures and the FSAC workgroup to provide insight on the experience and perspective of families to create positive change in engagement and practice. In addition, representatives from the Equity Improvement Collaborative (EIC) also provided valuable feedback on the revisions.

CWSB met with LEAG to share information and gather feedback on the federal CFSR process, engagement in the process, and engagement in general. The feedback is included below.

- Having meetings together provides organized space for lived experience to meet and co-design with CWS leadership/representatives to implement change. Some examples include Ka Piko and Na Kama a Haloa.
- Sharing experiences from the parent partner and CWSB caseworker perspective helps to build partnership, system reform, and transforms how we serve families together (parent partners and workers together).
- Pilina building, building relationships and building trust are helpful to move the work forward together through workgroups and other efforts – collaboration.
- Opportunities to share space and brainstorm such as building the safety training curriculum, and (training) scenarios together.
- Having meetings and space for activities with CWSB sections and case workers to meet together -- share space, get to know each other, build relationships, and clarifying how to work together. This would be helpful to continue on an ongoing basis with a structure for this to happen, to acknowledge that we are working and growing together (e.g., East Hawaii), showing who we are together – who we are as humans.
- Brainstorm together – what would work and when having persons with lived experience would enhance the partnership with family. Showing alignment of shared vision/goals to support families.
- Agreements – it is okay to see things differently with understanding the positive intent.
- More opportunities for people with lived experience in training and learning opportunities together. New initiatives, changes in policy/practice. Bring parent lens to the practice.
- Learning together.

Birth Parent Advisory Council

The Birth Parent Advisory Council (BPAC) was "born" out of the Hui Makua (parent) workgroup through the Na Kama a Haloa collaborative. This advisory council was created for birth parents to strengthen family voice in advocating for systems change. BPAC members were intentionally selected and recruited by Parent Partners through the Birth Parent Talk Story sessions. Ten birth parents, including five EPIC parent partners, met with the Washington State Parent Ally Committee coordinator to learn about their experiences. BPAC members are empowered by receiving support in learning how to navigate systems of care; to recognize and hone their advocacy skills to affect systems change; and to help bridge the gap between families and CWS.

The first BPAC meeting was held on November 14, 2022. EPIC Ohana continues to develop and strengthen infrastructure to maintain and build sustainability for this council. EPIC aims to make BPAC an entity similar to the HI HOPES Advisory Board that will uplift the voices of people with lived experience and educate, advocate, and collaborate on behalf of parents and their families. CWSB will partner with the Birth Parent Advisory Council to support parent voice and enhance practice.

Birth Parent Talk Story (BPTS)

EPIC Ohana Parent Partners host bi-monthly BPTS sessions for interested birth parents who were previously involved with CWS. Parent Partners have actively recruited birth parents through fliers and word-of-mouth community outreach. The only requirement for birth parent membership is that their CWS cases must be closed. BPTS provides a safe space for birth parents to connect, network, and build support for each other while navigating life after CWS case closure. BPTS sessions may be topic-related or simply to share experiences, "talk story," and build supportive relationships. Each session promotes healing, resiliency, and self-care with intentional activities to enhance individual and family functioning.

Ka Pili Ohana (KPO)

KPO is a collaboration with CWSB, EPIC, Liliuokalani Trust (LT) and other community partners to support and foster the Two Makua ("Two Parent") relationship for Native Hawaiian families involved within CWSB. The project focuses on developing positive working relationships among birth parents, CWSB, and Resource Caregivers (RCGs), and strengthening parent and child relationships during visits with birth parents, children, RCGs, and CWSB. LT provides cultural guidance to the project and participants. KPO is currently being offered on the island of Oahu in the East and West Oahu CWSB Sections, and on the island of Hawaii in the East and West Hawaii CWSB Sections. Meetings and collaboration are ongoing to support implementation.

Two Makua Meetings

CWSB primarily partners with EPIC Ohana to implement Two Makua Meetings (TMM), which are informal meetings between birth parents and the Resource Caregivers (RCGs) designed to encourage the development of a positive relationship that fosters open communication between the child's caregivers. Liliuokalani Trust (LT) is integrated into these meetings by introducing the Native Hawaiian cultural component for Native Hawaiian families. CWSB participates in collaboration meetings on an ongoing basis to support implementation.

Young People

Independent Living, Higher Education, Imua Kakou (IHI)

Federal Chafee funds support services for current and eligible young people formerly in foster care through age 26. Hawaii state funds supplement contracts and programs that are required or needed to support Hawaii's young people. In January 2017, efforts began to provide a comprehensive integrated independent living (IL) system for current and former youth in foster care. CWSB awarded contracts that combined Independent/Interdependent Living (IL) Services Programs, Higher Education (HE), Education and Training Voucher (ETV) program, Young Adult Voluntary Foster Care Program aka Imua Kakou (IK), and Extended Assistance Programs. These integrated services are collectively referred to as an acronym, IHI. In Hawaiian, "ihi" means sacred or majestic. This collaboration of CWSB and community partners has helped to ensure that young adults who are or were in foster care develop long-term connections to family, community, and cultural supports, and that they receive education on local resources.

CWSB is committed to encouraging meaningful and active participation and leadership by young people. Young people have been critical in the development and maintenance of CWSB services and programs for current youth and young adults formerly in care, as well as with pertinent legislation, policies, and procedures. Young people have been key in advocating for important issues that impact them, such as:

- Family finding and relative placement;
- Enactment of §346-395, HRS, (effective July 2014) extending foster care to age 21, a program better known as Imua Kakou (moving forward together);
- Normalcy and prudent parenting (Act 133, SLH 2016);
- Enactment of §587A-3.1, HRS, (Act 105, SLH 2018), Rights of children in foster care;
- Medical coverage to age 26;
- Self-advocacy;
- Grievance process, named the Pono Process, for ensuring rights of children in foster care;
- Case planning;
- Consolidated Appropriations Act (CAA) pandemic funding; and
- Developing, implementing, and continuously monitoring the quality of improvement processes of relevant programs and services.

Young people are active in statewide training for CWSB, Judiciary, service providers, community partners and stakeholders, and other young people. They have a well-respected advisory capacity, and their Advisory Council serves as a model for strengthening the voices of birth parents.

Imua Kakou (Extended Foster Care)

Imua Kakou is the Extended Foster Care program for young adults: The Imua Kakou (IK) and Extended Assistance (EA) Programs completed ten years of implementation on June 30, 2024. During 2024, celebrations commemorating the 10-year anniversary of both successful programs were held. The success of the programs is due in large part to the strong collaborations between CWSB, Judiciary, University of Hawaii Law School, Court Improvement Project (CIP), young people, EPIC Ohana, community providers and partners, SHAKA (part of CWSB data system), Casey Family Programs, Jim Casey Youth Opportunities Initiative, Annie E. Casey Foundation, Administration of Children and Families (ACF), and other national and local partners. EPIC Ohana's Independent Living Collaborator and the UH Law School have played a critical role in the ongoing support and continuous quality improvement of cases,

implementing federal and state laws into practice, supporting program improvement, and facilitating and maintaining trusted communication between all parties.

Imua Kakou services include:

- Monthly financial support for the young people and their children living in their custody, at the current foster board rate;
- Ongoing case planning and management to reach case plan goals and objectives;
- Monthly visits; and
- Transition planning.

Imua Kakou provides greater support and access to:

- Housing;
- Education;
- Health care services;
- Employment;
- Independent living skills training, including sexual/reproductive health, parenting, and financial education; and
- Connections with family and the community.

Higher Education and Educational Training Vouchers (ETV)

These benefits are provided through all the existing collaborations/partners (CWSB, Providers, Community Partners, Former Lived-Experience Experts, etc.)

Higher Education:

The Hawaii Department of Human Services Higher Education Stipend program is governed by §346-17.4, HRS, higher education stipends for students. The statewide program is entirely Hawaii state funded. Benefits under the program consist of a monthly stipend equivalent to the prevailing foster board rate for older youth in care and support services, including monthly case monitoring. Higher education stipends are provided to eligible former foster youth for a maximum of 60 benefit months, up to their 27th birthday. Initial eligibility factors include:

- Age: at least age 18 years, but less than age 27 years.
- Placement: formerly under DHS placement responsibility pursuant to Chapter 587A HRS.
- Discharge from foster care: by emancipation at age 18 or older; adoption at any age; or placement into legal guardianship facilitated by DHS at any age.
- Institution of higher education: attending or accepted to attend an accredited institution of higher education in an academic or vocational program.

The Chafee - Education Training Vouchers (ETV)

The Chafee - Education Training Vouchers (ETV) are a form of financial assistance provided to current and former foster youth to help them pursue post-secondary education or vocational training. The program aims to support these young people in their transition to adulthood by providing them with resources to further their education and increase their opportunities for success.

The Hawaii ETV program receives and disburses federal funds in accordance with the John H. Chafee Foster Care Independence Program, Section 477 of the Social Security Act (42 U.S.C. 677 et seq.) to assist eligible former foster youth who are enrolled and participating in college, university, and vocational training programs.

Independent Living Collaborator (ILC)

Since October 2015, CWSB has contracted the services of an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. In a Casey Family Programs report that was based on statewide input from young people, CWSB, providers, and other stakeholders, an ILC was recommended to help improve services for the young people in or formerly in foster care. The ILC assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or collaborating on trainings and conferences; evaluation and monitoring; ongoing continuous quality improvement (CQI); and youth and young adult engagement.

A critical function of the ILC is to help CWSB manage the Independent Living, Higher Education, Education and Training Vouchers (ETV), and Imua Kakou (collectively IHI) contracts by supporting collaboration between CWS, provider agencies, community organizations, and young people. The ILC is key in coordinating and facilitating meetings, trainings, workgroups, and other projects. These meetings and events bring multiple providers together including CWSB Program Development administration and staff; CWSB social workers and human services professionals, assistants, supervisors and section administrators DHS Federal Payment Programs Eligibility Unit (FPPEU) staff; University of Hawaii, Maui College, State of Hawaii Automated Keiki Assistance System (SHAKA) support team; University of Hawaii School of Law research staff; Court Improvement Program (CIP); Judiciary; contracted service providers; and young people. The ILC assists IHI providers with improving young people's transition out of care, identifying, and implementing strategies to eliminate waitlists, services and service delivery, and data collection and tracking. The ILC is also a member of several event planning committees, including Oahu Teen Days, Senior Graduation Celebration, the Ohana is Forever Conference, and the Pono Process/Case Planning Committee. Since its establishment, the ILC has played a key role in ensuring young people and their children receive the benefits to help ensure their successful transition to adulthood. During the COVID-19 pandemic, the ILC supported CWSB during one of its most challenging times and helped to ensure young people were supported.

For SFY 2025, ILC will work on a comprehensive effort to revisit the Casey Family Programs report from about a decade ago. The purpose will be to do a statewide assessment on areas that have improved, remain a challenge, additional recommendations, etc. - by doing focus groups, surveys, interviews to get input from young people in care and formerly in care, CWSB, Providers, other partners and other stakeholders.

HI H.O.P.E.S.

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board consists of youth, currently and formerly in foster care, and represents the voice of youth across the state in areas of advocacy, policy, system improvement, services, and legislative education. Members often participate in and present at conferences attended by CWSB staff; Judiciary staff, including Family Court judges; community partners; and other CWSB stakeholders. The HI H.O.P.E.S. board helps to increase public awareness of youth in foster care through its outreach to other sectors in the community, including in the areas of education, employment, and housing. The HI H.O.P.E.S. youth boards are active on Oahu, Maui, Kauai, and East and West Hawaii.

The HI H.O.P.E.S. board continues to focus on raising awareness on the issues, rights, challenges, and strengths of young people in and formerly in foster care by coordinating and presenting at Teen Days, the Ohana is Forever Conference, the Annual Child Welfare Law Update, Family Court Symposium, and other court and CWSB sponsored events. The young people are always the highlight of the presentations and panels. Board members participate in a number of workgroups, committees and efforts to promote youth voice and to contribute to systems transformation.

Post-pandemic, the boards have continued to meet both online and in-person. In addition to monthly board meetings, they meet quarterly on neighbor islands and every other month on Oahu with their respective Community Partnership Hui (CP Hui). CP Hui are comprised of a family court judge, CWS administrator, Bank of Hawaii partner, community college administration representative, and a number of other partners from the community. CP Hui members act as ambassadors in their respective fields and often work with board members on advocacy matters and event planning. CWSB participates in meetings on Oahu. CWSB Section Administrators meets with the CP Hui in their local areas.

The HI H.O.P.E.S. boards convene in-person as a statewide board twice a year for an annual retreat and to present at and attend the Ohana is Forever conference. Training, leadership development, and board planning takes place at the annual retreat. Throughout the year, each board plans for a number of activities and events that promote resources, education, self-advocacy, and permanency for current and former foster youth. These include sibling connections events where sibling groups placed in different homes come together to celebrate the holidays or other special occasions. Each event is community-specific and is often organized, hosted, and promoted in partnership with community stakeholders. CWSB meets with the core of the HI H.O.P.E.S. initiative that includes Annie E. Casey and Hawaii Community Foundation generally every other month.

Quality Improvement Center on Engaging Youth in Finding Permanency

Hawaii's CWSB was selected in 2023 as one of the national Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) pilot sites. Funded by the United States Department of Health & Human Services, Administration for Children & Families, Children's Bureau, beginning in October 2021, the QIC-EY is charged with advancing child welfare programs and practices to ensure that they are authentically engaging and empowering children and youth in foster care throughout the United States, especially in relation to permanency decisions. It is expected that the components and impact of the QIC-EY will bring about systemic changes in how children and youth are authentically engaged as reflected in intentional policy, practice, and culture shifts in the pilot sites. The QIC-EY is a five-year, cooperative agreement led by Spaulding for Children in partnership with the North American Council on Adoptable Children (NACAC), the New England Association of Child Welfare Commissioners and Directors, the University of Nebraska-Lincoln and the University of Washington.

To accomplish its goals, the QIC-EY partnered with six to eight pilot sites (states, counties, tribal nations and territories). These sites receive support and resources from the QIC-EY to implement a child and youth engagement model, a training and coaching model for the child welfare workforce, and a training on child and youth engagement for courts. They also receive QIC-EY support and resources to make systemic changes in how they authentically engage children and youth. The information gained from these pilot sites will help to transform how children and youth are engaged authentically in child welfare systems throughout the nation.

QIC-EY was especially interested in Hawaii as a pilot site due to Hawaii's many years of nationally acclaimed work with young people. EPIC Ohana has been touted as a national leader in youth

engagement and empowerment based on its work with Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and other organizations. The exemplary partnership and collaboration with CWSB, the Judiciary, and other partners makes it an outstanding model of practice.

Better Together

Casey Family Program (CFP) developed the Better Together concept and trainings and funded a Better Together Training - Training of Trainers in Hawaii coordinated by EPIC Ohana. Better Together is designed to create safe and courageous spaces for caregivers and agency staff to engage in honest dialogues and actively participate in activities structured to foster experiential learning. The purpose of Better Together is to develop equal, mutually respectful partnerships between caregivers, child welfare staff, and community partners to improve services and the lives of child welfare-involved children and their families. Over the next five years, Hawaii plans to continue to move the work of Better Together forward and further its concept of shared parenting through the following strategies:

- Convene and connect the larger group by using a networking directory of past attendees that has been created.
- Create a 10–12 minute informational video to help CWS staff and community partners understand the goal and design of Better Together. The video may be used within CWS New Hire Training to help train CWS staff and incorporated into Hawaii Assures Nurturing and Involvement (H.A.N.A.I) training for resource caregivers.
- Organize monthly huddles for trained facilitators to allow opportunity to connect to the modules, learn objectives, and enhance delivery style of the curriculum between sessions.
- Search for additional funding to sustain Better Together

Resource Caregivers

Talk Story Sessions and transition to small support group sessions

For the past 2 years, The Branch Administrator and a Program Development Administrator participated in monthly “talk story Tuesday” sessions once a month in the evening. Talk Story Tuesdays are informal sessions where Resource Caregivers (RCG) could come and receive information on a topic pertinent to their work as an RCG and have the opportunity to share successes, pain points and problem solve. These sessions not only provided training information, but they increased understanding of the system, roles, and helped to build relationships. This was coordinated by Catholic Charities Hawaii (CCH) the provider of supports for RCGs. Talk story sessions are currently on “pause” as RCG participation dwindled. Administrators and CCH are presently investigating other creative ways to provide the same access, connection and support to RCGs that “talk story Tuesdays embodied through a different venue. This may include participation in small group sessions hosted by CCH.

Statewide Quarterly Licensing Meeting with CWS and Providers

The Statewide Licensing Team Meeting gathers the CSW licensing units, line staff, program development staff and service providers to discuss conformity strategies and improve our practice in order to positively impact the lives of children and families we serve. Feedback loop on BINTI processes is a regular agenda item. This group’s core values are: Think Outside the Box ~ Honor Confidentiality ~ Celebrate Honesty ~ Mutual Respect ~ Respect Differences ~ Engage with Integrity ~ Respectful Engagement ~ Be Mindful of Impact on Others

Kinship Navigator - Mentors

The Ohana Navigator connects kin caregivers with seasoned caregivers to provide tangible support and assist in navigating the system, seeking out partnerships, offering an array of trainings, support services and resources (including connections with language access supports, and culturally competent and faith-based organizations) to help minimize barriers or gaps in support services that promote shared parenting/caregiving. This support addresses the unique needs of kin caregivers in various geo-locations or islands, assisting with access in obtaining benefits and services to improve their caregiving and wellbeing. The department continues to strengthen its internal relationship with the Benefits, Employment & Support Services Division (BESSD) to provide a more streamlined connection for resource caregivers to access, apply for, and receive Temporary Assistance for Needy Families (TANF), Child Care Licensing subsidies and MedQUEST services. Any updates regarding efforts to enhance connection and accessibility is - made available on the resource caregiver website.

This kin caregiver support service will promote safety, placement stability, family connections, reduce trauma, strengthen child and caregiver well-being, and support collaboration with community agencies experienced in serving kinship families in order to meet individual needs of the child and family while providing a safe venue to express satisfaction/dissatisfaction with services and programs.

Equity improvement and collaboration efforts to support Native Hawaiian families

Equity Improvement Collaborative

The purpose of the Equity Improvement Collaborative (EIC) is to promote and improve equity for *all* people who are involved with CWS, while building on existing work and partnerships. The EIC's current focus is to achieve racial equity for Native Hawaiian children, families, and communities by centering their experiences and aligning CWSB policies accordingly. This work has been determined a priority. Although the current focus is on Native Hawaiians, the EIC recognizes that the targeted actions to address the needs and challenges of Native Hawaiian children and families will simultaneously benefit other marginalized communities and society as a whole. Led by CWSB in collaboration with partners like EPIC Ohana, Liliuokalani Trust, and Na Kama a Haloa, the EIC aims to end Native Hawaiian disproportionality in CWS and achieve its vision through targeted actions and ongoing collaboration, with an overarching goal of safely reducing the number of children in foster care.

Hawaii CWS Equity Action Plan. The EIC has been tasked with developing the Hawaii Child Welfare Equity Action Plan (EAP) to ensure equitable outcomes for all children and families involved with CWS, with a currentfocus on ending the disproportionality of Native Hawaiian children and families in the child welfare system. To develop the Equity Action Plan, the EIC analyzed the impact of historical legacies of oppression and contemporary systemic, explicit, and implicit biases, leading to disparate outcomes for Native Hawaiian children and families within the CWS.

The Hawaii CWS Equity Action Plan reinforces the core mission of the EIC, emphasizing, "The EIC seeks to enact change in partnership with community stakeholders to advance anti-racist practices and policies in the child welfare system that undoes existing systemic racism and colonialism and promotes equitable outcomes for Native Hawaiian children, families, and communities. The EIC's current vision is to achieve racial equity for kanaka oiwi (a multilayered Indigenous Native Hawaiian word describing the people whose ancestors were the original inhabitants of the Hawaiian archipelago). This means centering the experiences of Native Hawaiians and focusing on implementing solutions that specifically

target the existing policies and practices that harm and oppress these children and families. The EIC is committed to decolonizing CWS policies and practices to achieve this vision."

With the EIC vision in mind, the EAP was created to advance a paradigm shift where the strengths of families, children, and culture are always at the center of CWS practice; families are trusted as experts of their own lives; families are full and equal partners in determining the best supports for themselves; and families are served within their communities. Implementing such a paradigm shift requires collaborative efforts with community stakeholders and persons with lived experience within the child welfare system. The EIC has and continues to foster strong partnerships with these stakeholders at every stage of the process, from team formation and strategy development to priority identification.

The EIC identified three key equity priority areas for the EAP that were crucial for supporting the paradigm shift. For the initial phase of this equity work, the EIC has chosen to focus on the three priority areas of Child Welfare Services Branch: prevention, reunification, and workforce support. The group identified multiple strategies for each of the three priority areas. In order to develop a pragmatic plan capable of timely execution while effectively addressing the disparities faced by Native Hawaiian children and families, the group prioritized two initial strategies for each priority area:

1. Strategy One: A short-term strategy, achievable within one year of finalizing the plan.
2. Strategy Two: A longer-term strategy, requiring more time for implementation but deemed essential in advancing the paradigm shift.
    a. Additional strategies were incorporated for each priority area for future consideration. This underscores the importance of documenting these strategies to ensure they receive due attention in subsequent planning and implementation phases.

The strategies for each priority area are as follows:

- Child Welfare Prevention:
    - Strategy One: Enhance and increase Parent Partners, especially of underrepresented populations.
    - Strategy Two: Revamp mandatory reporter training and implement with partners.
- Reunification:
    - Strategy One: Increase Native Hawaiian culturally-based services to prevent entry into foster care and expedite reunification.
    - Strategy Two: Provide Economic and Concrete Supports (ECS) for Native Hawaiian families to prevent foster care entry and to expedite reunification.
- Workforce Support:
    - Strategy One: Update New Hire Training, Refresher Training, and/or policies that specifically address ethnic and cultural practices.
    - Strategy Two: Strengthen supervisor practice to ensure that Native Hawaiian equity is reinforced and promoted in staff supervision.

The EIC is actively working on enhancing the content of the comprehensive EAP by incorporating criteria for success and establishing target dates for achieving the overarching goal of eliminating disproportionality of Native Hawaiian children and families within the child welfare system. The group aims to finalize the comprehensive EAP by end of 2024 and move forward with implementation in early 2025.

While the current focus of the EAP centers on addressing and ending the disproportionality of Native Hawaiian children and families within CWS, it is important to recognize the EAP as a living document.

Continuous revisions are expected to ensure alignment with evolving trends and the evolving needs of marginalized communities.

Collaborative Efforts. The EIC proactively pursues opportunities for both internal and external collaboration. Internally, this has involved supporting the FFH Communications workgroup's Public Service Announcement (PSA) Project, specifically in developing a 60-second PSA about the overrepresentation of Native Hawaiian children in foster care. Additionally, the EIC helped with subsequent PSA presentations for CWS staff, aimed at raising staff awareness regarding the disproportionality of Native Hawaiian children and families within the child welfare system.

The EIC spearheaded efforts to embed EIC representation in the current efforts to revise the CWS Safety Framework and update Safety Assessment procedures. This proactive involvement aims to identify and rectify policies and practices that perpetuate systemic racism, while ensuring an equity-driven approach to creating policy. Notably, the Na Kama a Haloa manager serves as a key member of the EIC and is participating as one of its representatives in providing input to revising the Safety Framework and assessment procedures.

Na Kama a Haloa

Na Kama a Haloa (housed by EPIC Ohana): Na Kama a Haloa network is a community-based network that first came together in September 2018 to address the crisis of the disproportionate number of Native Hawaiian children involved in the child welfare system. The collaborative works to weave Native Hawaiian wisdom and perspective into the Hawaii child welfare community. It strives to share power among representatives of Native Hawaiian serving institutions; the state Child Welfare Services; contracted service providers; communities; and resource caregivers, birth parents and youth with lived experience in child welfare. Through inclusivity, collaborative efforts improve opportunities and outcomes for Native Hawaiian keiki and ohana and address the overrepresentation of Native Hawaiians in the child welfare system. The Na Kama a Haloa network's goal is to end the disproportionality of Native Hawaiian children and families in the child welfare system by the year 2030. CWSB values its partnership with Na Kama a Haloa and is committed to growing together through this important work.

Malama Ohana

Malama Ohana is a community collaboration to support families involved with Child Welfare Services. This working group established during the 2023 legislative session and signed into law as Act 86 by Governor Josh Green on June 14, 2023. The concept of the working group originated as part of the work of the Na Kama a Haloa network, which consists of more than 30 organizations working collaboratively to improve the lives of Native Hawaiian keiki and ohana, especially those over-represented in the state's child welfare system. The Governor's Office of Wellness and Resilience oversees this working group, which holds listening sessions throughout the state and brings community partners and those with lived experience together to improve and transform the child welfare system. The child welfare system encompasses the Department of Human Services, government partners, provider partners, community supports, and lived-experience experts. A report is due to the Legislature for the next 2025 Legislative Session. The report will note what aspects of the child welfare system are working well and will offer suggestions for collaborative improvements. Listening and collaborating is critical for creating a healing system for some of CWSB's most vulnerable families and children.

Child Welfare Services and Community Collaborations

Child Welfare Advisory Committee

The Child Welfare Advisory Committee's purpose is to inform positive system change toward the goal of improving outcomes for children and families. This Committee meets quarterly to share updates from CWSB and partners in each community on topics that affect children and families. In addition, CWSB data, including case review findings, is shared and discussed.

The Committee's broad, statewide membership includes CWSB staff, contracted CQI staff, community social service providers, court staff, DOH representatives, youth representatives, resource caregivers, and family representatives. CWSB continues to share data, goals, and progress; outcomes; strategies; challenges; and to receive feedback from members who share perspectives on how things are working in specific locales.

The group is continually exploring topics for discussion and opportunities for collaboration and feedback on shared goals. This group has enhanced working relationships among CWSB, providers, and other stakeholders. The meetings provide a venue for CWSB, contracted providers, and community and State agency representatives to share information and updates on activities and resources and to provide an opportunity for feedback on CWSB policies and procedures that may be later incorporated into revisions. Topics addressed in these meetings also include Child and Family Services Review outcomes and how providers and participants play a role in meeting the concrete needs of families, and ways to support the changing needs of families. Recently, CWSB shared information on the CFSP, APSR, CFSR, Statewide Assessment, and PIP to provide an overview of the outcomes it is working to collaboratively achieve and identified examples of how different stakeholders contribute to positive outcomes.

Na Kupa Alo Ana O Hawaii Citizen Review Panel (HCRP)

Na Kupa Alo Ana O Hawaii Citizen Review Panel (HCRP) continues to work collaboratively with Hawaii Child Welfare Services. Na Kupa Alo Ana O Hawaii members work on establishing goals and discuss projects and issues related to Hawaii Child Welfare Services. The group includes participants from across the state including CWSB representation community members and meet monthly.

CSWB's partnership and collaboration with HCRP include the ongoing discussion of promoting safety, permanency, and wellbeing. CRP will continue to evaluate and analyze strategies to support CWSB programs. Na Kupa Alo Ana O Hawaii will continue to look into ways that Na Kupa Alo Ana O Hawaii can identify, implement and collaborate with CWSB's Family First Hawaii program, like creating fliers and banners to promote Family First Hawaii.

All State Team

The All-State Team meets every other month with an array of participants from a variety of State agencies and community organizations to share information about resources and programs and identify needs/topics to learn more about supporting families with children ages 0 – 5 from prevention to permanency. These meetings continue to meet on a regular basis.

The All-State Team collaborative was initially formed to develop the CFSP vision for 2020-2024. The group included members from the Court Improvement Program, Family Court and the Zero-To-Three Specialty Court on Oahu, the Hawaii Department of Health, Community-Based Child Abuse Prevention

Program, and CWSB representatives. Additional members have joined this effort, including a representative from another Department of Health program that supports children and families, the Hawaii Department of Education, a resource caregiver, Liliuokalani Trust, and EPIC Ohana Inc. After completing the CFSP vision, the group was interested in continuing to work together and developed a CFSP goal to promote a robust, effective, accessible service array and interventions for families with children ages 0-3 to strengthen families to prevent entry to child welfare services and prevent re-entry to child welfare services through gaining sustained skills, supports, and resources within their community.

Over the last five years, meetings have included discussions on the needs of families with children in the Oahu Zero-To-Three Specialty Court as well as other families with children in this age range. The team received information/training on different topics throughout the five year plan years, such as supports for families that have achieved guardianship and adoption; Na Kama a Haloa and the Network-Fostering Strong Connections Hui (strengthening resource caregiver roles) that created a video through collaboration and a donation from Hawaii Medical Service Association (HMSA) called "Our Keiki, Our Kuleana: Weaving Ohana Together"; legal services; child care resources; Fetal Alcohol Spectrum Disorder; Child Parent Psychotherapy; and We Are Oceania.

Discussions and information sharing has provided members with available trainings, strategies, connections, and new collaborations to support the families they work with. This was particularly helpful during the pandemic to share updates and new resources and strategies to support families and the workforce.

As the 5-year CFSP came to a close, the team expressed that meeting together as this forum has been helpful for the partners in their work. Members will continue to meet every other month to discuss the needs of families with children ages 0 – 5 and identify resources to meet their needs, as well as identify opportunities for collaboration.

Quarterly Collaboration with CWSB and Court Stakeholders

The collaboration with Court stakeholders, developed as part of a Program Improvement Plan, has been a positive strategy to identify shared goals and to work together to improve outcomes. These meetings continue to occur quarterly in each circuit and provide a place for connections and relationships to be made and sustained and opportunities to work together with court partners to achieve outcomes. Meetings include reviews of data on CFSR items 5 and 6, observations of workflow, information sharing, reviewing trends from data, discussing practice shifts regarding Family First Hawaii and other areas, efforts for placement prevention, and obtaining feedback from stakeholders and the court on areas needing improvement or more support. The focus on shared outcomes helps stakeholders to come together to create solutions in geographic locations.

Children's Justice Act Taskforce

CWSB continues to collaborate successfully with the Children's Justice Act (CJA) taskforce and its partners. The Statewide (Hawaii) Task Force is comprised of representatives from each of the four counties and who are individuals with experience/expertise in child abuse and neglect. They are responsible for approving the State's CJA budget(s) and monitor expenditures, including priorities for the system's response to cases of child abuse and neglect. The Statewide Task Force meetings are convened at least quarterly.

The Statewide Task Force partners with the Hawaii Judiciary's Children's Justice Centers (CJCs) to improve interagency coordination, investigation, handling and prosecution of child sexual abuse, sex trafficking, serious child physical abuse cases, child fatalities and children who are witnesses to crime, by prioritizing and directing the use of Children's Justice Act (CJA) funds for its intended purpose.

Historically, Hawaii has utilized CJA funds for numerous trainings across the state. Over the next several years, funds will be expanded to help Identify and implement strategies for underserved populations and communities, including equity for racial minorities, e.g., Native Hawaiians, other persons of color, LGBTQ, individuals with disabilities, and those adversely affected by poverty or inequality. The goals of the funds include fostering collaboration among child welfare, legal, and judicial entities, including Court Improvement Program (CIP), related to court proceedings in child abuse cases to ensure improved, timely case resolution. While there are no federally recognized tribes in the State of Hawaii, CWSB endeavors to engage and partner with tribes for children who are identified as potentially eligible for Indian Child Welfare Act (ICWA) at all stages of the case, including by focusing on the role of the caseworker at intake, at Family Court, with the Department of the Attorney General, and during the Interstate Compact for the Placement of Children (ICPC) process, if applicable.

Hawaii Department of the Attorney General's Missing Child Center of Hawaii (MCCH)

CWSB continues to collaborate with the Hawaii Department of the Attorney General's Missing Child Center of Hawaii (MCCH) on a regular basis regarding foster youth missing from care. CWSB continues to ensure that reporting of missing youth in care to law enforcement and reporting to the National Center for Missing & Exploited Children (NCMEC) as required by Public Law 113-1-83 is properly being reported and tracked. MCCH and CWSB collaborates on its ongoing efforts with the different county police departments in assisting to locate and recover missing foster youth at high risk of being trafficked.

Domestic Violence Collaborations

Pouhana O Na Wahine

CWSB collaborates with Pouhana O Na Wahine (PONW), which is the Native Hawaiian Resource Center for Domestic Violence with National Indigenous Women's Resource Center (NIRWC). The Pouhana O Na Wahine is a grassroots organization advocating for Native Hawaiian families who face challenges related to domestic violence and sexual assault, by exercising their inherent sovereign rights as indigenous people of Hawaii. PONW provides technical assistance and training; partner at the community level, statewide and national levels; and develop policies and cultural resources to stop, prevent, and eliminate domestic violence and help victims and their family members increase their safety. CWSB meets with Pouhana O Na Wahine and the Hawaii State Coalition Against Domestic Violence on a quarterly basis.

Hawaii State Coalition Against Domestic Violence (HSCADV)

The Social Services Division, CWSB contracts with the Hawaii State Coalition Against Domestic Violence (HSCADV) to provide training and technical assistance to Domestic Violence shelter programs. The Coalition partners with CWSB and shelter programs to address the needs and challenges found during the course of the needs assessment, listening sessions, and ongoing shelter meeting discussions. CWSB continues to work and meet with the Coalition and its members to develop and implement a plan to provide assistance to the shelters, including developing and sustaining an accessible, culturally relevant,

and trauma-informed approach to services. The HSCADV has been sharing Pouhana O Na Wahine's work and invites them to HSCADV membership meetings, events and trainings.

Interagency Collaboration on Domestic Violence

CWSB collaborated with three other state agencies — The Hawaii Department of Health, the Hawaii State Judiciary, and the Hawaii Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division—to provide a statewide training on DV 101: Fundamentals of Domestic Violence webinar series. These trainings are held weekly during Domestic Violence Awareness Month (October). Local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development.

Trafficking Collaborations

CWSB supports efforts to increase trafficking education, training and outreach efforts. CWSB and community partners continue to provide various statewide trainings on mandated reporting of human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB participated in human trafficking awareness events this past fiscal year, which included a Celebrate Safe Communities and sign waving to raise awareness for sex-trafficking in Hawaii on Human Trafficking Awareness Day.

Commercial Sexual Exploitation of Children (CSEC) Steering Committee on Oahu

CWSB collaborates with the Commercial Sexual Exploitation of Children (CSEC) Steering Committee on Oahu on its ongoing efforts to provide a coordinated system response to identify and respond to child victims of sex trafficking. This group meets every other month and includes representatives from the Hawaii Judiciary, Department of Human Services and Child Welfare Services Branch, Hawaii Attorney General, Honolulu Prosecutor's Office, local and federal law enforcement. The Memorandum of Agreement was renewed with the Family Court of the First circuit this past fiscal year. This effort provides CWSB with additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits the overall framework. CWSB continues its collaboration to assist in a collaborative response to providing services for the human trafficking victims statewide.

Honolulu County Human Trafficking Task Force

CWSB collaborates with the Honolulu County Human Trafficking Task Force (HCHTTF) lead by the Honolulu Prosecutors Office. This task force generally meets monthly. The HCHTTF members participated in a Celebrate Safe Communities event last fiscal year. This event is for all ages and will provide informational and interactive booths and displays from various city, state, federal, military, and private organizations. Celebrate Safe Communities is intended to help spotlight communities' crime prevention efforts, enhance public awareness of vital crime prevention and safety messages, and engage families and seniors in prevention activities that help keep neighborhoods safe from crime and prepared for any emergency.

Examples of Service Provider Collaborations

CWSB collaborates with contracted service providers in a variety of ways at the local and state level to support service delivery.

Oahu On-call Shelter

Meetings are held monthly on the first Tuesday of every month. Meetings are held via Microsoft Teams for an hour each meeting, with one of CWS On-call Shelters. This allows for the opportunity for the DHS to ensure proper delivery of services and for the provider to share updates, issues, and collaborate ideas for effective service delivery of foster youth in placement at the on-call shelter.

Home Visiting Services (HVS)

Provider meetings are held once per month on the first Tuesday of every month. Meetings are held via Microsoft Teams for an hour each meeting. Meetings are for statewide contracted CWS providers of HVS. This allows for the opportunity for the DHS to ensure proper delivery of services and for providers to share and collaborate ideas for effective engagement.

Examples of Community Collaborations

Primary Prevention Efforts

Most primary prevention activities in Hawaii are carried out by nonprofit organizations and community initiatives, funded through government contracts and private grants. Key statewide coordinators include the Hawaii Children's Action Network (HCAN) and the Hawaii Children's Trust Fund (HCTF). These efforts are integrated into a statewide Child Abuse and Neglect (CAN) Prevention Plan, connecting various resources, and identifying gaps to propose new solutions.

While CWS focuses on secondary and tertiary prevention services for child welfare-involved families, the department supports an enhanced prevention-based service continuum through community collaboration and training. Funding for these activities comes from a mix of federal, state, and private sources.

Specific initiatives include the Hooikaika Partnership in Maui, which emphasizes primary prevention through community education and support, and the Islands of Hope-Maui, which focuses on preventing families with risk factors from entering the child welfare system. Other notable programs include the Keiki to Career initiative on Kauai and the Hawaii Early Childhood Action Strategy (ECAS), which aims to improve care systems for young children statewide.

The Department of Health - Child Death Review (CDR) in Hawaii is a multidisciplinary and multiagency review of child deaths. The purpose of these reviews is to understand risk factors to prevent future child and maternal deaths by helping communities understand why children die and to equip families and stakeholders with effective preventable resources and supports to reduce future fatalities. DHS CWS is a member of the CDR and collaborates on each local CDR review to identify strategies and resources to prevent child fatalities in the areas including but not limited to safe sleep, suicide, and drowning. Overall, Hawaii's approach to primary prevention involves collaboration with multiple organizations and funding sources to support a wide range of activities aimed at preventing child abuse and neglect and strengthening family systems.

Hawaii Children's Trust Fund

The Hawaii Children's Trust Fund (HCTF) was established by State legislation (HRS §350B) in 1993 as a public-private partnership between State departments and private organizations. HCTF's primary purpose is to prevent child abuse and neglect throughout the State with its mission "to ensure that Hawaii's children develop into healthy, productive, and caring individuals by promoting the advancement of community family strengthening programs to prevent child abuse and neglect."

CWSB continues to collaborate with HCTF to support child abuse and neglect prevention efforts for all children in Hawaii. A CWSB representative is a member of the HCTF Advisory Committee, which meets monthly to coordinate activities and trainings for the HCTF Coalition and the broader community. The HCTF Advisory Committee includes representatives from the public and private sectors. Current members include representatives from the Department of Health (the lead State agency for HCTF), the Hawaii Community Foundation (lead private agency), Department of Human Services (DHS), Department of Education (DOE), Office of Youth Services (OYS), the Judiciary, and various child and family serving nonprofit agencies. The Advisory Committee is responsible for planning, policy development, and determining criteria and guidelines for HCTF grants to address prioritized areas of child abuse and neglect prevention as identified by the HCTF Coalition.

HCTF is supportive of these programs and is actively exploring ways to collaborate with various agencies to enhance child abuse and neglect prevention efforts. Such initiatives include:

- Partnership with DOE: Integrating child abuse and neglect prevention into mandated reporter training for educators, and providing support for DOE's sexual violence program, which includes guidance for parents on discussing sexual violence with their children.
- Collaboration with DOH Sexual Violence Prevention: Partnering with DOH's Sexual Violence Prevention program to support and enhance DOE's efforts in addressing sexual violence.
- Expansion of Family Resource Centers (FRCs): Supporting the establishment of more FRCs in schools. Blueprint for Change has been awarded federal funding to expand FRCs to 10 new schools, and HCTF is exploring additional ways to support and extend this initiative.

Hooikaika Partnership

Hooikaika Partnership (HP) is a strong community collaboration of providers and other partners on Maui to provide support, resources, and navigation services to CWSB, families, and the community. HP is focused on primary prevention for child abuse and neglect, and is dedicated to fostering a safe, nurturing environment for families in Maui County. By building robust prevention and provider networks, HP is able to enhance family supports and services as well as advocate for policies that protect children and strengthen families. There is an average of 35 attendees at monthly general meetings representing seven or eight of its 10 Core Partners. There are three committees that meet monthly with an average of six participants. Home - Hooikaika Partnership (hooikaikapartnership.com) This effort includes funding from Casey Family Programs in partnership with CWSB.

Family Resource Centers – Hawaii Ohana Support Network

The Hawaii Ohana Support Network (HOSN) provides support for a network of member Family Resource Centers (FRCs) across the State of Hawaii. Each member center operates as a stand-alone organization that provides a safe and accessible place for families to receive support services and referrals. The HOSN provides membership options for existing FRCs, organizations interested in becoming an FRC, and support to communities seeking to establish an FRC. DHS collaborates in this effort to support access to

information and resources for families within their communities.

Examples of Local Collaborations between the CWSB and Agency & Community Providers, Other Partners:

Many of the collaborations have been summarized earlier; however, the local sections often participate in additional meetings for planning, for local cases and communities, etc. – as well as many other meetings and collaborations with the local police, departments, etc.

Oahu Sections:

- Quarterly 1st Circuit Court Meeting – Initiated from PIP3 to promote communication, collaboration, relationship building re: updates, PIP, CFSR, data, case issues, law, concerns, legislative changes, etc. It involves CWS, Judiciary, Continuous Quality Improvement, CIP-Court Improvement Project, etc. All stakeholders can bring up agenda items. – see the Court Stakeholder summary.

- Partnership with the judicial system and child welfare. Meetings include discussions regarding referral processes, getting families specific help, specialty court case management through court, service access, timely reunification and permanency, supporting young adults in Imua Kakou, outcomes, individualized care. CWSB also has liaisons to with the different specialty courts (Family Drug Court, Zero to Three, Imua Kakou) to improve coordination for families and to help families with specific needs.

- Section Meetings for Community Partnership Hui – HI H.O.P.E.S., CWS, Family Court, EPIC, Young People, to work on community specific projects and updates based on needs and interest in the communities.

- Shelter Meetings: Meeting with Hale Kipa Shelter monthly (1st Tuesday of each month) CWS Sections (all 4 Sections on Oahu) to discuss programs and funding for service. Collaboration on individual needs of children. Reviewing level of care, positives and negatives. How CWS and Hale Kipa can collaborate and coordinate services for children. Improved collaboration, relationships, billing, and the outcomes for children in real time if there are needs related to mental health, substance use, missing from care. Real time response to concerns that could include communication, forms, billing, etc. This helps with relationships and services to children. This has been expanded to every 2nd Thursday to have child specific discussions on child progress and needs related to school, mental health, well-being. Mini treatment team meeting for each child in the shelter.

- DOH Child and Adolescent Mental Health Division - Family Guidance Centers – CWS Section Administrators meet with the Department of Health Guidance Center leadership and care coordinators from most guidance centers. These virtual, quarterly meetings were developed as part of CWS-CAMHD meetings to problem solve case specific situations and systemic barriers and to identify opportunities for collaboration and coordination. It is a space to build relationships and contacts, increase communication, problem solve needs of children with complex needs in real time.

- Monthly Na Kama a Haloa – See summary for Na Kama a Haloa. Participants include Liliuokalani Trust, EPIC, CWSB, Kamehameha Schools, Office of Hawaiian Affairs (OHA), persons with lived experience, and are working on the shared goal: to reduce the number of native Hawaiian

children in care. Discussion includes the overrepresentation of native Hawaiian children in foster care and agencies share organizational updates. Meetings are held virtually every 3rd Friday. In addition to this meeting, other meetings occur with other agencies to work towards the shared goal to identify strategies, new collaborations, and opportunities on how it can be accomplished together as well as services that can help meet the needs of families.

These efforts also integrate the work of Malama Ohana—See Summary of Malama Ohana. The group coordinated listening sessions in local communities statewide in April and October 2024. These sessions included lived-experience parents, families and young people; partners such as Family Court, Department of Education, Department of Health, Court Appointed Special Advocates (CASA), OHA, providers such as EPIC Ohana, Hale Kipa, Neighborhood Places, etc.

Section 1: (Oahu Specialty Section)

- Children's Justice Center (CJC) Monthly MDT Meetings:

    - Physical Abuse Child Welfare (PACW) – Participants: CJC/Honolulu Police Department (HPD)/Prosecutors/Medical Child Abuse Specialist/Catholic Charities Hawaii
    - Commercial Sexual Exploitation of Children (CSEC) - Participants: CJC/HPD/Prosecutors/Susannah Wesley (provider of services for those that have been or are at risk of trafficking)
    - Sex Abuse - Participants: CJC/HPD/Prosecutors/Sex Abuse Treatment Center (SATC)

Topics include:

- Collaboration
- Discuss policies and procedures, and answer questions that may come up
- Agency updates
- Upcoming trainings
- Track/Review specific cases

CJC also holds yearly in-service meetings, interagency advisory committee meetings, and roundtables that includes other agencies (military, CASA/GAL, other service providers etc.)

- Sex Offender Management Team (SOMT) Meetings – Participants: Office of Youth Services (OYS)/Department of Public Safety (DPS)/Hawaii Paroling Authority/Judiciary/DOH/DHS-CWS/other service providers

  Collaboration and to develop a sex offender treatment program master plan for adult sex offenders who are in custody of the State and juvenile offenders within the family court system.
    - Virtual training on sex offender management
    - Effective case planning practices and risk assessment

- Hale Kipa and CWS Independent Living, Higher Education, and Imua Kakou (IHI) Meetings – Participants: Hale Kipa/CWS/EPIC/Judiciary/UH Law School
- Oahu Provider IK Meetings – Quarterly Meetings with CWS, IK Provider, EPIC Ohana, University of Hawaii Law School -- to support those involved in Imua Kakou to access services and resources.

- Statewide IK Meetings – Participants: IHI service providers/CWS/EPIC/Judiciary/UH Law School

  Topics include:

  - Collaboration
  - Discuss issues as it comes up
  - Agency updates
  - Upcoming trainings
  - Track/Review specific cases

Other collaborations include:

- Meetings on Oahu with military
- Liliuokalani Trust
- Comprehensive Counseling and Supportive Services (CCSS) - Contracted Service Provider meeting on Oahu
- Waimanalo community meetings

- **Section 2: West Oahu Section**
  - Assessment Meeting: Section support for workforce in specific roles in small groups (assessment workers) to discuss the needs and, workload, observation of services and needs in the community, coordination and collaboration with community partners and, tips and strategies. Referrals success in casework. Team building. Support from management every other meeting to promote time for staff and to provide support and sharing of information and upcoming changes. Scheduling relief for workforce to support workload management. Workgroup develops the agenda together and facilitate the meetings based on the needs of the workforce. Recent start of permanency workgroup in the section. Wellness support for staff.
  - West Team Hui Supervisors meeting weekly Wednesday – specific and emerging needs, relationship building, communication, share and discuss information from huddles and other meetings. Report out on information from recent Branch meeting.
  - Section meetings on Wednesday or Friday monthly and quarterly in person to share information. Share information from Branch and what is happening up to date and hearing needs.

Section 5: East Hawaii

- Quarterly 3rd Circuit Court Meeting – Initiated from PIP3 to promote communication, collaboration, relationship building re: updates, PIP, CFSR, data, case issues, law, concerns, legislative changes, etc. It involves CWS, Judiciary, CQI, Court Improvement Project (CIP), etc. All stakeholders can bring up agenda items. – see the Court Stakeholder summary.

- Monthly QIC-EY Meetings - Quality Improvement Center on Engaging Youth; EH is the pilot site for Hawaii for the national QIC-EY Project. –see the QIC-EY Summary.

- Case Planning meetings (Pilina Circles)– in place of youth circles for some ages regarding permanency and well-being. This is the model being developed for the QIC-EY Project—East Hawaii Pilot Site.

- East Hawaii Ka Pili Ohana (KPO)—see the KPO summary.

- Domestic Violence Tracking meetings and Sex abuse tracking meetings – with police or CWS – prosecuting attorneys, those with relevant information - support the process of assessment, support, resources for families, access to services, coordinating as different systems process with different timelines/interventions. (e.g., CWS case may close while prosecution continues) - (Monthly/As-needed)

- Monthly Meetings with Purchase of Service contractors/providers: e.g., Child and Family Services, Licensing, PARENTS Inc., EPIC Ohana, Neighborhood Place, Easter Seals, Salvation Army, etc. regarding updates on programs – numbers served, changes, vacancies, waitlists, referrals, access to services, etc.

- 2nd Tuesday Dept. of Health (DOH), Dept. of Education (DOE), Juvenile Probation – monthly interagency meetings to discuss needs of children who are served by multiple agencies

- Interagency: Children's Justice Center (CJC), Attorney General, Prosecuting Attorneys, etc.

- Human Trafficking –monthly meetings with contractor/provider - with CJC and CWS.

- Salvation Army – Substance Use focused for children – facilitated by prosecuting attorneys office – interim home and grant monies.

- Big Island Coalition Against Physical and Sexual Assault (BICAPSA) – Prosecuting Attorney – Nurses and Sex Abuse services for youth, Young Women's Christian Association (YWCA), Hawaii Police Department (HPD).

- Department of Health (DOH) -Child and Adolescent Mental Health Division (CAMHD) Administrators – Program Updates and case specifics to problem solve, clarify roles, support communication and coordination (quarterly).

- East Hawaii and Oahu – Providers and CWS – Licensing – Monthly – Individual Sections and Statewide.

- Community Partnership Hui (CP Hui)–Partnership/Advisory group re: Young People and the HI H.O.P.E.S. Boards: HI H.O.P.E.S., EPIC, CWS, Family Court, other partners- community specific projects and updates based on needs and interest

- Quarterly Imua Kakou Case Reviews - Quarterly Meetings with CWS, Provider, EPIC Ohana, Law School - to support those involved in Imua Kakou to access services and resources.

Section 6: West Hawaii

- Quarterly Circuit Court Meeting – Initiated from PIP3 to promote communication, collaboration, relationship building re: updates, PIP, CFSR, data, case issues, law, concerns, legislative changes, etc. It involves CWS, Judiciary, CQI, CIP-Court Improvement Project, etc. All stakeholders can bring up agenda items. – see the Court Stakeholder summary.

- Maui Hooikaika Partnership– See HP summary

- Section Meetings for Community Partnership Hui – HI H.O.P.E.S., CWS, Family Court, EPIC, Young People - community specific project and updates based on needs and interest in the communities.

- West Hawaii Provider IK Meetings – Quarterly Meetings with CWS, IK Provider, EPIC Ohana, UH Law School to support those involved in Imua Kakou to access services and resources.

Section 7: Maui

- Quarterly Circuit Court Meeting – Initiated from PIP3 to promote communication, collaboration, relationship building re: updates, PIP, CFSR, data, case issues, law, concerns, legislative changes, etc. It involves CWS, Judiciary, CQI, CIP-Court Improvement Project, etc. All stakeholders can bring up agenda items. – see the Court Stakeholder summary.

- Maui Hooikaika Partnership – See HP summary

- Section Meetings for Community Partnership Hui – HI H.O.P.E.S., CWS, Family Court, EPIC, Young People - community specific project and updates based on needs and interest in the communities.

- Maui Provider IK Meetings - Quarterly Meetings with CWS, IK Provider, EPIC Ohana, UH Law School – to support those involved in Imua Kakou to access services and resources.

Section 8: Kauai

- Quarterly Circuit Court Meeting – Initiated from PIP3 to promote communication, collaboration, relationship building re: updates, PIP, CFSR, data, case issues, law, concerns, legislative changes, etc. It involves CWS, Judiciary, CQI, CIP-Court Improvement Project, etc. All stakeholders can bring up agenda items. – see the Court Stakeholder summary.

- Juvenile Court – Monthly meetings are held with Judiciary, DOE, DOH, other community partners. Purpose is to improve communication and working relationships with all parties.

- Maui Hooikaika Partnership – See HP summary

- MedQuest: Kauai and all sections meeting with MedQUEST (Hawaii agency that administers Medicaid services). The purpose of the monthly meeting is to address meeting the 45day comprehensive physicals, address any concerns on forms or current Foster Custody cases. Meetings are held with all islands, virtually.

- Child and Family Service (CFS) (contract- Comprehensive Counseling and Support Services (CCSS), Domestic Violence Services for Families (DVSF), Parent education: Monthly virtual meetings to address concerns, possible solutions for waitlist (Supervised visits), and other updates.

- Children's Justice Center (CJC)- Interagency Advisory Committee (IAC) for all Admin from each agency: Monthly virtual or in-person meetings to discuss case coordination, high profile cases, systems concerns or coordination, updates from each agency, needs warranting and MDT or case staffing, etc.

- Children's Justice Center (CJC): Monthly Meetings are held for Case tracking and Reviews – to review cases that were investigated by both Kauai Police Department and CWS via forensic

interviews; to track all cases to ensure that there are appropriate services and supports are provided and if further assessments are warranted or needed. Participants include CJC, Kauai Police Department (KPD), CWS, Prosecutors, YWCA.

- Malama Ohana (Working group established by the Legislature in 2024 session): It is a collaboration with communities, lived-experience families and young people, and other partners to improve the Overarching Child Welfare System caring for families and communities. There are monthly meetings to coordinate listening sessions for local communities, to compile a report for the Legislative Session 2025 with recommendations. The Kauai Section Administrator is a member of the CORE group with CWSB and Social Service Division Administrators.

- Licensing of Resource Caregivers-Kauai: General license and Child Specific: Quarterly Meetings are held with CWS and the Provider to improve communication and processes for timely and efficient certifications.

- Kauai Provider IK Meetings: Quarterly Meetings with CWS, IK Provider, EPIC Ohana, UH Law School to support those involved in Imua Kakou to access services and resources.

- Waialeale Project- affiliate referral: The Waialeale Project is a scholarship program at Kauai Community College (KCC) that encourages non-college-bound high school students and adults to attend and complete their first year of college for free. The project aims to reduce barriers to higher education by providing comprehensive support, including guaranteed financial assistance for tuition, books, and fees, counseling, and mentorship, as well as ongoing academic support and other informational services, to eligible Kauai and Niihau residents.

- Kauai Child Death Review (CDR): Yearly or as-needed meetings to review deaths of young children (accidental or non-accidental); to review cases for risk factors, further recommendations or recommendations for prevention. Participants include representatives from the Kauai Police Department (KPD), Department of Health (DOH), hospital staff, emergency medical response, and community stakeholders.

- Domestic Violence Fatality Review: Community agency review of fatality cases related to domestic violence that may or may not be active/prior CWS cases. Participants of the team include KPD, DOH, CWS, CJC, Prosecutors office. Meetings occur yearly or as needed. Review of cases helps to determine strategies to provide support to people experiencing domestic violence, coordinate support, prevent fatalities.
  Other Kauai Meetings/Collaborations:

- Meeting with Kauai Attorney General to discuss cases or concerns

- Meeting with Court Appointed Special Advocate (CASA) program

- Mandated reporter training in coordination with CWS Staff Development Office/Intake Section

CWSB Workforce

In addition to consulting persons with lived experience and community and agency partners, CWSB regularly consults with the CWS workforce on practice enhancements, policy changes, service implementation, needs, and resources in different ways including:

- Monthly CWS Branch meeting with Section Administrators
- Quarterly Management Leadership Team meeting with Section Administrators, supervisors, Staff Development Office, and Program Development Office
- Quarterly Supervisors meeting to discuss workforce and family needs and supports and resources available
- CWSB Workgroups that include workers if different roles including assistance, aids, case workers, supervisors, and Section and Branch Administrators
- Drafts are shared with the Case Pathways workgroup that includes caseworkers, supervisors, section administrators, Staff Development trainers, and the SHAKA team that that provides support for the data system.
- CWSB feedback on policy change and information announcements process: As part of CWSB's implementation process, draft changes are shared with all workers for review and feedback for final draft development and implementation
- Section meetings with all staff in local areas
- Unit meetings
- Focused staff meetings on topics such as assessment
- Weekly "huddles" with section administrators to share information and respond to emerging needs.
- Implementation Management Team (Family First Hawaii)
- Workforce as an overarching goal of the CFSP that includes a workgroup to focus on recruitment, retention, and supporting the wellness of staff through different strategies. Developing and nurturing a healthy workforce provides families and partners with optimal support, positive interactions, and increased collaboration.

Hawaii assesses this item as a Strength. These collaborations and strategies promote positive outcomes in multiple areas. Strong partnerships help CWSB to coordinate shared efforts, improve outcomes, and be responsive to families. These collaborations work to be responsive on systemic, local, and individual levels both in times of strength and challenge including economic shifts and health crises such as the COVID-19 Pandemic.

The child welfare system and community support extend beyond CWSB. The work of CWSB is strengthened by the committed, caring, and innovative efforts of families, stakeholders, and agencies that provide consultation and information that is integrated into goals, plans, and practice enhancement. Over the decades, CWSB has valued, enhanced, and will continue to improve its partnership with families, stakeholders, and community and government agencies as key partners in the work to support families on a continuum based on their needs and level of interventions so that they can thrive together in their communities. CWSB is fortunate to be a part of the community in Hawaii that strives to work together to care for and support families and children.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

CWSB continues to collaborate successfully with other federal programs at the administrative and case level to ensure that services are coordinated, and that children and families are served in the most integrated manner possible. Collaborations are done through a variety of mechanisms including referrals from CWS, providers, resource caregivers, as well as through executing MOUs and MOAs which authorize the exchange of data. In addition, collaborative meetings, that facilitate communication amongst members and focus on identifying barriers and developing solutions.; problem-solving communications; etc. Examples are given in the narratives below. These collaborations include but are not limited:

- Hawaii Department of Human Services (DHS) – Benefits, Employment, and Support Services Division (BESSD):
    - Temporary Assistance for Needy Families (TANF)
    - Supplemental Nutrition Assistance Program (SNAP)
    - Child Care Subsidies

- Hawaii Department of Human Services – MedQUEST Division:
    - Medicaid
    - Interstate Compact on Adoption and Medical Assistance (ICAMA)

- Hawaii Department of Health (DOH):
    - The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) home visiting program
    - Community-Based Child Abuse Prevention (CBCAP) programs
    - Child and Adolescent Mental Health Division (CAMHD) – Medicaid program for children with higher levels of needs and partnership on Substance Abuse and Mental Health Services Administration (SAMHSA) grants
    - The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a federally funded program that provides Hawaii residents with nourishing supplemental foods, nutrition education, breastfeeding promotion, and health and social service referrals.

- Hawaii Department of Education (DOE):
    - National School Lunch Programs
    - Educational Stability for Children in Foster Care (Hawaii DOE)
    - After School Program (A+): All elementary-aged children in foster care are able to enroll in a free after-school program, run by DOE, funded by the federal Child Care and Development Block Grant (CCDBG).

- Hawaii Judiciary
    - Court Improvement Program (CIP)
- Housing and Urban Development (HUD) programs
- Social Security
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Federal demonstration grants such as SAMHSA grants

Some of these programs and other programs are described in more detail below and in item #31.

Process for partnering with programs

CWSB's process for partnership with each agency is based on the needs of the population, topic, and shared outcome. Partnerships may include blending funding streams, sharing data, and prioritizing access for families served by CWSB, and use of the same provider when appropriate. CWSB utilizes data, Memorandums of Understanding (MOU), reports and descriptions of meetings and teams, and feedback from caseworkers, youth, and families on services including access to other federally assisted programs. CWSB is working to enhance collaboration through Memorandums of Understanding when needed. CWSB is also planning to enhance the new Comprehensive Child Welfare Information System (CCWIS) to include opportunities for information exchange and data gathering and sharing.

Some brief examples of the process for partnering with programs is included below and within Item 31 and later in Item 32.

Hawaii Department of Human Services Med-QUEST Division

CWSB partners closely with the Hawaii Department of Human Services Med-QUEST Division (MQD) that administers Medicaid for all children in foster care. Following the federal Affordable Care Act, Hawaii's MQD health coverage automatically extends to age 26 for youth who emancipate from foster care. CWSB's ongoing partnership with MQD keeps foster care referrals and enrollment running smoothly and allows related problems to be resolved quickly.

CWSB appreciates its partnership with DHS Med-QUEST Division (MQD) in assisting CWSB staff understand COVID-19 implications and guidance throughout the pandemic. Ongoing collaboration with MQD has Hawaii helped in a variety of ways, including providing pandemic related training to CWSB and problem-solving to support children with medical or behavioral needs.

CWSB partners with MQD through shared data to ensure children in foster care receive federally required comprehensive health assessments, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and any recommended services based on these assessments.

In 2022 MQD and CWS participated in a pilot project that was coordinated with the assistance of Mathematica. The goal of the project was to improve health care outcomes for children in foster care. The pilot was time limited and involved collaboration between other state CWS systems and r Medicaid systems. This work included presentations and learning sessions. The pilot has since ended, and the partnership continues between MQD and CWS a through monthly meetings.

The project enhanced collaboration between CWSB and MQD working together to achieve the shared outcome of timely access to comprehensive health exams and later improving access to needed health care services for children in foster care.

Through this partnership, CWSB and MQD identified opportunities to enhance data and system utilization and documentation to track children in foster care receiving Medicaid services including pre-placement and comprehensive exams. CWSB is working to implement a new CCWIS system that may further improve identification and service tracking and utilization.

In addition, the importance of including the health plans in the collaboration was identified, which started with one then two, then three, until all five health plans were participating in the work and in meetings together with CWBS and MQD. As part of the work together, the health plans presented on how to access comprehensive evaluations and care coordination through the health plan. While the pilot phase has ended, CWSB, MDQ, and the health plans continue to meet and developed procedures to enhance collaboration to provide health services to children in foster care.

Many foster children have complex needs and require care coordination through MQD and the health plan that provide Medicaid services. The hope is that these partnerships and procedures can be made official in terms of our work with MQD to improve health outcomes for children in foster care.

Hawaii Department of Health - Child and Adolescent Mental Health Division

CWSB continues to strengthen its partnership with the Hawaii Child and Adolescent Mental Health Division (CAMHD) agency that administers Medicaid's mental health services for children with higher needs through regular meetings to identify needs and services and collaborate in real-time to serve children with complex needs. These meetings help to identify strengths and challenges on both a statewide and local level. These collaborations are also described in item 31. MQD is also included in these collaborations as the Medicaid state agency to help assist with the coordination of medical and mental health services. CWSB meets regularly with statewide and local geographic partners to discuss the needs of children in general and individually when necessary.

Through this partnership, CWSB worked with the CAMHD to discuss needs and developed a service that utilizes shared funding streams to support children in crises. CWSB has been a data contributor to a shared report to look at the needs of children served by multiple systems, including the Department of

Health, Department of Education, CWSB, and the Judiciary. CWSB is a regular partner with CAMHD on the implementation of Substance Abuse and Mental Health Services Administration (SAMHSA) grants that are awarded to CAMHD. Recently, as part of a SAMHSA grant called Data to Wisdom, CWSB provided data on the mental health services for children in foster care provided by CWSB. Other agencies, including the CAMHD, provided data with the goal of looking at the needs, services, and financing to provide a robust service array for children.

Hawaii Department of Human Services - Child Care Subsidies

CWSB continues to partner with Child Care Subsidies through the Hawaii Department of Human Services (DHS), Benefits, Employment, and Support Services Division (BESSD) Child Care Programs to support access for eligible families involved in Child Welfare Services and resource caregivers to receive financial assistance for childcare. This partner agency has shared information with the All-State Team on two different occasions over the last five years and with the DHS Social Service Division (SSD) this year to share information and support workers to assist families in creating awareness and support to access this important resource.

Hawaii Department of Education

CWSB regularly meets with the Hawaii Department of Education (DOE) to enhance support for children in foster care as they work to maintain their educational stability. The Hawaii DOE has a designated liaison to address the needs of children in foster care, and CWSB can reach out to them as needed. The DOE liaison is also a member of various CWSB workgroups. CWSB and the DOE are working together to provide a refresher training on Educational Stability to workers in the schools and CWSB.

Free School Lunches Program: Through an MOU partnership between CWSB and DOE, there is monthly electronic data sharing, which allows children in foster care to be automatically enrolled into the Free Lunches program at their respective schools. This automatic enrollment of foster children for free lunches through electronic data sharing is the first program of its kind in the nation. This process also relieves caseworkers and resource caregivers from individually enrolling children and provides children timely enrollment and access to the program. In SFY 2023, 1,305 school-age children in foster care were automatically enrolled in the school free-lunch program with the DOE. In SFY 2024, 1,065 school-age children were automatically enrolled in the school free-lunch program with the DOE.

Family Unification Program (FUP) vouchers and Housing Vouchers for young people and for families

Young People: CWSB has continued its partnership with the City and County of Honolulu Hawaii Public Housing Authority (HPHA) to make Family Unification Program (FUP) vouchers available to former foster youth. The contracted provider, Hale Kipa, and a CWSB representative have continued to assist the City and County in improving youth access to vouchers and other resources.

In December 2019, CWSB and the HPHA, in collaboration with Hale Kipa, executed a memorandum of agreement (MOA) that allowed young people transitioning from foster care to apply for a Foster Youth to Independence (FYI) voucher from HUD through HPHA. The first voucher for Honolulu County was issued in January 2020. These vouchers utilize the same criteria as the FUP vouchers and are approved by HUD directly.

In November 2020, CWSB and the Hawaii County Office of Housing and Community Development (OHCD) executed a memorandum of understanding, in collaboration with Salvation Army, allowing young people

transitioning from foster care to apply for an FFYI voucher from HUD through OHCD. HUD recently expanded its eligibility, allowing Housing Authorities to provide both FUP and FYI vouchers.

However, it was soon discovered that young people in Extended Foster Care are NOT eligible to benefit from FUP or FYI housing vouchers. A collaboration of CWSB, Young People, IHI Providers, EPIC Ohana, and others have been trying to understand and change this law. The young people have led the charge that they need at least both benefits to survive and be given an opportunity to thrive. CWSB continue to work with HUD and its providers continue to help young people that are eligible to access the vouchers. The Hawaii Governor's Office of Wellness and Resilience has provided much support to continue this effort. The Governor and First Lady also support helping young people and families survive and thrive!

CWS Families: The City & County of Honolulu partners with CWSB to support FUP Vouchers with young people. The City & County of Honolulu is also working with CWSB and EPIC Ohana to revise the existing FUP MOU to facilitate a better process to also provide the vouchers to CWS-involved Families.

Individualizing collaborations to address geographic, economic, and other challenges to coordinate services across systems.

CWSB recognizes that different communities have different needs. Along with other agencies, CWSB works to meet the needs of families in the communities in which they live. In addition to regular statewide and local collaborations, CWSB individualizes collaborations based on the needs of the communities. This was highlighted in the rapid response and ongoing effort to support those affected by the Maui Wildfires. Through sustained partnerships, CWSB and the community were able to come together and coordinate services across systems for the families affected by the Maui Wildfires.

Maui Wildfires

On August 8, 2023, a portion of the island of Maui was tragically affected by wildfires that incinerated the town of Lahaina and also burned nearly two dozen homes in Upcountry Maui. More than 100 residents perished in the fire and smoke, and thousands needed emergency shelter and housing. DHS staff and families located on Maui were directly impacted by the fires, yet staff continued to provide services to Maui residents. DHS was immediately activated to support mass care needs as part of the State's response, and DHS leadership and program staff from other islands were deployed to Maui to assist with emergency sheltering. Addressing the community's needs has been a priority for Hawaii, especially Maui, since it occurred. Nearly all core partner organizations were involved in crisis response to varying degrees.

CWSB workers responded immediately to CWS families and Resource Caregivers to identify, locate, and coordinate service delivery to ensure their safety and address immediate needs. This response included initial and ongoing contacts to locate families and coordinate supports to meet their needs where they were at which included their physical locations and current needs. CWSB and providers also worked to stay connected to families as their locations may have changed.

CWSB and the Hawaii Department of Human Service (DHS) workers including those within the Med-QUEST Division (MQD) played an important role to coordinate supports to families involved in CWS and families within the broader community in the midst of a rapid response by multiple entities.

Many families impacted were staying at a designated shelter (The War Memorial). CWSB workers went out to the shelter immediately to contact families and provide assistance to connect all of the different response providers to coordinate supports to families. DHS was given access to a limited number of

housing vouchers with the goal of providing them to all families that could be located, and specifically to families served by CWSB. Vouchers were designated for hotels on the West side of the island, *the same side that the wildfires occurred on*. Some families initially were not ready to go back to the affected areas but may have done so to leave the temporary shelter. CWSB advocated for other housing options that may have allowed families to temporarily reside on the Kahului side of the island. ***The CWSB presence and action assisted in creating a systemized way of issuing vouchers***.

MQD and Adult Protective and Community Support Branch (APCPSB) - workers provided assistance to coordinate medical care, including follow up care from hospital visits. During this time, resources were in high demand and becoming less available. It was noted that supplies in some local stores like those used for clothing and household goods were significantly diminished. MQD and APCSB assisted with the distribution of supplies including bandages to the families they work with as well as those in the community that may have had medical needs but were not in the hospitals accessing urgent care. In addition, efforts were made to coordinate with the health plans to meet the emerging needs of individuals and families.

Of important note, as part of our ongoing practice, CWSB staff utilized a trauma informed care approach and the inclusion of cultural context to connect with those involved in this significant life-changing disaster. CWSB routinely responds to crisis situations and those who have or are experiencing trauma which allowed staff to effectively respond to the wildfire crisis in a trauma responsive manner.

The Associate Commissioner of the Children's Bureau in the Administration for Children and Families, at the time of the Maui Wildfire, was instrumental during an on-site visit in connecting information on federal, state, and local resources to assist local entities with coordinating funding and services. The Associate Commissioner also met with CWSB Resource Caregivers and listened to their needs and helped provide information on resources that they could access. This provided a sense of understanding and being heard for those individuals as well as provided connections to needed supports.

CWSB recognizes and appreciates the dedication of the CWSB Administrators and staff that went out to respond and support families involved with CWS as well as other families within the community. The people from Lanai and Molokai were some of the first responders to provide concrete supports wherever they could from their respective islands, some bringing supplies by boat to Maui families. The power of people, within the communities coming together to support where they could, was clearly visible throughout this disaster and recovery. CWSB and the people of Maui and the neighbor islands also served as a bridge to connect those in need to the external resources in consideration of community and cultural contexts. Local individuals and entities were able to provide cultural training, information, and awareness to federal representatives to assist them in effectively connecting and engaging with Maui survivors to provide services and support in a more culturally responsive manner.

In addition to the power of community and response and connections, there are valuable lessons learned that include the need for consistent care coordination. Pre-planning for disasters is key. Establishing plans and coordination strategies prior to a crisis can alleviate the added challenges of planning and coordinating during an active crisis when people and agencies may be reacting and responding while dealing with trauma and addressing their requirements and needs. There is a need for ongoing coordination and disaster preparedness to plan for how we coordinate services and interagency collaboration to meet community needs in times of unimaginable crisis. Pre-planning and clarification on the roles of each entity and clarifying service coordination between entities is necessary to meet the immediate needs of families/community members, especially for tangible/concrete supports. These challenges prompt creativity to find alternative avenues to meet families' needs when traditional interagency routes are not able to meet immediate situations.

Other emerging topics for clarification and consideration include the licensing process for temporary living placements such as hotel rooms, shelters, etc. Despite its challenges, the local interagency and community collaboration with CWSB staff in response to the Maui wildfires exemplifies culturally responsive practices and the core Hawaiian value of laulima (many hands working together) in unity and mutual support.

To say it's been a difficult time for the organization and the people of Maui is an understatement. Nonetheless, partners rallied. The Hooikaika Partnership (HP) Navigator teamed up with local mental health practitioners to provide concrete support to fire victims. Partner organizations moved forward with community engagement such as the annual Stand for Children Rally organized by Maui Family Support Services (MFSS) where HP hosted a table.

The DHS Medical Director worked with Maui pediatricians and the Maui Food Bank to distribute needed infant formula and replace durable medical equipment. Staff worked with federal partners to pause Medicaid eligibility redeterminations and restored health care insurance coverage to Maui residents, modified childcare subsidies and worked with childcare providers to restore childcare services, and conducted a Disaster SNAP program to provide SNAP benefits to eligible survivors who did not already receive SNAP.

The major lines of recovery efforts include:

- Federal Emergency Management Agency (FEMA)-funded Disaster Case Management Program (DCMP);
- Implementing and overseeing the Maui Relief Temporary Assistance for Needy Families (TANF) Program with Maui Economic Opportunity (MEO) and the Hawaii Community Foundation (HCF), as of June 10, 2024, the program has issued $9,421,298.63 to 1,569 households made up of 4,831 individuals. Households who are not eligible for federal assistance can receive funds for rent, mortgage, transportation, utilities, clothing, and other items;
- The Rental Assistance Program (RAP) provides up to 12 months of rental assistance for 275 households consisting of 759 individuals as of June 11, 2024; the total cost is $16,919,957.24;
- Puuhonua o Nene is a field shelter for individuals who were experiencing homelessness before the fires and were not eligible to remain in the FEMA and state-funded non-congregate care program; the annual cost of this program is nearly $5,000,000;
- DHS also leads a 450-unit interim modular housing project Ka Lai Ola for families who are not eligible for FEMA housing or rental assistance; and
- DHS continues to support the Emergency Support Function #6 on mass care and feeding.

The major accomplishment from July to September 2023 was the Hooikaika Partnership annual conference. Rather than cancel, partners decided to move forward and focus on helping the workforce recover, heal, and build resilience for themselves and the families they serve. Tia Hartsock, director of the newly formed statewide Office of Wellness and Resilience, delivered the keynote. Two Maui County Councilmembers offered a "listening session" to hear from a dozen workforce representatives, and the HP Public Education Campaign team presented to 131 people on the creation of the children's storybook Kalo Boy's Adventure to Make Pono: He Huakai Ohana, a children's book that educates both parents and children about the protective factors by supporting families through the challenges of parenting and helping children feel nurtured. 273 people registered, 167 checked in for the opening, and 104 completed the evaluation as of October 2, 2023.

October to December 2023 continued to be dominated by the early stages of recovery from the devastating wildfires. The HP annual conference revealed that service providers were struggling with

their own mental health and resiliency. Partners launched "Hooikaika Cares: Healing the Healers," a monthly peer support group to provide a safe and culturally responsive space for healing and self-care. With the generous funding supplement from Casey Family Programs, HP also hosted an end-of-the-year, in-person gathering for partners to celebrate, talk story, and relax. An additional 2,000 "Kalo Boy" books were printed and distributed to Hana, Molokai, Lanai and to children of fire survivors in partnership with the Kiwanis, an international service club. A new web designer was brought on board. This enabled HP to continue website updates and complete all the video editing from the Hooikaika Partnership 2023 annual conference.

Through the pandemic and the recent devastating wildfires, CWSB learned about the value of connectedness/relationships or "pilina," the importance of self-care and mental health, and "laulima" (working together) by partnering with people with lived expertise in child welfare and incorporating their perspectives and knowledge into systems change. CWS Balso learned to listen to the voices of the community and its staff. CWSB has been working to enhance community partnerships and support families with a focus on culture, equity, and family engagement.

As a result of these recent experiences, CWSB continues to develop and enhance strategies, protocols, and relationships to respond effectively and safely to public health crises, natural disasters and the need to ensure that the children of Hawaii are safe and families are "thriving" in their communities.

Examples of Collaborations to Coordinated Services for Children and Families

Hawaii Interagency State Youth Network of Care (HI SYNC)

In 2018, CWSB entered a Memorandum of Understanding with other state entities to formalize the Hawaii State Youth Network of Care (HI SYNC) collaboration. HI SYNC focuses on crosscutting situations and allowing access to services in all state child-serving departments to ensure the best outcomes for youth with multiple challenges and/or multi-system involvement. Initial participants included the Hawaii Department of Health, notably the Child and Adolescent Mental Health Division and Early Intervention Section (EIS); Hawaii Department of Education; Judiciary; and CWSB. This collaboration has grown to include additional agencies and community providers to help meet the needs of youth.

CWSB is a continuing member of the HI SYNC. CWSB is actively involved in HI SYNC's strategic planning process with CWSB representatives from organizations that may be federally and/or state-funded from each geographic location participating and sharing the needs of youth, families, and the system from those specific locations. In addition to these monthly statewide meetings to enhance the system of care, quarterly meetings in local areas, called Hawaii Interagency Local Youth Networks of Care (HI LYNCs), occur to discuss the needs of specific communities.

Children's Justice Act

CWSB continues to collaborate successfully with the Children's Justice Act (CJA) task force and its partners. DHS CWSB applies for and receives CJA funds on behalf of the Hawaii Children's Justice Statewide Task Force. DHS contracts with a nonprofit, Maui County Children's Justice Committee (MCCJC), which serves as fiscal agent for this grant. The Statewide Task Force is comprised of representatives from each of the four counties and are individuals with experience/expertise in child abuse and neglect. They are responsible for approving the State's CJA budget(s) and monitoring expenditures, including priorities for the system's response to cases of child abuse and neglect. They are also assigned the task of completing the CJA Three-Year Assessment Plan. This plan was updated in May 2024. Statewide Task Force meetings are convened at least quarterly. Meeting minutes are retained.

The Statewide Task Force partners with the Hawaii Judiciary's Children's Justice Centers (CJC) to improve interagency coordination; investigation; and handling and prosecution of child sexual abuse, sex trafficking, serious child physical abuse cases, child fatalities, and children who are witnesses to crime by prioritizing and directing the use of CJA funds for its intended purpose.

Historically, Hawaii has utilized its funds for numerous trainings across the state. These trainings are important to ensure that professionals responding to child abuse/maltreatment have core knowledge and skills. With the onset of the COVID-19 pandemic, most training activities moved to virtual, online platforms after March 2020 through May 2022. There has been the transition to select in-person training and meetings starting in 2023. Trainings have focused on enhancing the following:

- the knowledge of professionals who are mandated reporters
- Hawaii system response to child sex trafficking
- Hawaii system response to domestic violence, child witnesses, serious physical abuse, and homicides
- the work of the Guardian ad Litem (GAL) and Court Appointed Special Advocate (CASA) who represent children in Child Abuse and Neglect Cases in the CPS/CWS Family Court Calendar, and
- minimizing vicarious and secondary trauma experienced by professionals who respond to child abuse cases.

Task Force members will continue to collaborate with DHS/CWSB to implement Families First strategies, which aim to transform the child welfare system by improving practices and keeping families at the center of CWSB's work.

CWSB will continue to collaborate with CJA on relevant activities, such as an array of services/programming, monitoring implementation and evaluating outcomes, partnerships with community stakeholders, alternatives to out-of-home placement for children, and increasing family engagement, including involvement of fathers. "Lived voices" of former foster youth are encouraged.

Hawaii will continue to collaborate with ACF to expend funds in alignment with the purposes of the grant. Over the next several years, funds will be expanded to help Identify and implement strategies for underserved populations and communities, including equity for racial minorities, including Native Hawaiians, other persons of color, LGBTQ, individuals with disabilities, and those adversely affected by poverty or inequality. The goals of the funds will also work to foster collaboration between child welfare, legal and judicial entities, including Court Improvement Program (CIP) related to court proceedings in child abuse cases, resulting in improved, timely resolution.

Family First Hawaii – FFPSA

In alignment with the federal Family First Prevention Services Act (FFPSA), Hawaii implemented its Family First prevention plan titled, "Family First Hawaii: Keeping Families Together" in October 2021. The focus is on preventing and minimizing children entering foster care. Work began in 2019 and continues with the implementation of evidenced-based services and the development of policies and procedures to support maintaining children in the home whenever safe and possible. This work included facilitating exploration groups that included various state and community partners including those that receive federal funds to discuss needs, current services in the community from different providers and funding sources, and additional services that may be considered in the FFPSA plan.

The array of services/programming activities initiated in 2022 will be continued. These activities include the prevention placement workgroups, monitoring implementation and evaluating outcomes, partnerships with community stakeholders, alternatives to out of home placement for children,

increasing family engagement, including involvement of fathers. "Lived voices" of former foster youth are encouraged.

Domestic Violence Services and Partners

CWSB contracts and partners with various entities that provide services to address domestic violence. Domestic Violence Shelter and Support Services DHS received FY 2023 Family Violence Prevention and Services Act (FVPSA) funds for $989,725. DHS contracts with seven Domestic Violence (DV) shelters statewide to operate and provide 24-hour domestic violence hotline services that respond to crisis calls, provide information and referral assistance, emergency shelter services, outreach, assistance in developing safety plans, individual and group counseling, transportation, advocacy, community education, and other supportive services to survivors and their children in the shelters. Shelter services also include transition planning, limited transitional housing, and follow-up services for DV survivors exiting the shelter. Transitional housing services continue to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawaii, the financial limitations of single-parent households, and the poor rental history that may result from their frequent moves. Five of the domestic violence shelters located on Oahu, Maui, and Hawaii Island are in urban areas, while Kauai and Molokai shelters are in rural areas.

CWSB caseworkers coordinate services with families to support access to domestic violence shelters and services. CWSB caseworkers may help families access the shelters or support them through transition.

In SFY 2023, 1,209 clients were served in shelters for a total of 40,206 shelter nights. Other services for victims provided in the shelters include crisis intervention, victim advocacy, individual or group counseling/support groups, criminal/civil legal advocacy, medical accompaniment, and transportation services. During SFY 2023, domestic violence shelters provided 163 children with crisis intervention services, 216 children with victim advocacy services, 132 children with counseling and support groups, and other supportive services. The domestic violence shelters provided 603 adults with crisis intervention services, 673 adults with victim advocacy services, 641 adults with counseling and support groups, and 295 adults with criminal/civil legal advocacy. Participants are only counted once per service. However, because they may have received more than one service, the total served may include numbers that are unduplicated within a service but may be duplicated across services. The shelters also provide supportive non-shelter services to clients. In SFY 2023, 271 clients were served by non-shelter services, which are supportive services for domestic violence who don't need shelter. The shelters provided 173 community education presentations statewide for the public, with 3,742 participants in attendance. Presenters had to modify their way of delivering presentations due to the COVID-19 pandemic. Virtual presentations were utilized as an alternative to in-person community education presentations.

The shelter programs also have access to resources for immigrant populations, including legal services contracted by DHS, a Bilingual Access Line on Oahu funded by the Office of the Prosecutor's Victim-Witness Program, and bilingual services made available at low cost through the National Coalition Against Domestic Violence. The Hawaii State Coalition Against Domestic Violence (HSCADV) also translated domestic violence brochures, which are accessible on their website, in multiple languages such as Olelo Hawaii, Chuukese, Ilocano, and Tagalog, to share about resources and information on healthy relationships.

DHS contracts with the Domestic Violence Action Center (DVAC) for Teen DV services. The Teen Alert Program (TAP808) provides supportive services that afford youth victims and perpetrators the opportunity to break the cycle of violence in their lives. With the mission to promote healthy relationships and put an end to—"tap out"—teen dating violence, TAP808 provides: outreach education,

workshops, talk-story, youth initiatives, and social media about teen dating violence, healthy relationships, and community intervention strategies; and individualized advocacy support for teens and young adults experiencing dating violence. TAP808 advocacy services support anyone in Hawaii between the ages of 12 and 21, who is experiencing, at risk for, or has been affected by relationship violence. TAP808 provides inclusive prevention education, outreach, and intervention services related to teen dating violence to all youth, regardless of gender identity, sexual orientation, ability, or other factors. These services are offered in schools and virtually. In the last year (FY 2023), TAP808 visited schools and communities statewide, and the program's Outreach Advocates delivered 107 presentations to 1,806 youth.

DHS contracts with the Hawaii State Coalition Against Domestic Violence (HSCADV) to provide training and technical assistance to DV shelter programs. The Coalition partners with DHS and shelter programs to address the needs and challenges found during the course of the needs assessment, listening sessions, and ongoing shelter meeting discussions. DHS continues to work with the Coalition and its members to develop and implement a plan to provide assistance to the shelters, including developing and sustaining an accessible, culturally relevant, and trauma-informed approach to services. The needs assessments will encompass representation of HSCADV member programs as well as a variety of survivors and community programs that are diverse and representative of historically underserved communities including ethnic and minority populations, as well as people with disabilities. Representatives of underserved populations will be invited to participate in planning meetings, implementation of the needs assessments, and development of the strategic plan. HSCADV held listening sessions with DV survivors, advocates, and other service providers statewide in FY 2023. HSCADV focused on Filipino and Native Hawaiian survivors, since these two groups have the highest rates of DV and DV-related fatalities in the state. The findings will be utilized to plan HSCADV training and technical assistance, as well as inform improved state response to DV. Themes from the listening sessions identified include advocate retention, ongoing professional development for advocates, the need for violence prevention efforts, domestic violence services that are responsive to the culture and language of survivors, and barriers for rural survivors to receive services.

In FY 2023, DHS also collaborated with Pouhana O Na Wahine (PONW), the Native Hawaiian Resource Center for Domestic Violence, with the National Indigenous Women's Resource Center (NIRWC). The Pouhana O Na Wahine is a grassroots organization advocating for Native Hawaiian families who face challenges related to domestic violence and sexual assault, by exercising their inherent sovereign rights as Indigenous people of Hawaii. PONW provides technical assistance and training; partners at the community level, statewide, and national levels; and develops policies and cultural resources to stop, prevent, and eliminate domestic violence and help victims and their family members increase their safety. HSCADV has been sharing Pouhana O Na Wahine's work and invites them to HSCADV membership meetings, events and trainings.

DHS collaborated with three other state agencies--DOH, Judiciary and the Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division (CPJAD) --and provided a statewide training on DV 101: Fundamentals of Domestic Violence webinar series in FY 2023. It was held weekly during Domestic Violence Awareness Month (October 2023). Local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development. The DV 101 in-person trainings were modified due to low attendance. From 2020, the plan was to provide one training on Oahu and another training for the neighbor islands on a rotating basis. However, due to the COVID-19 pandemic, the 2020 DV 101 training was provided via a three-part webinar series, which was attended by over 1,000 unduplicated attendees from across Hawaii as well as from other states including California, Alaska, and Florida. In 2021, an average of 224 attendees from across the state participated in the series. In 2022 attendance increased to an average of 255

participants. Approximately 400 people registered for the webinar series and an average of 80% were overall satisfied with the virtual training series this past fiscal year.

DHS continues to be part of the Victims of Crime Act (VOCA) working group led by the Department of the Attorney General, Crime Prevention and Justice Assistance Division. The Hawaii State Victim Assistance Academy (HSVAA) training was completed in 2022. The last session was videotaped and is available on the Department of the Attorney General Crime Prevention and Justice Assistance Division website for VOCA recipients and HSVAA training committee members to view. No meetings were held this past fiscal year since the training academy was completed. In 2023, DHS again was awarded and administers funds under the Family Violence Prevention and Services Act (FVPSA) Grant to serve domestic violence victims and their families statewide. DHS collaborates with the Hawaii State Coalition Against Domestic Violence, which has developed and implemented a needs assessment, listening sessions, and facilitated statewide shelter committee meetings.

As a part of the continuous quality improvement process, CWSB has partnered with the University of Hawaii Maui College Hawaii Child Welfare Continuous Quality Improvement (CQI) Project to review the domestic violence shelters and services contracts to ensure quality service delivery, contract adherence, and positive outcomes for adults and children. This contract review process has strengthened these federally funded services by adjusting resources to broaden the geographic availability and breadth of shelter services. UH Maui CQI is in the process of conducting reviews of all the shelter programs statewide in FY 2024. Discussions and feedback with the shelters will be conducted after the results of the review are completed.

DHS received FVPSA American Rescue Plan (ARP) funds for $1,880,042.00. This supplemental fund provides one-time funding through September 30, 2025, to support the FVPSA program that prevents, prepares for, and responds to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus, and increase supports for domestic violence survivors.

Supplemental funding will be expended to 1) prevent, 2) prepare, and 3) respond to the (COVID-19) public health emergency. DHS has distributed the funds for the FVPSA ARP Act to its current contracted domestic violence providers. DV Shelters, DVSF, and Teen DV continue to be responsive to this population's needs. Response plans have been developed that include activities such as counseling, mobile/legal advocacy, staff to provide services, financial assistance paid directly to a third party for housing, assistance with childcare, financial assistance for transportation, supplies, and equipment to assist in carrying out remote services, and enhancing their capacity to provide culturally and linguistically appropriate services. DHS also received FVPSA Sex Assault ARP funds for $1,140,011.00. This supplemental fund provides one-time funding through September 30, 2025, to support the FVPSA program to prevent, prepare for, and respond to COVID-19 with an intentional focus on supporting survivors of sexual assault in 1) assisting with the transition to virtual/remote services for rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs that provide crisis services, support services, and assistance to survivors of sexual assault, and 2) support the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency. Supplemental funding will be expended to 1) prevent, 2) prepare, and 3) respond to the (COVID-19) public health emergency.

DHS has distributed a portion of the FVPSA Sex Assault ARP Act funds to its current contacted Intrafamilial Sex Abuse Treatment and Human Trafficking providers for victims of sex assault across the life span to conduct human services activities (services/supports) related to the COVID-19 pandemic. The other portion of the FVPSA Sex Assault ARP funds was distributed to DHS' new contract provider, Rape

Crisis & Sexual Assault Program Services (RCSAPS), which provides direct intervention and related assistance and support services to victims/survivors of sexual assault inclusive of, but not limited to rape crisis centers, sexual assault programs, culturally specific programs, LGBTQ+ organizations, and such programs within underserved communities to survivors across a lifespan. DHS will continue its ongoing efforts to combat domestic violence among its families.

DHS will also continue its collaboration with the Hawaii State Coalition Against Domestic Violence on ongoing needs assessments and listening sessions for the FVPSA-funded domestic violence shelter programs statewide. The needs assessment includes a focus on the areas of training and technical assistance, service gaps and engagement of underserved populations, multidisciplinary collaborations, funding, and trauma-informed care policies and practices. DHS, HSCADV and Pouhana O Na Wahine, will continue to have discussions on current policies that are being worked on regarding DV and to advocate for collaborative efforts in policy and systems change to address the Native Hawaiian families affected by domestic violence.

Head Start

CWSB ensures that all CWS families and Resource Caregivers (RCG) statewide are referred and connected to federally funded Head Start programs, as appropriate. The Head Start-funded programs in the State have working relationships with CWSB workers and administrators to ensure that the application and eligibility determinations are completed easily and timely. Communication via teleconference or email allows this process to run well. CWSB caseworkers are aware of and help families to access this service as needed.

Child Support Enforcement Agency (CSEA) Efforts

Many parents of children who receive foster care maintenance payments are living in poverty and if required to pay child support to the state to offset the cost of their child placed in foster care, this can negatively impact a family that is trying to develop and maintain familial and economic stability to reunify with their child. It is not in the best interest of any family to be pursued for child support when they are already experiencing financial insecurity, family instability, and separation.

To be reunified with their child, parents are typically required to participate in various agency-coordinated activities, efforts, and services. This may include regular or supervised family time, therapy, parenting courses, and treatment for substance use disorder. Reducing a parent's income impedes their ability to engage in reunification efforts, potentially extending the time the child spends in foster care. Therefore, CWSB, including its data team met with CSEA to cease automatic referrals to CSEA to remove a barrier to reunification. In addition, CWSB will refer to CSEA only in rare circumstances where there will be positive or no adverse effects on the child, or the assignment will not impede successful achievement of the child's permanency plan. CSEA is currently working on internal procedure related to their operationalization of the Federal recommendations and may reach out to CWSB on a case-by-case basis to work through the closure of impacted existing cases. CWSB continues to work with CSEA to follow-up with parents regarding ceasing payments when it imposes a barrier to reunification and will continue to cooperate with all CSEA informational requests.

Department of Health (DOH), Family Health Services Division (FHSD), Maternal and Child Health Branch (MCHB)

CWSB staff collaborates with DOH, FHSD, and MCHB by way of membership and involvement on the following statewide DOH statutory initiatives:

- Child Death Review (CDR), §321-341
- Domestic Violence Fatality Review Board (DVFRB), §321-47
- Child Abuse/Neglect Prevention Program, §321-37
- Hawaii Children's Trust Fund (HCTF), §350B
- Home Visiting Services (HVS), §321-327
- Sexual Violence Prevention Program (no statute)
- Community Based Child Abuse Prevention (CB-CAP)

Additionally, the DOH's FHSD is the lead agency in Hawaii for Title V of the Social Security Act, administered by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Title V funds support the DOH to develop, deliver, and support comprehensive public health systems and services. Preventing Child Abuse/Neglect is one of Hawaii's Title V priority areas and CWSB staff continue to actively partner with the DOH in its efforts to address this critical issue. CWSB works to identify the needs of families involved with CWS to share information with DOH and other agencies to improve coordination and service delivery.

Item Rating

Hawaii assesses this item as a strength. CWSB continues to collaborate successfully with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. Hawaii CWSB and community partners and agencies including those that receive federal funding have demonstrated over the years and through the significant challenges such as the COVID pandemic and Maui Wildfires, the ability to work together to support children and families in a coordinated manner.

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

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:

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

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Licensing rules apply uniformly to all types of licensed and approved resource family homes and child caring institutions receiving Title IV-B or IV-E funds. Hawaii's Child Caring Institutions (CCIs) are not currently funded by IV-B or IV-E funds. Resource family home types include both general resource homes and child-specific homes and relatives. HAR 17-1625 Licensing of Foster Family Homes for Children and HAR 17-1627 Licensing of Child Caring Institutions codify Hawaii's licensing requirements. State standards do not vary by caregiver type. DHS procedures contain additional steps and instructions for licensing resource family homes for children, child caring institutions (CCI), and child placing organizations (CPO). Procedures do not permit safety waivers of licensing requirements.

Hawaii grants an unconditional license or certificate of approval to resource family homes that meet the requirements of HAR 17-1625. Provisional licenses may be issued only for child-specific homes for a period not exceeding 60 days when all requirements cannot be met but are expected to be fulfilled within the additional timeframe, provided there are no risks to the health, safety, or well-being of the child(ren) in the home.

The CWS Resource Home Licensing Unit (RHLU) manages the licensing and re-licensing process of Resource Homes using the DHS web-based licensing portal. Initial licensing is conducted by a contracted

provider, Catholic Charities Hawaii (CCH). CCH processes initial licensing documents, home studies, and training of prospective foster parents. After the initial licensure, the oversight and re-licensing responsibilities are assigned to Licensing Units at CWS, centralized on Oahu and individually located in each of the neighbor islands' Section offices. The license status of resource caregivers is tracked through system generated reports and section lists. These reports identify when both provisional licenses and unconditional licenses are set to expire and/or require renewal. Depending on the geographic area, section administrators and/or licensing supervisors oversee these reports to ensure homes are being licensed timely.

Waivers may be requested for all types of resources homes but are more frequently associated with child specific homes. CWSB does not grant waivers or exemptions for a potential caregiver's criminal history. Waivers for non-safety licensing standards for relative resource family homes may be authorized under section 471(a)(10)(D) of the Social Security Act. Waivers are only granted if the health and safety of the child is not compromised, such as:

1. the size of a resource caregiver's home
2. the number of bedrooms
3. the number of beds. A waiver of the bed requirement is temporarily granted during the home study process until CCH and CWSB assist resource caregivers in obtaining additional beds, if necessary.
4. the licensure of off-grid homes in rural geographic areas that are not connected to public utilities, for example, having an outhouse instead of an indoor bathroom with running water and plumbing or not having a functional kitchen inside the home and instead having cooking units outside the home.

In Hawaii, resource homes are licensed for up to 5 children. When experiencing limited placement resources and to promote sibling placements, space waivers have been authorized to allow for up to 6 children. Waivers have supported:

1. keeping sibling groups together in relative placements
2. placement of a 6th child when other resource homes cannot be readily identified in unplanned situations, like emergency removals; typically, these are short-term situations that allow a child to have a place to sleep for a night, while DHS is making efforts to locate an alternate placement.

For child-specific homes, waivers can be requested by the placement worker and may be approved by either the supervisor or the Section Administrator, depending on the Section's organizational structure. A licensing worker is consulted before the waiver approval to place a child into the home.

If a waiver is needed after a home study is completed, the request is submitted and processed for approval within each Licensing unit. Although waivers may be requested for all licensed homes, space, and bed waivers are typically authorized only for relative placements only. A waiver is specific to the child in that relative placement. If the child leaves the home and later returns, the waiver must be requested and approved again.

Section Administrators may approve waivers for child-specific and relative resource homes only. Hawaii's Administrative Review Panel (ARP) process is also utilized for waiver requests. The ARP is a consultative meeting comprised of all Section Administrators across the State, a Program Development representative, Branch Administrators, and the CQI Project Director. The process allows for questions and facilitates brainstorming. Applicable procedures, rules, and laws are identified and discussed about the worker's request. By the end of the ARP meeting, a plan is determined for moving forward. Waivers can be approved during the ARP, or follow-up tasks can be assigned. The ARP helps to facilitate decision-making and critical thinking in case planning regarding the placement and other areas, including case

direction. Fewer than three ARPs for licensing waivers are estimated to have occurred each year over the past three years. Among these, no exceptions have been approved.

Identification, assessment, and review of waivers are included in the process to issue and maintain a license. If a waiver is needed, a request is submitted. It is not a separate step; it is part of or folded into the licensing process. Waivers are tracked as part of the overall licensing process. Every Section has a licensing unit or worker that tracks the licensing process. Tracking waiver requests and approvals are a part of the overall licensing process and fall within the responsibility of each Section. There is no uniform way of tracking waivers nor does CWSB have a procedural requirement for tracking. For this reason, the exact number of waivers granted statewide are unknown.

Hawaii assesses this item as a strength because licensing standards are applied equally to both relative and non-relative caregiver homes. There are processes in place to support waiver approvals, which include Section oversight and a state level review process (ARP).

Item 34: Requirements for Criminal Background Checks

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Hawaii Administrative Rules (HARs) §17-1625-17 (resource caregivers) and HAR §17- 1627 (Child Caring Institutions) support the implementation of the Social Security Act that requires federal background clearance for all resource caregivers and CCIs; like the Social Security Act no waivers are permitted for safety standards.

CWSB procedures outline background clearance requirements and can be found in DHS Policies and Procedures, Part IV, Licensing, Section 1.4 Criminal History Record Checks And Background Checks and Section 3.3 Background Clearance And Employment History Clearance
https://shaka.dhshawaii.net/greenbook/publishing12/ch04/chp4sec1.pdf

Procedures require that all RCGs and employees of CCIs complete background clearances prior to a child being placed. Children may be placed in homes that are already licensed, which include the completion of background checks. In an effort to place children with relatives/kin and people within their communities that they are familiar with, children may be placed with an identified caregiver that has met initial licensing requirements. Resource Caregivers and all household members must complete their fingerprinting for the FBI checks within 7 days of the application date. If this is not possible, due to circumstances beyond the control of the applicant, at a minimum, the appointments must be scheduled.

In an effort to place children with relatives/kin and people within their communities that they are familiar with, children may be placed with an identified caregiver that has met initial licensing requirements that include state child abuse and neglect and criminal clearances. The only clearance exception allowed is for fingerprint-based clearance. Resource caregiver and all household members must complete their fingerprinting for the FBI checks within 7 days of the application date. If this is not possible, due to circumstances beyond the control of the applicant, at a minimum, the appointments must be scheduled.

Background clearances (CA/N, CJIS, Hawaii State Sex Offender and National Sex Offender) are valid for one (1) year from the date they were completed. To assure that the four (4) background clearances are current on all adult household members in the resource caregiver home, Hawaii policies and procedures require that the four (4) background clearances are completed at the following junctures:

1. Prior to placement of any child in the resource caregiver home;
2. On the date the initial unconditional license is issued; and
3. Every subsequent year from the date of the first unconditional license.

As a means for verifying all four clearances are completed, CWSB staff are to print the screens for all adult household members.

Once a resource family home is certified, which includes a background check, caregivers complete background checks minimally every two years thereafter. When there are changes in family circumstances, such as a new adult family member entering the household, background checks are required to be completed within 30 days.

The license status of resource caregivers is tracked by the licensing staff of each geographic section through section lists. Lists includes resource caregivers who are not fully licensed for a variety of reasons, which may include the need to complete the background clearance. CWSB staff work directly with the caregiver to work through any barriers to complete clearances.

The applicant and all employees (new and rehired employees) of a Child Caring Institution (CCI) shall have the following background checks completed prior to beginning work: Hawaii State Criminal History Record Check, Fingerprint checks of the State and national criminal records, National Sex Offender Checks, Hawaii State CPSS Central Registry Child Abuse/Neglect check, Adam Walsh-Child Abuse and Neglect registry checks from other states, if applicable and, employment history checks.

CPO/CCIs are licensed annually or bi-annually which varies by agency. During the licensing/recertification process, employee records are reviewed to ensure that background clearance requirements are met. All initial FBI clearances and annual State clearances are processed by the CWS licensing unit. The agency is required to complete their own CAN and Sex Offender clearances. These clearances, along with response from CWS and any clearance history assessment is documented in the employee file.

For CCI an employee would not be allowed to have direct client contact if background checks have not been completed and evaluated to determine to not pose a safety and/or risk concern to children.

In SFY 2023, four (4) CCIs and four (4) CPOs on the island of Oahu met licensing requirements for recertification. In SFY 2024, two (2) CCIs and four (4) CPOs on Oahu met licensing requirements for recertification.

Performance Data

For the past five years, an internal Title IV-E review has been conducted. The goals of the review are to:

a. Determine whether federal funds are appropriately expended for the support and care of Title IV-E eligible children and to ensure that their resource caregivers have met all the Title IV-E placement requirements in accordance with federal statute, regulation, and policy; and
b. Provide timely and case specific feedback to the frontline case workers and managers responsible for ensuring the proper and efficient administration and implementation of the Title IV-E foster care maintenance payments programs.

A part of the review evaluated whether, during the period under review (PUR), there was documentation that the child's resource caregiver home was fully licensed or approved for the child's placement, even when the placement was in an out-of-state foster care setting.

It also evaluated whether, during the PUR, there was documentation that the resource caregivers met applicable safety requirements for the period for which the Title IV-E foster care maintenance payments are made on behalf of the child residing in the resource family home.

For both areas, background clearances must be completed in accordance with CWSB procedures and federal requirements for a placement to be considered fully licensed and to meet safety requirements.

SFY 2022 Data

Of 58 cases reviewed, resource caregivers in 29 cases (or 50%) met both State and Federal criminal background clearance requirements. Criminal record checks were completed timely and were documented in the file, as required.

- Background clearances and printouts of CA/N, CJIS, NSO, and/or SSO checks were identified and completed timely in 29 cases (or 50%) which meets State requirements for background checks.
- Printouts of FBI fingerprinting clearances were identified in 52 cases (or 90%) which meets Federal requirements for criminal background checks.

SFY 2023 Data

Of 65 cases reviewed, resource caregivers in 39 cases (or 60%) met both State and Federal criminal background clearance requirements. Criminal record checks were completed timely and were documented in the file, as required.

- Background clearances and printouts of CA/N, CJIS, NSO, and/or SSO checks were identified and completed timely in 39 cases (or 60%) which meets State requirements for background checks.
- Printouts or documentation of FBI fingerprinting clearances were identified in 63 cases (or 97%) which meets Federal requirements for criminal background checks.

Federal Title IV-E Review 2025

In early January 2025, Hawaii underwent a Federal Title IV-E review. The purpose of this review is to ensure federal Title IV-E foster care payments were made on eligible children in eligible placements in accordance with federal regulations and statutes. Anecdotal information gleaned from our Federal IV-E review (January 6-10th, 2025) noted that FBI checks and follow-up to "hits" for licensing of RCGs and CCI occurred regularly and as expected.

To meet background clearance requirements tracking and completing of background clearances are addressed in a variety of ways by licensing staff in the different geographic sections.

When background clearances are not completed, a Resource Caregiver's license is placed in provisional status until requirements are met. During initial licensure, licensing workers meet with caregivers and the provider to ensure background requirements are completed. The license status of resource caregivers is tracked through system generated reports and section lists. Lists includes resource caregivers who are not fully licensed for a variety of reasons, which may include the need to complete the background clearance. Other reasons for not being fully licensed, include completing tuberculosis clearance, as required. Through collaboration, the provider and licensing staff discuss and work through any barriers to complete clearances. For ongoing licensures, CWSB staff work directly with the caregiver to work through any barriers to complete clearances.

CWSB has identified barriers to completing background clearances to include individuals who are immobile and are unable to access a contracted fingerprinting site. To address this barrier, DHS purchased 3 portable livescan machines to allow licensing staff to go into the home and obtain fingerprints of these individuals.

Ongoing Safety

CWSB manages all RCG homes to monitor and address the safety of children in foster care in foster care homes and adoptive placements. Hawaii utilizes a variety of informal and formal tools to monitor the ongoing safety, progress, and needs of foster care placements for children. Monthly face to face contacts with children, parents, and Resource Caregivers. The Child Safety assessment tool assesses child safety of children with their parents/guardians at critical junctures that include changes in Ohana Time/visitation and reunification, and a Safety of Placement Tool for all children in foster care and children in CCIs to assess safety within 30 days after placement and quarterly thereafter.

Once a resource family home is certified, which includes a background check, caregivers complete background checks minimally every two years thereafter as part of ensuring ongoing safety of foster care placement for children. CWSB procedures specify the responsibilities of Resource Caregivers to inform CWSB of when there are changes in family circumstances, such as a new adult family member entering the household, background checks are required to be completed within 30 days.

Hawaii provides a robust array of services and supports to RCGs to safely care for each individual child's needs. The comprehensive scope of these training programs coupled with established systems for monitoring quality, underscores Hawaii's commitment to excellence in training for RCGs and prospective adoptive parents and legal guardians. Hawaii's training system not only strengthens the capabilities of RCGs but also ensures that the needs of children and families served are met effectively.
In addition to the tools listed above, CCIs providers are additional assessing child safety in the facility as stated in their contract.

Missing Children

To ensure the safety of missing children from care, Hawaii has a Missing Children Protocol which provides standard protocols for reporting, locating, and responding to children who are missing from foster care in order to reduce the time they are absent from care and to increase their safety and well-being.

This protocol may be found in Part III: Casework Services, Section 14: Missing Children of Hawaii's DHS SHAKA procedures https://shaka.dhshawaii.net/greenbook/publishing12/ch03/chp3sec14.pdf

The protocol identifies the roles and responsibilities that CWSB workers have to enter missing children information into the Department of Human Services (OHS) Missing Children Website, to allow the community to assist in the recovery effort. CWS Sections also submit the Weekly Tracking Report on Missing Children, to monitor the status of children who are absent from care, and to report information as required by the U.S. Department of Health and Human Services. CWSB staff are responsible for:

1. Immediately (within 24 hours) call National Center for Missing and Exploited Children (NCMEC) to report the child's absence from care.
2. Send the child's picture to NCMEC along with specified demographic information, and
3. Notify NCMEC when the child is recovered or returns to care.

Over the years, revisions to the protocols have been made and refresher trainings have been provided to CWS staff to ensure the process is efficient and all parties are working together. For example, to improve the efficiency and accuracy of DHS Missing Children website updates, specific staff have been designated to input data into the website.

Child Abuse and Neglect Maltreatment

CWSB has a policy to respond to allegations of child maltreatment in out-of-home placements,

When there is a concern regarding a licensing policy, CWSB workers contact the RCG and promptly address any concerns as appropriate. A correction action plan (CAP) may be developed with the RCG to come into compliance with licensing requirements. This CAP is then monitored by the licensing worker to ensure the RCG is taking steps to address the violation and meet agreed upon timelines. If a CAP is not able to be developed, the license may be revoked or suspended.

When a report of child maltreatment on children in foster care is made, a formal CWS assessment is conducted that focuses on the resource caregiver or childcare provider and their ability to provide a safe and protective environment for the children in their care. These assessments require coordination among various personnel/agencies: intake, licensing/certification which may or may not be DHS, and the active CWS unit case worker.

FIGURE 50: ABSENCE OF MALTREATMENT IN FOSTER CARE [CHART]

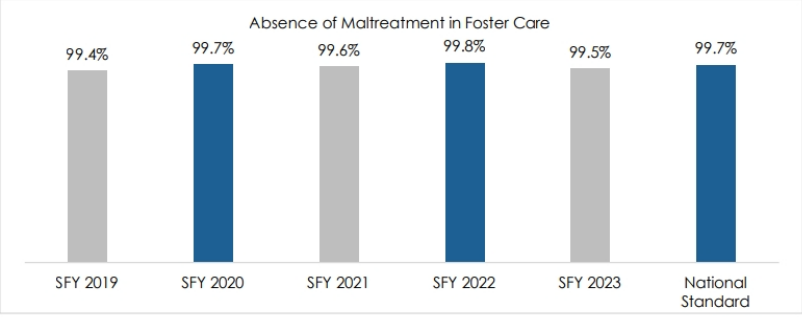


Figure 50:
Chart illustrates a five-year percentage trend (SFY 2019 - 2023) of absence of recurrence of maltreatment in foster care to the national standard. The blue bars in the graph indicate the national standard and the SFYs that met or exceeded the standard, while the gray bars represent the SFYs that did not meet the standard.

National Standard = 99.7% or higher. Outcomes higher than 99.7% are desired.

Data Source: CPSS (2)

Hawaii's aggregated data shows that CWSB performed above the national standard for the occurrence of maltreatment in foster care in SFY22 and just slightly below the national standard in SFY23 at 99.5%

The federal data profile for Hawaii shows that maltreatment in care is statistically no different than the national average for the most recent profile data for 22AB, FY22.

Challenges with limited placement resources and the complex needs of youth have unfortunately led to children, across the nation, being housed in hotel rooms or agency offices. Hawaii has not been immune to this national trend and has been working with other state and community agencies to develop solutions. Specifically, Hawaii participates in the Hawaii Youth Services Network Collaborative (HYNSC) to help build a more collaborative, culturally relevant, trauma-informed, inclusive, innovative system of care that will address the needs of all homeless and at-risk youth statewide.

When all placement options have been exhausted and a youth in care must stay overnight in a hotel room or CWS office, protocols are followed to ensure both the safety of children in care and CWSB staff. These placements are viewed as temporary and while the youth may remain overnight in a hotel room or CWSB office, CWS staff are continually making efforts to locate a more appropriate placement,

In order to ensure the safety of both children in care and CWSB staff, state hiring procedures require all CWSB staff to complete initial clearances upon hiring. Staff must be determined qualified by the State's Human Resources office before they are able to work around children. When children in care must remain in a CWSB office or hotel, CWSB staff are responsible for providing supervision. Depending on the youth and their needs, typically two (2) staff are identified to monitor the placement. Other community agencies collaborate with CWSB to support these youth and have provided financial support to allow individuals, former staff, to take youth out so that they have typical experiences and not have to remain in the CWSB office.

In the past 18 months, Hawaii has had 19 children across the state, with the exception of Kauai, requiring stays in the CWSB office and/or hotel room.

Item Rating

Hawaii has worked diligently to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care, and adoptive and legal guardianship placements. Data from internal IV-E reviews support Hawaii's efforts with performance in meeting Federal requirements for criminal background checks at 90% or higher over the past 2 years. Hawaii recognizes that improvements can always be made and is working to address state compliance with background clearances by reviewing policies and procedures and Hawaii Administrative Rules to ensure timely licensing while at the same time prioritizing safety.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

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

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Hawaii's process for recruiting foster and adoptive parents is designed to ensure the safety and well-being of children while providing stable and loving homes, recruited to meet the cultural and ethnic needs of the children they support. This process, discussed in the state's Diligent Recruitment Plan (available for review in the appendix to this Statewide self-assessment), involves outreach, training, and assessments conducted by the Hawaii Department of Human Services (DHS) in partnership with community organizations. Guided by Hawaii Administrative Rules Title 17, Chapter 1625, this recruitment process emphasizes cultural competence and family-centered approaches, reflecting the diverse heritage of the islands. Prospective foster and adoptive parents must meet eligibility requirements, complete a home study, and participate in training programs that prepare them for the challenges and rewards of caregiving. These efforts are part of a statewide commitment to providing children with nurturing environments that promote their physical, emotional, and cultural well-being.

Child -specific (kin) license recruitment

Hawaii is one of the nation's leaders for relative placement and has been for many years. This is largely due to the fact that Hawaii prioritizes kin placement and has made it easy and fast to preliminarily

license child-specific resource homes. This focus contributes to Hawaii's operationalization of our value of keeping children with their families and within their communities when it is safe to do so.

Consequently, Hawaii's resource caregiver recruitment efforts over the past couple of years has been largely focused on child-specific recruitment. One key part of Hawaii's child-specific resource caregiver recruitment is the automatic referral to EPIC Ohana for family finding and notice to relatives. These notices are mailed to all known relatives when a child enters foster care, and they go out timely for every case This family finding process, facilitated through a partnership with EPIC Ohana, ensures that relatives are promptly informed when a child enters care and are given the opportunity to step forward to be placement resources and/or sources of support. Additionally, Ohana conferences are held to identify needs, foster family and cultural connections, and identify additional kin and natural supports, which may lead to a future placement or permanency match.

EPIC Ohana has served as a valuable resource in helping families meet the ethnic, racial, and unique needs of children in the state who require foster and adoptive homes through the Ohana Conference and Family Finding programs. These programs focus on family engagement and help to prioritize keeping children connected to their cultural heritage and extended family networks. Ohana Conferences provide a platform for families to actively participate in planning and decision-making, ensuring that the child's best interests, including their cultural and emotional needs, are prioritized. By focusing on identifying and supporting kinship placements, EPIC Ohana helps support the child's sense of identity and belonging, which is essential for their well-being.

Community and Diversity

Hawaii's foster care system is grounded in values that emphasize community, cultural preservation, and family connections. Over the years, the state has implemented strategies to ensure that children in care are placed in environments that reflect their cultural identity and support familial bonds (please refer to table below for details). This approach not only supports the well-being of children but also strengthens their ties to their heritage and community. The ethnic, racial, and unique needs of each child are addressed by placing them with individuals who share a familial or cultural connection. Such placements help maintain the child's cultural identity and foster a sense of belonging.

The diversity of Hawaii's current pool of foster and adoptive homes aligns with the state's commitment to meeting the ethnic, racial, and unique needs of children in care. The Multi-Ethnic Report of DHS Resource/Foster Homes below provides a detailed breakdown of the ethnic diversity among licensed resource caregivers (RCGs) and foster homes in Hawaii. This report highlights the state's commitment to ensuring that the pool of available foster and adoptive families reflects the ethnic and racial diversity of the children in care. The report categorizes the different ethnicities across resource/foster homes, emphasizing the significance of cultural and ethnic representation in caregiving.

	SFY 2022		SFY 2023		SFY 2024	
	Children in Care	Resource Caregivers	Children in Care	Resource Caregivers	Children in Care	Resource Caregivers
Ethnicity	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**
American Indian	18	20	17	15	14	17
Alaskan Native	3	3	2	4	4	2
Black	50	63	48	64	44	59
Cambodian	2	1	3	1	1	1
Chinese	22	23	12	19	10	15

Chuukese - Federated States of Micronesia	116	31	100	20	55	12
Filipino	145	238	107	205	87	189
Guamanian/Chamorro	2	3	7	2	8	2
Hawaiian	1,014	915	845	777	649	640
Hispanic/Spanish Origin	75	110	58	104	45	85
Japanese	32	107	35	93	25	85
Korean	7	17	9	16	8	16
Kosraean - Federated States of Micronesia	5	1	4	0	5	0
Laotian	0	1	1	3	1	6
Mixed (not part Hawaiian/not part Hispanic)	197	41	167	41	122	32
Marshallese - Republic of the Marshall Island	19	10	30	12	27	8
Other Pacific Islander	23	14	19	15	14	15
Palauan - Republic of Palau	1	2	0	2	0	0
Pohnpeian - Federated States of Micronesia	8	3	3	2	1	0
Samoan - American Samoa & Independent State	73	82	48	64	28	43
Tongan	10	10	8	10	9	5
Vietnamese	2	2	0	1	3	2
White (Caucasian)	456	691	377	635	329	564
Yapese - Federated States of Micronesia	0	1	0	0	0	0
Missing or Invalid	0	2	0	2	0	2
Unable to Determine	42	62	59	60	68	56
Total	**2,322**	**2,453**	**1,959**	**2,167**	**1,557**	**1,856**

Data Source: Multi-Ethnic Report on Children in Foster Care and Resource Caregivers, CPSS

Note: All numbers in the tables above are unduplicated. However, some resource homes have more than one resource caregiver. This means that the total number of resource caregivers is greater than the total number of resource homes. The ethnicity of each resource caregiver is provided here.
The data from the Multi-Ethnic Reports provides valuable insights into the demographics of children in care and the resource caregivers who support them. This table underscores the progress made through child-specific recruitment strategies and kin placements while also highlighting areas where recruitment efforts can be enhanced. From the data above, the largest ethnic representation among resource caregivers is Hawaiian or part Hawaiian, followed by White/Caucasian, Filipino caregivers represent, and Japanese families account for the top 5. Other notable groups include Hispanic/Spanish Origin and Black caregivers. Smaller but important ethnic categories, such as Samoan, Mixed, and Other Pacific Islander, demonstrate a broader commitment to diversity.

While the pool demonstrates considerable ethnic variation, the report also highlights areas for growth, particularly among underrepresented groups like Chuukese, Guamanian, Mixed, Kosraean and Marshallese. Efforts to enhance representation in these areas could further align the caregiver pool with the diverse needs of Hawaii's foster children. Overall, this data affirms the state's strides in maintaining

a robust and culturally reflective caregiving system, though opportunities remain to bolster recruitment among less represented ethnic groups.

The following summation and recommendations discuss findings, showcase the strengths of Hawaii's recruitment approach, and outline opportunities for growth to ensure a robust and culturally responsive foster care system. Hawaii's foster care system demonstrates a strong commitment to maintaining children within their communities and prioritizing placements that reflect their cultural and familial ties. Data from the Multi-Ethnic Reports above highlight key trends and outcomes that underscore the importance of strategic recruitment efforts:

1. **Significant Representation of Native Hawaiian Children**
    - Native Hawaiian children consistently make up the largest proportion of those in foster care, 1,014 in SFY 2022, 849 in SFY 2023 and 649 in SFY 2023. Similarly, the number of Native Hawaiian Resource Caregivers (RCGs) during the last 3 years is comparable to the number of children needing care as sibling groups (which Hawaii works to place together) are included in the number of children. The number of available RCS was 915, 777 and 642 respectively. This alignment reflects the system's success in recruiting caregivers from within the communities most represented among children in care, preserving cultural identity and community connections.
    - This data also demonstrates the reduction in the overall number of children in foster care, which we contribute to our efforts to prevent removals, while providing supports like Family First Hawaii, Family Supervision Services and providing community resources through Neighborhood places.

2. **Effective Use of Kinship Placements**
    - Hawaii's focus on kin placements is reflected in the streamlined licensing process for child-specific resource homes. This approach ensures timely and culturally sensitive placements, supporting children's well-being by keeping them connected to their families.
    - The data reveals a focus on child-specific recruitment and identifies particular ethnic groups with lower representation among resource caregivers, such as Chuukese, Guamanian, Mixed and Marshallese. Notices to relatives and informal, word-of-mouth recruitment methods have been instrumental in engaging potential caregivers. While progress is evident, there is room to further increase resource caregiver representation for underrepresented ethnic groups.

3. **Diverse Recruitment Needs**
    - While certain groups like Filipinos, Native Hawaiians, and Caucasians are well-represented among resource caregivers, other ethnic groups show gaps between children in care and caregiver availability. For instance, for the 55 Chuukese children in care in SFY23, there were only 12 RCGs with the same ethnicity. Similarly, in SFY23 there were five (5) Kosraean children in care and zero (0) resource caregivers. Opportunities for enhanced recruitment within these communities should be explored.
    - The decrease in the total number of children in care (2,322 in SFY 2022 to 1,959 in SFY 2023 and 1557 in SFY23), highlights the significance of the value of keeping children with their families, when it is safe to do so, and the importance of kin care placements to maintain cultural and familial connections. These values provide further impetuous for sustained recruitment efforts need to meet the ethnic and cultural diversity seen in Hawaii's current population and support the idea of a dedicated contracted provider for RCG recruitment efforts to meet the system's evolving demands.

General licenses (non-kin) recruitment

General-licensed, non-kin resource caregiver recruitment efforts have been less formal than kin care efforts and are largely done through word-of-mouth. Case workers and licensing workers help to recruit foster and prospective adoptive homes. These recruitment efforts also occur through other means, including the use of a Quarterly Newsletter and "Talk Story Tuesdays." For Talk Story Tuesdays, the CWS Branch Administrator and CWS Program Development Administrator meet virtually with community members and potential and current RCGs, participating in a discussion, facilitated by Catholic Charities Hawaii, to discuss systems issues or provide Q&A sessions, or meet other participant needs as determined by those in attendance for the session.

Available online recruitment and application

In order to allow applicants flexibility to learn about becoming a Resource Caregiver (RCG) and apply to become a resource caregiver at a time when it is convenient for them, Hawaii utilizes a web-based recruitment, application and licensing portal. The portal provides on-demand access to those in the recruitment or application process and has centralized document collection. Resource caregivers can complete the application and track the steps of the process virtually. The entire application process is mobile-friendly, so applicants and agency staff can navigate the software using a computer, tablet, or mobile device. The modernization of workflows helps streamline the process for resource caregivers while increasing staff efficiency and productivity. The new technology also helps to facilitate better matches between children and potential foster homes, based on a child's unique needs.

To address challenges with use of the web-based system, DHS and the vendor hold monthly meetings to discuss barriers and identify solutions. In addition, the web-based company has provided regular office hours that allow CWS staff to reach out directly to discuss any questions or issues that they may have. The web-based portal also includes a chat feature that allows CWS staff to submit questions and receive responses in real time.
Concurrently Hawaii is working to modernize its Child Welfare database. A vendor has been procured, and work is actively occurring to implement a new Centralized Child Welfare Information System which replace the current licensing portal and eliminate the need for two systems.

Additional recruitment efforts

Hawaii has strengthened its ability to maintain family connections by prioritizing kin placement, fostering community engagement through informal recruitment efforts, and implementing timely communication between family members and the state. These strategies increase the likelihood of achieving stability and positive outcomes for children in foster care, demonstrating the state's proactive commitment to child welfare and community cohesion.

Additionally, the state's recruitment efforts focus on resource caregivers who are committed to the primary goal of reunifying children with their families. Resource caregivers who are solely interested in adoption are not specifically recruited, as the overarching objective is to prioritize family preservation and reunification whenever possible. This strategy ensures that placements align with the best interests of the child while supporting their cultural and emotional well-being.

General recruitment efforts with a cultural/community focus have allowed children to remain in familiar communities and with resource caregivers, often supporting reunification and/or facilitating better permanency outcomes. CWSB continues to develop and refine its process to support targeted recruitment and streamline the application and licensing process to expand its resource of licensed

homes and expedite unconditional licensure. CWSB data shows the characteristics of children for whom foster homes are needed.

On July 1, 2023, the RCG recruitment contract ended. Subsequently, the RCG recruiting process and activities have transitioned over to the CWS Licensing unit. The addition of these recruiting tasks for the Licensing unit staff has proven to be a heavy lift given turnover and current workload, confirming that a contracted recruitment provider is preferred. Hawaii has begun the process of procuring a service provider to formalize and expand general-licensed resource caregiver recruitment efforts via a statewide contracted provider.

CWS utilizes the Harvest Family Life Ministry, which is a faith-based organization that is part of a hui (group) of churches dedicated to supporting Child Welfare Services (CWS) statewide. This agency works with CWS to fill critical gaps in the foster care system, ensuring that children in need of placement receive stable, loving, and culturally sensitive homes. Harvest Family Life Ministry provides ongoing recruitment that include targeted recruitment efforts that, reach out to diverse communities (including rural and underserved areas of Hawaii, where there is a limited pool of resource caregivers), ensure caregivers can meet the specific cultural and emotional needs of children (particularly Native Hawaiian and Pacific Islander youth), and emphasizes cultural competency (ensuring caregivers understand and respect the cultural heritage of the children they serve). Harvest ministries also assist with locating placements for specific children who have complex needs, require therapeutic care, sibling groups, and teens with behavioral challenges.

CWSB also collaborates with Wendy's Wonderful Kids (WWK) in locating forever homes for youth and affirmed its commitment to referring children in a letter dated October 2024. To aid in finding permanent homes, the Wendy's Wonderful Kids (WWK) Program adoption recruiter from Family Programs Hawaii engages with the children, and relevant individuals involved in their cases, and collaborates with other agencies to promote permanency. The recruiter actively seeks potential permanent families for children in foster care, with CWS confirming its commitment to referring cases. Typically, these are teens, children with special needs, and sibling groups for whom finding permanent placements is challenging. CWS staff have identified some challenges with utilizing this resource. They report that the process to access resources through WWK requires many steps and may create barriers to utilization. To help support utilization of WWK as a resource to facilitating permanent placements, Hawaii is in the process of drafting an MOU and considering developing procedures that will help CWS staff understand eligibility requirements, availability of services statewide, and the referral process.

Monitoring

As noted in Hawai'i's Child and Family Services Plan (CFSP) 2025–2029, the diligent recruitment plan will be used to address gaps and implement a more efficient process for recruitment, thereby strengthening the overall capacity to meet the needs of children and families. Hawaii reviews data from multiple sources (e.g.: Multiethnic report, contracted provider monthly and quarterly reports, All in Care list, Federal Agency/State Data Profile, etc.) to ensure available foster and adoptive families meet the ethnic and racial diversity and unique needs of the children in foster care. When a need is identified, targeted recruiting efforts are developed to address the identified gaps and adjusted recruitment efforts are made through contracted providers, CWS staff and community partners.

Analysis and Rating

Hawaii assesses its performance regarding diligent recruitment of Foster and Adoptive homes as a strength.

Hawaii's foster care system is grounded in values that emphasize community, cultural preservation, and family connections. Over the years, the state has implemented strategies to ensure that children in care are placed in environments that reflect their cultural identity and familial bonds. This approach not only supports the well-being of children but also strengthens their ties to their heritage and community. Despite some challenges, Hawaii is actively working to address them through a forthcoming procured recruitment contract and a new Centralized Child Welfare Information System. These initiatives aim to strengthen recruitment strategies by partnering with providers to actively seek resource caregivers from diverse ethnic and racial backgrounds and improving the application and documentation processes. This approach demonstrates a commitment to building a more inclusive and culturally responsive system to meet the unique needs of Hawaii's foster children.

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

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

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

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Hawaii has statewide processes for the use of intra-state and inter-state cross-jurisdictional resources to facilitate permanent placements.

Interisland Transfers

Given Hawaii's unique geography and demographics involving multiple islands, Hawaii has implemented procedures and processes to facilitate and oversee interisland placements and placements between geographic (East and West Hawaii) Sections. These procedures are found in *SHAKA Part III: Casework Services, Section 5: Interisland Transfers* and apply to all jurisdictions in Hawaii https://shaka.dhshawaii.net/greenbook/publishing12/ch03/chp3sec5.pdf. The process that is followed requires that a formal request for a "courtesy assessment" (equivalent to a home study) or "courtesy supervision" is created by the unit with jurisdiction and sent to the Section where the child, parent, or relative resides or intends to reside. To support permanent placements, these procedures are

implemented when relatives or kin of children in foster care are identified as potential permanent caregivers and live on a different island from the child and when it has been determined that reunification is unlikely. The procedures require that a request for a courtesy assessment be made immediately and prior to a child relocating. Requests are sent via email and include an Internal Communication Form (ICF) with the important information required for the assessment. The receiving Section is to contact the family within 10 working days of the request being assigned. The preliminary assessment of the courtesy worker is to be shared with the assigned worker as soon as possible and a written report completed and sent to the requesting unit within 30 days of assignment of the courtesy assessment. Similar to ICPCs, the assigned worker retains primary responsibility and therefore decision-making authority for the case unless Court jurisdiction is transferred. The courtesy worker completes monthly visits on behalf of the assigned worker and supports service referrals and provision until the case is closed.

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

Cooperation between Sections located on different islands is critical in the delivery of services to children and their families. Relationship building through regular meetings including but not limited to monthly Branch meetings, bi-monthly CWS Huddles, and quarterly Management Leadership Trainings with the Section Administrators have helped to support the process. These meetings also help to clearly define roles and responsibilities between the assigned CWS worker and courtesy worker to support communication and the sharing of information to facilitate timely placement and the achievement of permanency.

Tracking inter-island placements is challenging and sections employ different methods. On Oahu, one unit within the Oahu Child Welfare Specialized Services Section is assigned to all courtesy case management cases. This centralized system helps to ensure consistency in the delivery of services and supports the ability of one supervisor to track these cases. The supervisor maintains a list of the courtesy case management cases on Oahu and sends out the list to sections on a quarterly basis to update. Sections review the list and provide updates on the status of cases - open or closed. This system allows the Oahu unit that is tasked with the responsibility of handling courtesy case management cases to ensure that their list is current, as well as provides the other geographic sections a tool to ensure that children and families are being seen and cases are being monitored.

Individual Sections do Hawaii does not currently collect data to show the extent to which the process for interisland placements supports permanent placements for children who need them.

Additional tools and strategies employed to track cases include the use of the worker assignment screen in CPSS and maintaining the ICFs for courtesy cases in a centralized folder. A challenge to using CPSS to track courtesy cases is that there are two fields on the worker assignment screen. These fields only allow for the primary and secondary worker to be identified. The primary worker is the lead worker that maintains responsibility for the case and the secondary worker is authorized to make face-to-face contact on behalf of the primary worker. The secondary worker can sometimes be the courtesy worker but is not consistently utilized in that capacity.

ICPC

Hawaii has been a party to the Interstate Compact on the Placement of Children (ICPC) since 1985 and continues to collaborate with other states when placing children from Hawaii and accepting children placed into Hawaii. Hawaii's ICPC procedures are found in *SHAKA Part III: Casework Services, Section 9: Interstate Compact on the Placement of Children.*

Hawaii's ICPC services are provided by a single contracted provider under the oversight of the Hawaii State ICPC Deputy Compact Administrator, a position within the CWSB Program Development Office. In SFY 2017, Hawaii re-procured ICPC services under a new contract and expanded the service array to include both the responsibility of conducting home studies and supervision to those children placed in an approved placement but the processing of outgoing ICPC requests, as well. Hawaii utilizes NEICE – National Electronic Interstate Compact Enterprise to process incoming and outgoing ICPC requests and maintain communication with the Receiving State. Its implementation in 2018 has helped to improve timely adoption and permanent placement. The State is currently working on developing its CCWIS system and the Hawaii ICPC office looks forward to interfacing with its development to further support permanency.

CWS staff compile the necessary documents that comprise an ICPC referral and upload the ICPC packet to NEICE. Referrals are transmitted through NEICE to the Provider and reviewed to ensure packets are complete. Utilizing NEICE, the Provider transmits all outgoing ICPC requests to the Receiving State. The Provider monitors timeframes to ensure home studies are completed in accordance with the Adoptions and Safe Family's Act and reviews completed home studies. If a placement is approved and placement is made, the Provider assists with ensuring regular monthly contact is occurring and quarterly reports are received from the Receiving State. Communication between the Hawaii caseworker and the Provider, and the Receiving State are ongoing to facilitate the home study request, placement if applicable, and timely permanency when appropriate.

A single contracted provider, whose sole focus is ICPC, has helped to ensure a more effective means to address the daily and high workload that ICPC generates and ensures an effective means to meet the deadlines of the Compact and the Safe and Timely Interstate Placement of Children Act of 2006 and more importantly timely adoption and permanent placement for children.

In SFY 2023, there were a total of 57 requests processed for out of state placements (including foster, relative, regulation 7, parent, and adoptive) for out-of-state home studies. Of those requests, a total of seventeen (17) children were placed out of state in an approved placement.

In SFY 2022, there were a total of 93 requests processed for out of state placements (including foster, relative, regulation 7, parent, and adoptive) for out-of-state placements. Of those requests, a total of thirty-five (35) children were placed out-of-state in an approved placement.

During SFY 2023, a total of 63 families were referred to Hawaii for ICPC services from other states. Of those requests, 38 families required home studies for foster/kinship/relative, parent, and adoption. Hawaii completed a total of 29 home studies for incoming ICPC request while 9 were not approved, withdrawn, or incomplete. Of the 29 completed home studies, 100% were completed within the required 60 business days. During SFY 2022, a total of 68 families were referred to Hawaii for ICPC services from other states. Of those requests, 57 families required home studies for foster/kinship/relative, parent, and adoption. Hawaii completed a total of 44 home studies for incoming ICPC requests while 13 were withdrawn, incomplete, or not approved. Of the 44 completed home studies, 100% were completed within the required 60 business days.

For families needing home studies in SFYs 2022 and 2023, the ones that were not completed were either closed or denied placement approval for the following reasons:

- Prospective caregivers declined to proceed with home study;
- The sending state withdrew the initial home study request;
- Prospective caregivers did not respond to communication with Hawaii ICPC to submit the required home study forms within the required timeframes; or
- Prospective caregivers did not meet licensing requirements.

During SFY 2023, 51 children were placed in an approved placement and received courtesy supervision services.

During SFY 2023, 53 children were placed in an approved placement and received courtesy supervision services.

While improvements have been made, CWS staff continue to express challenges with the many nuances involved with ICPC and the different requirements of each state and/or county. The Hawaii ICPC office and its contracted provider are committed to supporting an efficient process and staff's understanding of ICPC. Clarifications have recently been provided on financial responsibilities of the sending state and medical coverage for children placed out of state. In addition, information on state specific requirements have been made available to staff to help with case planning.

Family Finding

When a child is placed in foster care, an automatic referral is made to the contracted agency to expedite family finding efforts. Timely automatic referrals have helped move cases faster and support early identification of relatives who may serve as placement resources or added support for the family.

CWSB continues to identify relatives and provide the revised relative notification letter to inform and engage relatives as supports and placement resources.

Family Finding is automatically conducted upon an Ohana Conference referral when a child is removed from the family home/foster care placement. Family Finding lists are provided to CWS within 15 working days. CWS mails notification letters to family members within the 30-day time frame required by Federal Law.

Hawaii Revised Statute §587A-10 codifies family finding requirements and requires Hawaii to provide the child's relative an application to be the child's resource family within fifteen days of the relative's request to provide foster placement for the child.

Wendy's Wonderful Kids (WWK)

CWSB collaborates with Wendy's Wonderful Kids (WWK) in locating forever homes for youth and affirmed its commitment to referring children in a letter dated October 2024. To aid in finding permanent homes, the Wendy's Wonderful Kids (WWK) Program adoption recruiter from Family Programs Hawaii engages with the children, and relevant individuals involved in their cases, and collaborates with other agencies to promote permanency. The recruiter actively seeks potential permanent families for children in foster care, with CWS confirming its commitment to referring cases and granting access to case records. Typically, these are teens, children with special needs, and sibling groups for whom finding permanent placements is challenging.

CWS staff have identified some challenges with utilizing this resource. They report that the process to access WWK services requires many steps and is time-consuming. In addition, the resource is available to children residing on Oahu only.

To help support utilization of WWK as a resource to facilitating permanent placements, Hawaii is in the process of drafting an MOU and considering developing procedures that will help CWS staff understand eligibility requirements, availability of services statewide, and the referral process.

Between July 2021 and June 2024, CWS made 25 referrals to WWK. During this same time period, WWK helped to successfully facilitate 9 adoptions and 6 legal guardianships and the reunification of five children with their families.

Community Resources

In addition to systemic procedures in place, Hawaii utilizes other resources to identify families to help children achieve permanency. These resources include faith-based communities that have assisted in finding homes for difficult to place children through informal processes. Some of these communities have collaborated with multiple churches statewide to expand placement resources to children across the state.
For the past two years, waiting children in Hawaii and on the continent have achieved permanency:

- In SFY 2024, 377 children were free for adoption (legal status was PC) and 280 children exited foster care to permanency - 157 children were adopted, and 123 children entered a legal guardianship.
- In SFY 2023, 451 children were free for adoption (legal status was PC) and 373 children exited foster care to permanency – 207 children were adopted, and 166 children entered a legal guardianship.

Regarding children placed in the continental United States:

Hawaii prioritizes maintaining children within the State and with their families and communities. When children are placed outside of Hawaii's jurisdiction and on the continent, these placements are made with the intent that they are permanent placements. In SFY 2023, 39% of children placed on the continent achieved permanency and 35% in SFY 2024. Although the number of children not yet achieving permanency in SFY 2023 and 2024 is more than half, achieving permanency goals for these children in their continental placements is still being pursued.

Hawaii assesses its performance regarding the effective use of cross-jurisdictional resources to facilitate permanent placements for waiting children as a strength. The systems and processes within CWS and its broader child welfare community support options for permanency for children in foster care across Hawaii and the continent.

Appendix

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix A HI - CFSR 4 Data Profile - August 2024.pdf
Appendix B CFSR Performance Items.SFYs 2019-2023.pdf
Appendix C Court_Notification_to_Resource_Caregiver 2.21.24.pdf
Appendix D OJT Shadowing Checklist.pdf
Appendix E Diligent Recruitment Plan FFYs 2025-2029.pdf