

PIP WORKPLAN

Outcome/Systemic Factor/Item That Contributed to Nonconformance	Goal	Action Step	Lead	Geographic Area	Benchmarks	TA Resources Needed	Evaluation Plan	Links to Existing, Related Initiatives, Lessons Learned
SAFETY GOALS								
Outcome S1: Children are, first & foremost, protected from abuse & neglect.	Standard: 90% Baseline: 74% Yr 1: 78% Yr 2: 84%		John Walters Assistant Program Development Administrator	Statewide			Case review	
<p>Item 1: Timeliness of initiating investigation of reports of child maltreatment.</p> <p>In 48% (12 of 25) of the applicable cases reviewed, DHS did not establish face-to-face contact with the child victim in a timely manner and in 92% of those cases, the report was classified as "HIGH RISK."</p> <p>5 of the 12 were foster care cases.</p> <p>Untimely response range for the 11 cases classified as "HIGH RISK" OR "SEVERE RISK" = 3 days to 2 months from time the report was received.</p> <p>In contrast to case review findings, most stakeholders expressed the opinion that DHS responds to maltreatment reports in a</p>	Standard: 85% Baseline: 52% Yr 1: 62% Yr 2: 70%	<p>1.1 Pilot Crisis Response Teams (CRT)</p> <p>1.1.1 Develop procedures for implementation; develop evaluation plan – what will change; what is being evaluated & how will data be captured & evaluated.</p> <p>1.1.2 Establish positions.</p> <p>1.1.3 Fill, train, equip & house positions. Also train all staff on the roles/responsibilities of the new positions. Find space to house new positions. Purchase vehicles for the new positions. Acquire & hook up computers, phones, etc.</p> <p>1.1.4 Orient community; update information program (handbooks, etc. on changes to our process)</p> <p>1.1.5 Implement project</p>	Cynthia Goss, Program Development Administrator	Statewide	<p>Apr 04 – procedures established; evaluation plan developed</p> <p>Jun 04 – Positions established.</p> <p>Sep 04 – Positions filled, trained, equipped & housed.</p> <p>Sep 04 - External stakeholders & families coming into the system will be oriented on the changes</p> <p>Oct 04 - Implement project</p> <p>May 05 – 6 month progress report</p> <p>Nov 05 – 12 month evaluation report</p>		6 month & 12 month progress & evaluation reports	

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<p>timely manner. Comments from a few stakeholders as to potential barriers to timely response: staffing shortages, high caseloads, scarcity of agency cars, difficulties related to geographic area.</p>		<p>1.2 Review front-end decision-making criteria & tools</p> <p>1.2.1 Study current intake screening process to better understand what is screened in & what is screened out; review sample of intakes.</p> <p>1.2.2 Develop intake screening & level of response criteria.</p> <p>1.2.3 Revise safety & risk assessment processes & decision-making criteria; develop tool & protocol, procedures.</p> <p>1.2.4 Inclusion of case plan development process & family-centered practice approaches with the safety & risk assessment processes.</p> <p>1.2.5 Staff orientation & training for implementation</p> <p>1.3 Expand & enhance diversion services</p> <p>1.3.1 Issue Request for Proposals (RFP)</p> <p>1.3.2 Award contract</p> <p>1.3.3 Develop decision-making criteria & procedures for implementation by intake & assessment staff</p> <p>1.3.4 Staff orientation</p>	John Walters	Statewide	<p>Aug 04 – Review completed</p> <p>Sep 04 – Intake screening & level of response criteria developed</p> <p>Assessment tools & processes completed</p> <p>Mar 05 – Policies & procedures completed.</p> <p>Apr 05 - Training</p> <p>Apr 05 – Statewide implementation</p> <p>Feb 04 – RFP issued</p> <p>Jul 04 – contract awarded</p> <p>Apr 04 – Procedures completed & issued</p> <p>May 04 – Staff orientation</p>	National Resource Centers for Maltreatment, & Family-Centered Practice	Case Review	

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		<p>1.4 Changes to Hawaii Revised Statutes (HRS) Chapter 587, The Child Protective Act. Add new definitions and clarifications that embrace our local custom of care giving of children outside of the family home by relatives and friends to ensure that children are not taken into custody unnecessarily & preserve the relationships that are important to a child's well-being by clarifying that DHS is not required to remove a child from a safe home if the child has been safely living in a caregiver's home with the legal & physical custodian's written or verbal consent, clarifies that DHS may require the parent, legal custodian, guardian or caregiver, where appropriate, to participate in diversion & other supportive services, in lieu of DHS taking custody of children.</p> <p>1.4.1 Develop decision-making criteria & procedures.</p> <p>1.4.2 CPSS, electronic record changes.</p> <p>1.4.3 Staff orientation/training to implement law change.</p> <p>1.4.4 External stakeholder & community orientation on change.</p> <p>1.4.5 Implementation.</p>	John Walters		<p>Jan 04 – Administration bill submitted to Legislature</p> <p>Decision-making criteria & procedures completed</p> <p>CPSS changes completed</p> <p>Staff orientation/training completed</p> <p>Stakeholder & community orientation completed</p> <p>Implementation</p>			<p>Linked to the OCS & DHS Partnership for Legal Advocacy, Outreach, Supportive Assistance , which helps children obtain safer homes</p>

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<p>Item 2: Repeat maltreatment.</p> <p>This item was rated as a STRENGTH for 94% of the cases reviewed.</p> <p>However, there were a considerable percentage of cases (30%, 15 cases) in which families had an extensive number of maltreatment reports (6 or more) over the life of a case.</p> <p>An additional 21 cases had between 2 to 5 maltreatment reports over the life of the case.</p> <p>Many commenting stakeholders expressed the opinion that DHS is not consistently effective in preventing maltreatment recurrence. They attribute this to: (1) substance abuse/scarcity of treatment/relapse; (2) caseworkers closing cases too early; (3) services for in-home cases are voluntary & parents do not want to participate.</p>	<p>Standard: 85%</p> <p>Baseline: 94%</p>	<p>Monitor for adherence to the standard.</p>	<p>John Walters</p>	<p>Statewide</p>			<p>Case Review</p>	
<p>State Data Profile: Recurrence of Maltreatment.</p> <p>Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were</p>	<p>Standard: 6.1%</p> <p>Baseline: 7.2%</p> <p>Yr 1: 6.8%</p> <p>Yr 2: 6.3%</p>	<p>Post quarterly outcomes report on LAN; alert all via email on availability.</p> <p>Conduct quarterly outcomes data review at local level & state level; share data with local Citizen Review Panels (CRP), CWS Advisory Council, & other stakeholder groups.</p>	<p>Gibby Fukutomi, Planning Administrator</p>	<p>Statewide</p>	<p>Ongoing</p>		<p>Quarterly Outcomes Data Report</p>	

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victims of another substantiated or indicated report within a 6-month period?								
State Data Profile: Incidence of Child Abuse & Neglect in Foster Care. Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?	Standard: ? 0.57% Baseline: 0.95% Yr 1: 0.85% Yr 2: 0.75%	Post quarterly outcomes report on LAN; alert all via email on availability. Conduct quarterly outcomes data review at local level & state level; share data with local Citizen Review Panels (CRP), CWS Advisory Council, & other stakeholder groups.	Gibby Fukutomi	Statewide	Ongoing		Quarterly Outcomes Data Report	
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate. This outcome was substantially achieved in 92% of Maui cases and 85% of Oahu cases compared to 55% of East Hawaii cases. DHS was consistent in providing appropriate services to families to protect children in the home and prevent their removal. However, DHS was less consistent in reducing risk of harm to children. A primary concern was the lack of adequate attention on the part of DHS to potential risk factors in the child's home or during visitation with parents.	Standard: 90% Baseline: 79.6% Yr 1: 82% Yr 2: 85%	Monitor for adherence to the standard	John Walters	Statewide			Case Review	
Item 3: Services to family to protect children in home &		STRENGTH						

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prevent removal								
<p>Item 4: Risk of harm to child</p> <p>4 cases – either no services were offered by DHS or were insufficient to reduce risk of harm to the child</p> <p>5 cases – DHS did not take the necessary measures to ensure that risk of harm was adequately addressed:</p> <ul style="list-style-type: none"> - Determining that placement with father was appropriate without conducting a home visit - Finalizing a reunification even when children returned from visits with parents with bruises - Allowing a perpetrator to reside in the same home as the child & have unsupervised contact with the child <p>1 case – the safety assessment was not sufficient to identify all risk factors & underlying problems that contribute to risk of harm to the child</p> <p>In 3 of these cases, a subsequent maltreatment incident occurred while the case was open. Reviewers determined that the subsequent incidents were due to inadequate attention</p>	<p>Standard: 85%</p> <p>Baseline: 80%</p> <p>Yr 1: 81%</p> <p>Yr 2: 84%</p>	<p>4.1 Conduct supervisory reviews in accordance with existing policy.</p> <p>4.2 Review of current decision-making criteria, tools & processes at intake, initial assessment, periodic assessment, closure.</p>	<p>John Walters</p> <p>John Walters</p>	<p>Statewide</p> <p>Statewide</p>	<p>See item 1</p>	<p>See item 1</p>	<p>Case Review</p> <p>See item 1</p>	

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<p>by DHS to existing risk factors.</p> <p>Most commenting stakeholders expressed the opinion that risk is not adequately addressed because caseloads are too high to permit caseworker visitation with children and families that is of sufficient frequency to monitor child safety.</p> <p>Some stakeholders suggested that the current risk assessment tool is not helpful because it does not capture all potential risk factors.</p> <p>Concern was expressed about risks associated with the high number of children in some foster homes.</p> <p>Stakeholders in Maui and East Hawaii reported that the court's standards or requirements that must be met to remove a child from the home are higher than DHS standards. Consequently, caseworkers in those sites are reluctant to petition the court for removal even when there have been multiple maltreatment reports because they do not believe the court will concur with this decision.</p>								

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PERMANENCY GOALS								
Outcome P1: Children have permanency and stability in their living situations.	Standard: 90% Baseline: 50% Yr 1: 55% Yr 2: 65%		Lynne Kazama, Assistant Program Development Administrator	Statewide			Case Review	
Item 5: Foster care re-entries. Most stakeholders expressed the opinion that re-entry is a problem & often due to parent's relapse into drug use. Even when parents successfully complete drug treatment, they tend to relapse when they return to old environments with families, friends and neighbors that do not support them.	Standard: 85% Baseline: 70% Yr 1: 72% Yr 2: 75%	5.1 Establish procedures to require all foster care cases prior to reunification be reviewed to assure risk reduced and safety plans are in place by (1) multidisciplinary team review, (2) review through Ohana group conferencing, or family conferencing.	Kathy Swink Assistant Program Development Administrator	Statewide	Aug 04 – Procedures are established. Sep 04 – Staff are trained. Oct 04 – Full implementation		Case review	This is linked to training initiative to assure that training curriculum includes engaging & working with “ice” families & dealing with relapse in safety planning.
State Data Profile: Foster care re-entries. Of all children who were in foster care in the first 9 months of FFY 2001, what percent were re-entering care within 12 monthys of a prior foster care episode?	Standard: ? 8.6% Baseline: 10% Yr 1: 9% Yr 2: 8%	Post quarterly outcomes report on LAN; alert all via email on availability. Conduct quarterly outcomes data review at local level & state level; share data with local Citizen Review Panels (CRP), CWS Advisory Council, & other stakeholder groups. Issue CWS policy & instructions that supervisors will be required to do regularly scheduled periodic data entry checks in accordance with developed procedures in order to prevent inaccurate data entries, such as extended visits, hospitalizations runaway episodes, so they do not appear as re-entries or multiple placement episodes.	Gibby Fukutomi Kathy Swink Irene Park Management Information Compliance Unit Supervisor	Statewide Statewide	Ongoing Jun 04 – Policy & instructions issued		Quarterly Outcomes Data Report	

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		Train supervisors to conduct required periodic data entry checks.	Irene Park		Jul 04 – Training by MICU conducted			
<p>Item 6: Stability of foster care placement.</p> <p>This was rated as a STRENGTH in 20 (77%) of 26 applicable cases when reviewers determined either that the child did not experience a placement change during the period under review (17 cases), or that the placement change experienced were in the child's best interest (3 cases), such as moving a child out of an unsafe placement with an abusive sibling.</p> <p>2 cases – placement change was due to a lack of adequate resources</p> <p>2 cases – was due to a lack of effort by DHS to support a placement</p> <p>2 cases – was due to inappropriate care & supervision in a foster or relative home</p> <p>Stakeholders were in</p>	<p>Standard: 85%</p> <p>Baseline: 77%</p> <p>Yr 1: 81%</p> <p>Yr 2: 85%</p>	<p>This goal will be accomplished through action steps found elsewhere in this workplan:</p> <ul style="list-style-type: none"> - Review & revision to training curriculum to ensure staff have the knowledge & skills for job performance consistent with practice standards - Monitoring to ensure practice is consistent with standards - Actions to increase pool of suitable homes 	Lynne Kazama	Statewide			Case Review	

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<p>agreement that many children in foster care do not experience placement stability. They attribute this to:</p> <ul style="list-style-type: none"> - Foster parents are <u>not sufficiently informed</u> about children's potential problems or <u>adequately prepared</u> to handle them. - Placement with relatives often disrupt because the relatives are <u>not effective caregivers</u>. - Not enough resources, particularly therapeutic foster homes, to ensure an <u>appropriate match</u> between the child & the placement resource. <p>Requirements for access to DOH therapeutic foster homes are too restrictive & many CWS children do not meet the DOH criteria. [NOTE: At a recent SIG meeting, when discussing a 5-year retrospective of progress made, DOH-CAMHD stated that their therapeutic group homes & therapeutic foster homes are underutilized.]</p>								
<p>State Data Profile: Stability of foster care placement.</p> <p>Of all children in foster care during FFY 2001 for less than 12 months, what percent</p>	<p>Standard: ? 85% Baseline: 83.8% Yr 1: 83.9% Yr 2: 84%</p>	<p>Post quarterly outcomes report on LAN; alert all via email on availability.</p> <p>Conduct quarterly outcomes data review at local level & state level; share data with local Citizen Review Panels (CRP), CWS Advisory Council, &</p>	Gibby Fukutomi	Statewide	Ongoing		Quarterly Outcomes Data Report	

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experienced no more than 2 placement settings?		other stakeholder groups.						
<p>Item 7: Permanency goal for child.</p> <p>Of the 26 applicable cases: 12 had goal of adoption 7 goal of reunification 3 goal of guardianship or long-term placement with a relative 4 goal of long-term foster care</p> <p>13 of the 26 had been in foster care for 15 of the most recent 22 months.</p> <p>TPR had been filed & attained in 11 of 13 cases.</p> <p>6 cases – TPR filed & attained with children in care for less than 15 months.</p> <p>20 of the 26 applicable cases were rated as STRENGTH because reviewers determined that the child's permanency goal was appropriate & had been established in a timely manner.</p> <p>5 cases – goal was not appropriate given the needs of the child & the circumstances of the case</p> <p>1 case – an exception to TPR was not filed & no reason was provided for not filing.</p>	Standard: 85% Baseline: 77% Yr 1: 79% Yr 2: 82%	7.1 Revise concurrent planning procedures to make sure there is clear, uniform & consistent guidance on what it means & indicators of its application. 7.2 Orient staff on expectations & indicators for monitoring performance. 7.2 Implement 7.4 Monitor implementation through supervisory reviews, & local & state level QA case reviews.	Lee Dean Assistant Program Development Administrator	Statewide	Jun 04 –Procedures completed Jul 04 – Notification and orientation of staff for implementation will be completed Aug 04 – Required statewide implementation		Case Review	

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<p>Maui – Stakeholders were in general agreement that DHS establishes permanency goals in a timely manner & moves children toward permanency on a timely basis.</p> <p>Oahu – Stakeholders said that DHS attempts to engage in concurrent planning & to establish permanency goals in a timely manner, but there are barriers to accomplishing this:</p> <ul style="list-style-type: none"> - Caseworker turnover creates delays in movement towards permanency. - Practice of some courts of granting some parents more time if they believe that the parents will make the necessary changes. - Concern re foster/adopt homes – suggesting that sometimes there are problems when the foster/adopt parents become attached to the child & it appear that reunification is a real possibility – workers are reluctant to use foster/adopt homes for this reason. <p>East Hawaii – Stakeholders reported that concurrent planning is not being implemented & goals are not changed “until parents fail.” Delays they believe in establishing appropriate permanency goals can be</p>								

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<p>4 cases - had achieved the goal in a timely manner 2 cases - DHS was making diligent efforts to achieve the goal in a timely manner</p> <p>1 case – delay in achieving permanent placement with relative was due to <u>multiple appeals to the TPR decision.</u></p> <p>3 cases – delay was due to lack of attention by DHS</p> <p>Stakeholders expressed the opinion that reunification generally occurs in a timely manner. They note that when reunification is not timely, it is usually due to the limited access to some services, which results in extending timeline.</p>								
<p>State Data Profile: Of all children reunified from foster care in FFY2001, what percent were reunified within 12 months of entry into foster care?</p>	<p>Standard: ? 76.2% Baseline: 80.3%</p>	<p>IN CONFORMITY WITH DATA STANDARD</p>						
<p>Item 9: Adoption. 8 of 12 applicable cases were rated as STRENGTH. Adoption was finalized in 6 of 12 cases during the period under review. In 4 of the 6 cases, the adoption was finalized within 24 months of entry into foster</p>	<p>Standard: 85% Baseline: 67% Yr 1: 68% Yr 2: 70%</p>	<p>Support compliance with the standards through supervisory reviews, & local & state level QA case reviews. This is addressed under CONCURRENT PLANNING action steps found under Item 7.</p>	Lynne Kazama	Statewide			Case Review	

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<p>care.</p> <p>The other 6 children were in adoptive placement with a goal of adoption.</p> <p>4 of the 12 cases were rated as NEEDING IMPROVEMENT because reviewers determined that DHS had not taken the steps necessary to expedite the adoption process.</p> <ul style="list-style-type: none"> - 1 case – after TPR was attained, there was a 6-month delay in transferring the case to an adoption unit; although there was a lengthy TPR appeals process, the adoption would have been expedited if DHS had sought an adoptive home prior to resolution of the appeal. <p>Stakeholders were in general agreement that adoptions are occurring in a timely manner. They attribute this to:</p> <ul style="list-style-type: none"> - Ohana Conferencing - DHS concurrent planning requirement & the practice of alerting parents to the possibility of TPR at the first court hearing. - The ability to file a TPR petition at 12 months after entry into foster care. - Adoption Connection partnership – resulting in training for DHS staff around adoption issues; however, training on Oahu, limited access for Neighbor Islands 								

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<p>staff.</p> <p>Factors that contribute to delays:</p> <ul style="list-style-type: none"> - Caseworker turnover; new workers ask court for continuance because they have not had sufficient time to study the record, meet with appropriate parties, and assess whether progress had been made. - Overcrowded court dockets resulting in continuances that delay the process. <p>Maui stakeholders report that the Order to Show Cause hearings and pre-trial conferences are effective in expediting the TPR process if parents are not cooperating. As a result of pre-trial conferences, actual court sessions are shorter, to the point, & everyone is aware before the court date whether the goal remains reunification or shifts towards one of the other permanency options.</p>								
<p>State Data Profile: Timely adoption.</p> <p>Of all children who were adopted from foster care in FFY 2001, what percent were adopted within 24 months of their entry into foster care?</p>	<p>Standard: ? 32% Baseline: 51.8%</p>	<p>IN CONFORMITY WITH DATA STANDARD</p>						
<p>Item 10: Permanency goal of other planned permanent living arrangement.</p> <p>Rated as a STRENGTH for 3</p>	<p>Standard: 85% Baseline: 75% Yr 1: 76% Yr 2: 80%</p>	<p>10.1 Promulgate rules & establish standards to include provisions for mandatory referral to Independent Living Program for youth age 15+ who are likely to remain in care for their minority; the independent living needs of a</p>	<p>Lee Dean</p>	<p>Statewide</p>	<p>Dec 04 – Rules adopted Nov 04 – Procedures completed</p>		<p>Case Review Data Review Utilization</p>	

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<p>of 4 applicable cases.</p> <p>1 case – reviewers determined that DHS had not provided appropriate services to help the child achieve independence.</p>		<p>foster child age 15 or older be assessed and addressed in their case plan to prepare for transition to independent living;</p> <p>10.2 Establish procedures to guide implementation.</p> <p>10.3 Notify & orient staff on expectations & indicators for monitoring performance.</p> <p>10.4 Implement.</p> <p>10.5 Monitor implementation through supervisory reviews, & local & state level QA reviews.</p> <p>10.6 Continued orientation for staff, foster parents & other partners through Hawaii Foster parent Association (HFPA) newsletter</p> <p>10.7 Orient judges on requirements, expectations & performance indicators for consistency in judicial review.</p> <p>10.8 Pilot use of Ohana Conference in transition planning to develop a circle of support for transitioning foster youths.</p> <p>10.9 Pilot peer mentoring project for former foster youths to share their experiences & advice to better prepare transitioning youths.</p>		Oahu ?	<p>Jan 05 – Procedures issued</p> <p>Oct 04 – Initial orientation of staff/foster parents/others of changes to come through Hawaii Foster Parent Association (HFPA) Conference</p> <p>Feb 05 – Statewide orientation/training for implementation of requirements</p> <p>Mar 05 – Orientation meeting with judges</p> <p>Jun 04 – Design for implementation of piloted use of Ohana Conference to develop a circle of support for transitioning youths</p> <p>Jul 04 – Procedures for Oahu staff to implement Ohana Conference pilot completed & issued</p> <p>Jan 05 – 6 month progress report on Ohana Conference pilot</p> <p>Aug 05 – 12 month evaluation report on Ohana Conference</p>		<p>Review</p> <p>6 & 12 month evaluation reports for pilots</p>	

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				Statewide ?	<p>pilot</p> <p>Jun 04 – Draft proposal for peer mentors for transitioning youths developed.</p> <p>Oct 04 – Agreement between DHS & the Hawaii Foster Youth Coalition (HFYC)/Friends of Foster Kids (FOFK) in place</p> <p>Apr 05 – 6 month progress report</p> <p>Dec 05 – 12 month evaluation report on HFYC pilot</p>			
Outcome P2: The continuity of family relationships & connections is preserved for children.	Standard: 90% Baseline: 69.2% Yr 1: 72% Yr 2: 75%		Jeanne Reinhart, Program Specialist, Program Development	Statewide			Case Review	
Item 11: Proximity of foster care placement.		STRENGTH						
Item 12: Placement with siblings.		STRENGTH						
Item 13: Visiting with parents & siblings in foster care. East Hawaii – rated as a STRENGTH in 86% of the cases reviewed Maui – 67% Oahu – 40%	Standard: 85% Baseline: 61% Yr 1: 64% Yr 2: 70%	This item is addressed under SERVICE ARRAY through actions to increase contracted transportation and supervised visitation services.	Jeanne Reinhart	Statewide			Case Review	

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<p>Visits between siblings are not occurring with sufficient frequency & DHS did not make diligent efforts to ensure that sibling visitations take place. Some stakeholders attributed this problem to foster parents' reluctance to have siblings visit one another. Stakeholders identified Project Visitation as a new program implemented to address the issue of sibling visitation.</p> <p>While visitation between parents & children does occur, it is not with sufficient frequency to permit DHS to adequately assess parenting skills or make decisions about the readiness for reunification.</p>								
<p>Item 14: Preserving connections.</p> <p>DHS made diligent efforts to preserve connections in 21 of 26 applicable cases.</p> <ul style="list-style-type: none"> - Preserved connections with extended or former foster family members in 18 cases - Heritage - 2 cases - Religious affiliation – 2 cases - Connections with friends & school or community – 9 cases <p>DHS did not make diligent efforts to preserve</p>	<p>Standard: 85%</p> <p>Baseline: 81%</p> <p>Yr 1: 82%</p> <p>Yr 2: 84%</p>	<p>14.1 Increase use of Ohana Conference as a means of helping seek out maternal & paternal relatives who may be potential placement resources.</p> <p>14.2 Action is taken under RECRUITMENT OF FOSTER HOMES to increase the recruitment of Hawaiian families through the contracted recruitment vendor.</p>	<p>Jeanne Reinhart</p>	<p>Statewide</p>	<p>Ongoing</p>		<p>Case Review</p>	

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<p>connections with former foster parents or extended family (3 cases) or preserve cultural heritage (2 cases).</p> <p>Some stakeholders suggest that DHS does make concerted efforts; others suggest that DHS has not been effective in preserving connections for Native Hawaiian children.</p>								
<p>Item 15: Relative Placement.</p> <p>Of the 26 foster care cases reviewed, 13 (50%) were relative placements.</p> <p>SWA data showed that in the year under review, 37.7% of the children in foster care were in a relative placement.</p> <p>The key concern pertained to a lack of effort to seek paternal relatives.</p> <p>Cases were rated as a STRENGTH when a child's current placement was with a relative (13 cases), or when reviewers determined that DHS had made diligent efforts to locate & assess both maternal & paternal relatives as potential placement resources for children in foster care (8 cases).</p> <p>DHS did not make diligent</p>	<p>Standard: 85%</p> <p>Baseline: 81%</p> <p>Yr 1: 82%</p> <p>Yr 2: 84%</p>	<p>15.1 Increase use of Ohana Conferencing as a mean of seeking out maternal & paternal relatives as potential placement resources.</p>	<p>Lynne Kazama</p>	<p>Statewide</p>	<p>Ongoing</p>		<p>Case Review</p>	

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<p>efforts to search for maternal relatives (1 case), paternal relatives (3 cases), or either maternal or paternal relatives (1 case).</p> <p>Stakeholders were in general agreement that Ohana Conferencing results in the identification of relatives as potential placement resources early on in the case.</p> <p>Stakeholders noted that many children are placed with relatives voluntarily as a means to prevent entry into the foster care system.</p> <p>Some stakeholders reported that DHS often established provisional licensing for relatives in order to place children quickly. This practice often results in situations in which the license is eventually revoked when the licensing unit conducts a more thorough assessment of the relative family.</p>								
<p>Item 16: Relationship of child in care with parents.</p> <p>A case was not considered in assessing this item if (1) parental rights had been terminated prior to the period under review & the parents were no longer involved with the child; or (2) a relationship</p>	<p>Standard: 85% Baseline: 70% Yr 1: 73% Yr 2: 80%</p>	<p>16.1 See SERVICE ARRAY for action to Increase transportation and supervised visitation services.</p> <p>16.2 Review PRIDE curriculum to train foster parents on ways to safely involve birth families to promote positive relationship with the child; action to be taken under curriculum development under TRAINING.</p>	<p>Jeanne Reinhart</p>	<p>Statewide</p>			<p>Case Review</p>	

Outcome/Systemic Factor/Item That Contributed to Nonconformance	Goal	Action Step	Lead	Geographic Area	Benchmarks	TA Resources Needed	Evaluation Plan	Links to Existing, Related Initiatives, Lessons Learned
<p>with the parents was considered not in the child's best interest.</p> <p>This was rated as a STRENGTH for 14 of 20 cases.</p> <p>East Hawaii & Maui - 83% - of the cases were rated as STRENGTH. Oahu – 50%.</p> <p>DHS made diligent efforts to promote a positive relationship between the child & parents by providing opportunity for regular visits, promoting parent involvement in decisions affecting the child's well-being, in keeping parents informed on the status of the child.</p> <p>DHS did not make diligent efforts to promote the child's relationship with the mother (4 cases) or with both parents (2 cases).</p>								
WELL-BEING GOALS								
Outcome WB1: Families have enhanced capacity to provide for their children's needs.	Standard: 90% Baseline: 30% Yr 1: 40% Yr 2: 50%		Lee Dean	Statewide			Case Review	
Item 17: Needs and services of child, parents, foster parents.	Standard: 85% Baseline: 60% Yr 1: 66% Yr 2: 75%	Conduct supervisory reviews, section level and state level case reviews to assure consistency in practice.	Susan Ogami-Van Camp	Statewide			Case Review	

Outcome/Systemic Factor/Item That Contributed to Nonconformance	Goal	Action Step	Lead	Geographic Area	Benchmarks	TA Resources Needed	Evaluation Plan	Links to Existing, Related Initiatives, Lessons Learned
<p>Key concern: Lack of consistent assessment of child's needs; when needs were identified, they were not consistently met. Reviewers determined that the failure to assess or address particular service needs was a threat to the child's well-being.</p> <p>30 (60%) of 50 cases were rated as STRENGTH.</p> <p>20 out of 50 were rated as NEEDING IMPROVEMENT (12 of which were foster care cases).</p> <p>In-home cases (67%) were only slightly more likely to receive a rating of STRENGTH than foster care cases (54%).</p> <p>Maui – 75% of cases rated as STRENGTH East Hawaii – 67% Oahu – 50%</p> <p>Cases rated as Needed Improvement when:</p> <ul style="list-style-type: none"> - 14 cases – children's needs not assessed - 15 cases – children's needs not addressed - 7 cases – parents' needs not assessed - 7 cases – parents' needs not addressed - 10 cases – foster parents' needs not assessed - 10 cases – foster parents' needs not addressed 								

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<p>Stakeholders commented that effective assessment varied across workers; that is, some workers are skilled in the area of assessment, some are not.</p> <p>All stakeholders agreed that it is difficult to obtain mental health assessments for children.</p> <p>Several stakeholders expressed the opinion that Ohana Conferencing is an effective process for assessing service needs; a few stakeholders questioned the effectiveness of this process with regard to assessing all family needs.</p> <p>Stakeholders expressed the opinion that DHS does not assess or address the needs of foster parents on a consistent basis.</p> <p>Several stakeholders voiced the concern that DHS tends to view the primary service or role of caseworkers as "information & referral" rather than "case management."</p> <p>With regards to addressing needs with appropriate services, stakeholders identified several gaps & indicated that available services have long waitlists.</p>								

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<p>Item 18: Child & family involvement in case planning & review</p> <p>Involvement means that a parents (including pre-adoptive parents or permanent caregivers) or children (if age-appropriate) had actively participated in identifying the services and goals included in the case plan.</p> <p>30 of 50 cases were rated as STRENGTH (18 of which were foster care cases).</p> <p>20 were rated as NEEDED IMPROVEMENT (8 of which were foster care cases).</p> <p>Foster care cases (69%) were more likely to be rated as STRENGTH than in-home cases (50%).</p> <p>Maui – 75% of cases rated as STRENGTH East Hawaii – 54% Oahu – 54%</p> <p>14 cases – mother should have been involved but were not</p> <p>11 cases – fathers should have been involved but were not</p> <p>12 cases – children were old enough to be involved but were not</p>	<p>Standard: 85%</p> <p>Baseline: 60%</p> <p>Yr 1: 65%</p> <p>Yr 2: 75%</p>	<p>18.1 Ohana Information Program</p> <p>Mandated provision on of information to parties in contested cases on Ohana Conferencing by the contracted vendor.</p> <p>Use Ohana Conference to provide information early on about the CWS system, the court system, including ways that the family may participate in the decision-making process such as their role in assessment, development of the service plan, in making decisions for the safety, permanency & well-being of their children, & kinship foster placement.</p> <p>18.1.1. Oahu Family Court Hoolokahi Project</p> <p>18.1.2. Leeward Oahu CWS Unit Pilot Project</p> <p>18.2 Develop & implement guides for families (<i>Service & Treatment Record & Treatment Guide</i>). These are to be explained and provided to each family to use to track visits with workers, children & providers for follow through & case progress. These guides will be packaged with the petition, court order & service plan in order to increase family involvement in service planning.</p> <p>18.3 Revise service plan format to include a statement containing that the family was actively involved in the development of the service plan, or an explanation of why the family was not involved.</p> <p>[NOTE: It is not sufficient if the plan was developed by the caseworker & only discussed with family.]</p> <p>Also training and monitoring to address this issue of performing to the CWS practice standards.</p>	<p>Lee Dean, Susan Ogami- Van Camp & John Walters</p>	<p>Statewide</p>	<p>Nov 03 – Hoolokahi Project implemented</p> <p>Nov 03 – Leeward Oahu CWS Unit Pilot Project implemented</p> <p>Jun 04 – 6 month progress report ; ½ year evaluation</p> <p>Jul 04 – Statewide roll-out</p> <p>Jun 04 – Guides completed</p> <p>Sep 04 – Staff trained on guides</p> <p>Sep 04 – Implementation</p> <p>Jun 04 – Revisions to service plan format issued for comment</p> <p>Sep 04 – Revised service plan issued for implementation</p>		<p>Utilization Review</p> <p>6 month & 12 month evaluation reports</p> <p>Staff feedback on use of revised service plan format</p> <p>Staff & family feedback on use of guides – survey or focus group</p>	<p>CFSR findings from all the reviews: States where this item was rated as a STRENGTH had a significantly higher percentage of cases rated as SUBSTANTIALLY ACHIEVED for Permanency Outcome 1 & all 3 Well-being Outcomes.</p>

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<p>Some stakeholders say that parents are involved in the case planning process from the time the case is opened, & that parents are invited to participate in service plan conferences & Ohana conferences. Other stakeholders reported that caseworkers are not trained properly to engage families effectively in case planning. Often the family service plan is presented to parents just before going into the courtroom.</p> <p>Some of the differences in perspective may be due to perception of what parent involvement means.</p> <p>Several DHS stakeholders reported that DHS is effective in involving parents because caseworkers sit down with the parents prior to court & “tell them why they are there & what the family needs to do & also the risk factors & services available.” This is different from actually seeking parental input in the case planning process.</p>								
<p>Item 19: Worker visits with child</p> <p>Reviewers had to determine whether the frequency & quality of visits was sufficient</p>	<p>Standard: 85% Baseline: 32% Yr 1: 37% Yr 2: 50%</p>	<p>19.1 Obtain clarification of standard/expectations regarding frequency & content of visits/contacts, including type of contacts (e.g., phone, face-to-face, participants) by whom (e.g., can it be contact by DHS paraprofessionals, service providers, etc) & location (home visit, school, at court, at office)</p>	<p>Lee Dean</p>	<p>Statewide</p>	<p>Jul 04 – Review completed</p> <p>Oct 04 – standards formalized & procedures issued</p>			<p>CFSR findings: A STRENGTH rating on this item was significantly associated with SUBSTANTIALLY</p>

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<p>to ensure adequate monitoring of the child's safety & well-being, & whether those visits focused on issues pertinent to case planning, service delivery & goal attainment.</p> <p>Rated as NEEDED IMPROVEMENT in 34 of 50 cases (16 of which were foster care cases).</p> <p>62% of the foster care cases NEEDED IMPROVEMENT</p> <p>75% of in-home cases NEEDED IMPROVEMENT.</p> <p>Maui – 67% of cases rated as STRENGTH Oahu – 23% East Hawaii – 17%</p> <p>Review found most caseworkers visited children about once every 3 months. In some cases, contact was even less frequent.</p> <p>In 17 of 26 foster care cases visits occurred less than monthly.</p> <p>In 19 of 24 in-home cases visits occurred less than monthly.</p> <p>13 cases, (3 of which were foster care) - frequency of visits was not sufficient to meet the needs of the child,</p>		<p>19.1.1 Formalize standards & procedures for contact.</p> <p>19.2 Transaction code to document frequency of visits/contacts & summary screen.</p> <p>19.2.1 Evaluate feasibility 19.2.2 Create transaction in CPSS 19.2.3 Testing & roll-over to production 19.2.4 Orient staff on how & when to use the transaction code.</p> <p>19.3 Increase caseworker time for direct contact with children & families; documentation is a major consumer of caseworker's time; develop standards for streamlined & consistent documentation.</p> <p>19.3.1 Review current documentation requirements, including court reports & dictation for streamlining & consistency. 19.3.2 Issue proposed changes for comment. 19.3.3 Finalize & implement. 19.3.4 Review quarterly to see if changes achieved the intended effects.</p>			<p>Jun 04 – Evaluation of feasibility of transaction code to document worker visits/contacts completed</p> <p>Aug 04 – Request for creation of transaction code in CPSS submitted.</p> <p>Dec 04 – Transaction programmed into CPSS.</p> <p>Mar 05 – Transaction moved into production region.</p> <p>Mar 05 – Implementation of new transaction code to document caseworker visits/contacts</p>			<p>ACHIEVED ratings for 5 of the 7 outcomes.</p> <p>A strong performance here was found to have a significant relationship with a strong performance in preventing removal, managing/reducing risk, achieving timely reunification, assessing & addressing needs, involving families & children in case planning, meeting the needs of children, etc.</p>

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<p>but when they did occur, they did not focus on goal attainment.</p> <p>20 cases (13 foster care) – frequency of visits was not sufficient & did not focus on goal attainment.</p> <p>1 case (in-home) – frequency of visit was sufficient, but did not focus on goal attainment.</p> <p>Stakeholders reported that caseworkers infrequently visit children, particularly if the case is not a HIGH RISK case. They rely on other service providers for information on the child/family. Several stakeholders said that some children and youth do not know who their caseworkers are & do not have telephone numbers for reaching caseworkers.</p> <p>Other stakeholders noted that when visits do occur, they often take place in the office rather than the home, even for in-home cases.</p> <p>In general, stakeholders attribute the problem to high caseloads and high turnover.</p>								

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<p>Item 20: Worker visits with parents</p> <p>Case rated as a STRENGTH when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children, and that the visits focused on issues pertinent to case planning, service delivery, & goal attainment.</p> <p>Rated as a STRENGTH in 17 of 49 applicable cases. 32 OF 49 NEEDED IMPROVEMENT.</p> <p>Maui – 75% Oahu – 24% East Hawaii – 17%</p> <p>18 cases – visits were not of sufficient frequency, but when they did occur, they did focus on issues pertinent to case planning & goal attainment.</p> <p>14 cases – visits were not of sufficient frequency & did not focus on substantive issues pertaining to case planning & goal attainment.</p> <p>Caseworker visits with mother – in 30 of 43 applicable cases, less than monthly visits</p> <p>Caseworker visits with father – in 22 of 31 applicable cases, less than monthly</p>	<p>Standard: 85% Baseline: 35% Yr 1: 40% Yr 2: 52%</p>	<p>Same as Item 19.</p>	<p>Lee Dean</p>	<p>Statewide</p>			<p>Case Review</p>	

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visits; in 1 of 31 cases, no visits (in-home case). Commenting stakeholders expressed the opinion that frequency of contacts was not sufficient. Most attribute this to high caseloads & staff turnover.								
OutcomeWB2: Children receive appropriate services to meet their educational needs.		IN SUBSTANTIAL CONFORMITY						
Item 21. Educational needs of child.		STRENGTH						
Outcome WB 3: Children receive adequate services to meet their physical & mental health needs.	Standard: 90% Baseline: 57.1% Yr 1: 60% Yr 2: 70%		Susan Ogami-Van Camp	Statewide			Case Review	
Item 22: Physical health needs of child. Existing state policy requires: - All children assessed as HIGH or SEVERE risk shall be medically examined to determine the extent of harm & to determine the type of treatment necessary to ensure their safety & well-being. - A pre-placement physical by a licensed physician is required in 48 hours. Prior to placement; 24 hours in emergency situations. - Foster parent/relative caregiver is required to get a comprehensive health assessment (including mental health assessment)	Standard: 85% Baseline: 80% Yr 1: 81% Yr 2: 84%	22.1 Pilot in select sites use of CARE to help DHS meet its own policy/requirements: - Role in Initial Assessment Existing DHS policy requires all children assessed as HIGH or SEVERE risk to be medically examined to determine the extent of harm & to determine the type of treatment necessary to ensure safety & well-being. - Existing policy also requires a comprehensive health assessment (physical, dental, mental/behavioral and developmental assessment, in the context of the family situation and the environment in which the child lives) for all children in foster care within 45 days of initial placement. An experienced comprehensive health assessment team can help caseworkers identify health, behavioral health, dental &	Susan Ogami - Van Camp & John Walters	Select sites	Apr 04 – MOU & procedures completed May 04 – Begin implementation Dec 04 – 6 month progress report Jun 05 – 12 month evaluation report		Case Review 6 month & 12 month progress & evaluation report for pilot	

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<p>within 45 days of initial placement.</p> <ul style="list-style-type: none"> - Annual physical examination by physician required. - Referral to HKISS for children Zero –to-Three for care coordinator to assess, monitor, track child's developmental & health needs. - At minimum every 6 months, CWS caseworker shall review the child's health status to determine if the child is receiving appropriate services for any medical, dental or behavioral/mental conditions. <p>45 applicable cases; cases not considered applicable were in-home cases in which physical health concerns were not an issue – 5 cases</p> <p>Reviewers were to determine (1) whether children's physical health needs had been appropriately assessed, & (2) whether the services designed to meet those needs had been or were being provided.</p> <p>36 of 45 cases (80%) were rated as STRENGTH – 19 of which were foster care cases.</p> <p>8 of 45 rated as NEEDED IMPROVEMENT – 7 of which were foster care cases.</p>		<p>developmental needs, assist in identifying appropriate services to address identified needs, linking to services, provide support to families & foster families to enhance their capacity to care for the children, & help track health care outcomes for these children.</p> <p>22.1.1 Develop procedures for intake, initial assessment; also procedures for comprehensive health assessment & provision of information & support to parents/ foster parents.</p> <p>22.2 National Governor's Association (NGA) Policy Academy on "Cross System Innovation: Improving Outcomes for Low-Income Families & Children" – Plan for Service Integration</p> <p>22.2.1 CWS – Financial Assistance Programs – Medical Assistance Programs sitting on table together to find ways to support each other, to ease access to services, information & resources.</p> <p>22.2.2 CWS – Financial Assistance Programs – Medical Assistance Programs sitting on table together to trouble-shoot (e.g., finding out why it is difficult to get access to behavioral health services from a particular health plan provider; to remove barriers to enrolling foster children in a health plan quickly – currently waiting 2 – 3 months for foster children to get their own Medicaid case; allowing eligible CWS families to access underutilized substance abuse treatment services through TANF contract).</p>	Cynthia Goss		Jan 04 – Begin integration meetings		Policy Academy progress & evaluation reports	

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<p>89% in-home cases rated as STRENGTH 73% - foster care cases.</p> <p>Maui – 89% Oahu – 87.5% East Hawaii – 58%</p> <p>6 cases – child did not receive appropriate screening & preventive health or dental care while in foster care.</p> <p>2 cases – child did not receive a medical screening although the allegation of physical abuse was confirmed.</p> <p>1 case – Medical needs were identified but services were not provided to meet those needs while the child was in foster care.</p> <p>State-level stakeholders indicated that DHS provides all health care for children in foster care through Medicaid/Quest health plans. They noted that case management contractors will help foster parents or CWS caseworkers locate dental care. There was general agreement, however, that there is a scarcity of dental providers who will accept Medicaid, particularly on Maui. Some stakeholders noted that caseworkers may not be</p>								

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<p>18 of 39 NEEDED IMPROVEMENT; 10 of which were foster care cases.</p> <p>22 cases – mental health needs were significantly assessed 2 cases – partially assessed 14 cases – not assessed at all</p> <p>19 case – significantly assessed & service needs significantly met 2 cases – significantly assessed & service needs partially met</p> <p>5 cases – children with mental health needs did not receive ongoing mental health treatment</p> <p>13 cases – no mental health assessment was conducted although there was evidence that an assessment was appropriate & necessary.</p> <p>East Hawaii – 67% of cases rated as STRENGTH Oahu – 55% Maui – 40%</p> <p>State-level stakeholders: indicated that DOH-CAMHD signed a MOU with Med-QUEST that would allow CAMHD to determine eligibility of Seriously Emotionally and Behaviorally Disturbed (SBED) children for</p>		<p>level “trouble-shooters,” who can be contacted when DHS is having difficulty accessing/referring children in need of therapeutic group homes/foster homes, or other mental health services for eligible children.</p> <p>23.3 Monitor assessment of needs, referral for appropriate treatment/intervention, access and utilization through supervisory reviews, Local Level and State Level QA Committee reviews.</p>			<p>Mar 04 – DHS staff notified of who & how to utilize the DOH-CAMHD trouble-shooters if there are problems in accessing mental health services.</p> <p>Sep 04 – Begin reviews.</p>			

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<p>mental health services & this would allow CWS staff to directly refer to CAMHD rather than go through the Medicaid provider health plan first. However, stakeholders noted that services are largely focused on children who fall under the Felix Consent Decree – this means that children have to demonstrate educational needs because of mental health concerns to receive services. Stakeholders suggest that children who do not fall under the Consent Decree have an extremely difficult time accessing mental health services.</p> <p>Local-level stakeholders expressed particular concern over the difficulty in obtaining psychological evaluations for children, which they attribute to both the lack of providers & the limited funding for this service. Several stakeholders reported that the money that the State will pay for psychological evaluations is very low & the result is that many of the evaluations that are being done are very superficial.</p>								

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SYSTEMIC GOALS								
Systemic Factor 1: Statewide Information System.		IN SUBSTANTIAL CONFORMITY						
Item 24: State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, & goals for the placement of every child who is (or within the immediate preceding 12 months, has been) in foster care.		STRENGTH						
Systemic Factor 2: Case Review System			Lee Dean	Statewide				
<p>Item 25: Provides a process that ensures that each child has a written case plan to be developed jointly with the child's parent(s) that includes the required provisions.</p> <p>Stakeholders were in general agreement that children have case plans. However, they raised concerns about the quality of the plans. Described most plans as "cookie-cutter" or "boilerplate." Some noted that the case plan is difficult for parents with limited education to understand.</p> <p>Maui – stakeholders noted that DHS is beginning to engage the family in case</p>	Process in place for family engagement in case planning	25.1 Monitor through supervisory reviews, & local-level & state level case reviews; reporting out findings; corrective action reporting.	Lee Dean	Statewide			Case Review	

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<p>planning during investigations & that in voluntary service cases, Maui parents are involved in developing case plans.</p> <p>East Hawaii – Stakeholders observed that DHS is not effective in developing case plans with families; high caseloads & caseworker inexperience are barriers to engaging families.</p> <p>Oahu – Stakeholders said that the caseworker develops the plan & gives it to the parents to sign, or at best, the caseworker sits down & reviews the plan with the parents, explaining to them what is in the plan, rather than engaging them to provide input into the plan.</p> <p>Stakeholder comments were consistent with case review findings for item 18. Maui – in 75% of the cases reviewed parents & children were involved in case planning East Hawaii – 58% Oahu – 54%</p> <p>All stakeholders agreed that Ohana Conferencing is an effective & culturally appropriate method for engaging families in case planning. However, stakeholders noted that it is not used consistently across</p>								

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DHS units, although it may be court-ordered. Per stakeholders, it appears to be used more in Leeward Oahu & Maui, than Urban Oahu & East Hawaii.								
Item 26: Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.		STRENGTH						
Item 27: Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care & no less frequently than every 12 months thereafter.		STRENGTH						
Item 28: Provides a process for termination of parental rights proceedings in accordance with the provisions of ASFA.		STRENGTH						
Item 29: Provides a process for foster parents, preadoptive parents, & relative caregivers of children in foster care to be notified of, & have an opportunity to be heard in any review or hearing held with respect to the child. Oahu & East Hawaii stakeholders indicated that the notification process is	Cases will be reviewed for this item on a regular basis	29.1 Monitor through supervisory reviews , & local level & state level case reviews; findings reporting; corrective action reporting.	Lee Dean	Statewide			Case Review	

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<p>inconsistent.</p> <p>Maui stakeholders said that foster parents are routinely notified.</p> <p>Some stakeholders noted that caregivers are routinely given the opportunity to be heard during hearings; others said that foster parent participation in hearings varied across courtrooms.</p> <p>Stakeholders shared their opinion that participation varied depending on a foster parent's knowledge and understanding of their rights in the courtroom. For example, stakeholders noted that few foster parents are aware of their right to submit letters to the court.</p>								
Systemic Factor 3: Quality Assurance System			Kathy Swink & Irene Park	Statewide				
<p>Item 30: The State has developed & implemented standards to ensure that children in foster care are provided quality services that protect the safety & health of the children.</p> <p>Although DHS has developed standards to ensure that children in foster care are provided quality services that protect the safety & health of children, the standards do not appear to be fully implemented by all DHS units</p>	<p>Standards consistent with the CFSR standards are uniformly understood in all CWS units.</p> <p>Standards are consistently applied in all CWS units.</p>	<p>30.1 Incorporate standards into worker & supervisor training curriculum.</p> <p>30.2 Develop & implement use of standardized supervisory monitoring tool focused on the CFSR standards & uniform reporting process on unit performance.</p> <p>30.3 Link supervisory monitoring tool use to Performance Appraisal System (PAS) for communication of performance</p>	Kathy Swink	Statewide	<p>May 04 - CFSR standards incorporated into worker & supervisor training curriculum</p> <p>Jun 04 – Supervisors & workers oriented on new CFSR tool & supervisory review process</p> <p>Jul 04 – Supervisor use of CFSR monitoring tool implemented</p>		Unit performance reports – supervisory review	

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<p>& staff.</p> <p>Stakeholders noted that there are clear standards in place to ensure that children in foster care are provided quality services. Despite the rules & standards & the various means for monitoring safety & wellbeing, information from the case reviews & from stakeholders suggest that these rules, standards & methods for monitoring are not uniformly & consistently implemented.</p> <p>Stakeholders noted that supervisory reviews are not consistently done in every section.</p> <p>While high caseloads is a contributing factor to the State's failure to fully implement rules & standards, this failure is also the result of the lack of consistency by supervisors & administrators to monitor cases & casework activities.</p>		<p>expectations, performance goals, performance monitoring & coaching, tie-in to individualized training plan for performance improvement, for ongoing performance management & to ensure successful achievement of performance goals... for individual, unit & section appraisal.</p> <p>30.4 Orient workers, supervisors & administrators on tool, review & reporting process, & linkage to PAS.</p> <p>30.5 Consult with worker union.</p> <p>30.6 PAS implementation.</p>			<p>Oct 04 – Tool, process & linkage to PAS sent to worker union for review.</p> <p>Nov 04 – Supervisors & workers oriented on CFSP & PAS</p> <p>Dec 04 –Instructions for PAS implementation issued</p>			
<p>Item 31: The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the</p>	<p>There is an identifiable quality assurance system in place.</p>	<p>31.1 Develop QA procedures, tools & processes for Section level & State level QA.</p> <p>31.2.1 Identify QA structure (levels, membership, purpose/function, roles & responsibilities)</p> <p>31.2.2 Define case review process, analysis of quality review data, report of findings, corrective action process.</p> <p>31.2.3 Relationship to PIP, CFSP, & APSR.</p>	<p>Irene Park</p>	<p>Statewide</p>	<p>Jul 04 – Procedures, Processes, Description of Structure, Schedules, Tasks completed</p> <p>Aug 04 – Operating structure established</p>		<p>Focus group feedback</p>	

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<p>service delivery system, provides relevant reports, and evaluates program improvement measures implemented.</p> <p>Despite having multiple types of reviews in place, DHS lacks a formal process for monitoring & assuring quality services, & a process for corrective action & continuous improvement.</p> <p>Among the shortcomings in its QA system:</p> <ul style="list-style-type: none"> - DHS has not fully promulgated rules & procedures to be in compliance with ASFA - Data reports (“ management reports”) need to be improved to better serve & meet the needs of administrators & supervisors, so they can assess systemic strengths & weaknesses. - Supervisors & administrators need ongoing & coordinated training & skill development specific to the performance of their job & respective QA responsibilities. - DHS lacks a formal process for involving parents in the QA process, although youth are involved through the foster youth advisory board. - A plan for how the reviews will be conducted must be formulated, since case-based reviews have not been 		<p>31.2 Unit level QA – “frontline QA”</p> <p>31.3 Section level (local level) QA - establish structure</p> <p>31.3.1 Role of Section level QA Coordinator 31.3.2 Role of Section level QA Committee 31.3.3 Representation of Supervisors, Citizen Review Panel (CRP) & Advisory Committee in QA Committee</p> <p>31.4 State level QA – establish structure</p> <p>31.4.1 Role of State QA Committee 31.4.2 Role of MICU</p>			<p>Sep 04 – Orientation</p> <p>Oct 04 – Begin Implementation</p>			

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<p>conducted since 1999.</p> <p>Stakeholders expressed the opinion that there is no formal, uniform & consistent statewide QA system, although there are multiple QA mechanisms.</p> <p>How & whether case reviews are conducted is discretionary. Maui stakeholders report that case reviews are conducted by the section. East Hawaii & Oahu stakeholders note that case reviews are not conducted by supervisors or section administrators, but that supervisors meet with their caseworkers to address case issues.</p> <p>Stakeholders noted that supervisory reviews need strengthening in order to integrate QA with the implementation of standards & unit performance</p>								
Systemic Factor 4: Training			Debby Lee	Statewide				
<p>Item 32: The State is operating a staff development & training program that supports the goals & objectives in the CFSP, addresses services provided under titles IV-B & IV-E, & provides initial training for all staff who deliver these services.</p> <p>Although DHS has a formal</p>	<p>Initial pre-service training will support achievement of PIP improvements & promote practice consistent with the CFSR standards.</p> <p>New caseworkers</p>	<p>32.1 Shorten time between hiring, training & assignment of cases to carry by converting 2 classroom modules to on-line instruction (Overview of the Social Services Division & Overview of Protective Services Statutes).</p> <p>32.2 Review & revise initial training for caseworkers to support PIP & to assure adherence to the standards of practice in performance of the</p>	<p>Debby Lee Staff Development Administrator & Dr. Pablo Stewart, consultant</p>	<p>Statewide</p>	<p>Aug 04 – Curriculum completed & on-line</p> <p>Aug 04 – Curriculum updated.</p> <p>Aug 04 – Transfer of learning plan completed.</p> <p>Aug 04 – Evaluation design completed</p>	<p>NRC for Organizational Improvement</p>	<p>Progress & evaluation reports</p>	<p>Per American Public Human Services Association (APHSA). 6 of 8 strategies rated as most effective by states for addressing worker turnover are those strategies that are within the volition &</p>

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<p>initial (pre-service) training program for new CWS employees, many stakeholders expressed concern about the practicality of the training. Said training covers a wide range of issues but does not sufficiently prepare caseworkers to do their job.</p> <p>Need to strengthen skill-building - how to engage families, conduct assessments & evaluations, & information on the paperwork & forms they will need to complete in their day-to-day practice.</p> <p>Stakeholders voiced their concern that mentoring & shadowing do not appear to occur in all sites.</p> <p>Stakeholders also noted that training is often delayed for new caseworkers, thus some have a caseload before they receive training.</p> <p>East Hawaii stakeholders reported that traveling to Oahu to receive pre-service training is a barrier. They suggested developing interactive video training.</p>	<p>will be trained for performance of their duties prior to carrying cases.</p>	<p>duties of the job. Include a structured enhanced training component that addresses special issues – e.g., substance abuse.</p> <p>32.3 Develop a transfer of learning plan prior to & after formal training – OJT, mentoring</p> <p>32.4 Develop evaluation design component.</p>						<p>authority of managers to change & that often require little or no new resources: increased in-service training, increased/improved supervisory training, increased educational opportunities, improved staff orientation, flex time, & increased worker safety.</p>
<p>Item 33: The State provides for ongoing training for all staff that addresses the skills & knowledge base needed to carry out their duties with</p>	<p>CWS Training Academy – IVE Collaborative: Supervisor Training</p>	<p>Supervisor Training</p> <p>Develop training curriculum with PIP workgroup input – focused on managing for performance, management tools, supervisory reviews</p>	<p>Debby Lee</p>	<p>Statewide</p>	<p>Aug 04 – curriculum developed</p> <p>Nov 04 – IVE training plan submitted to</p>	<p>NRC for Organizational Improvement</p>	<p>Progress & evaluation reports</p>	

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<p>regard to the services included in the CFSP.</p> <p>Stakeholders were in general agreement that there is no formal, structured ongoing training program for CWS frontline staff or supervisors to strengthen their knowledge & skills. There is no requirement for staff to participate in ongoing training; no minimum hours established for ongoing training requirements, & no curriculum.</p> <p>However, DHS does offer general supervision instruction to any new supervisor that is not specific to preparing CWS supervisors for the requirements & responsibilities of their position (training specific to the position). DHS does offer refresher training & opportunities to participate in a range of outside training, & more importantly, does provide special training events to support implementation of new CWS initiatives.</p> <p>DHS has also joined with the UH-SSW and ACF in a IVE partnership, where the federal government provides a 75% federal match to enhance quality CWS services by providing</p>		<p>Develop IVE training plan for submittal to ACF Region IX</p> <p>Ongoing Caseworker Training:</p> <p>Develop structured curriculum</p> <p>Develop IVE partnership plan</p>			<p>Region IX</p> <p>Apr 05 – Begin training schedule</p>			

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incentives to complete specialized CWS graduate work with a commitment to DHS employment.								
<p>Item 34: The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster & adopted children.</p> <p>Training (1) does not fully prepare general licensed foster homes (GLFH) to address the intense & myriad array of problems that foster children bring with them, (2) does not provide timely training to child specific foster homes (CSFH) after the children have been placed,& (3) does not provide or require routine, formalized ongoing/refresher training.</p> <p>GLFH homes are required to participate in training prior to licensure using the CWLA PRIDE curriculum. In 2002, DHS modified the PRIDE training – training shortened from 27 to 18 hours.</p> <p>Stakeholders were in general agreement that agency</p>	Structured ongoing training curriculum for foster & adoptive parents	<p>Develop with participation of PIP workgroup the structured curriculum</p> <p>Develop IVE partnership plan</p>	Lynne Kazama & Debby Lee	Statewide	Mar 04 – Potential partnership group convened	NRC for Organizational Improvement	Progress & evaluation reports	

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<p>efforts have improved since implementation of the PRIDE curriculum. Also noted that use of the curriculum has improved foster parent retention. However, they expressed concerns about the streamlined version of PRIDE now in use:</p> <ul style="list-style-type: none"> - 18 hours does not provide sufficient time to cover multiple issues that need to be addressed. - Critical sessions have been taken out, such as the IEP process, agency overview, panel presentations that facilitated networking & support for foster parents. <p>Stakeholders expressed concern that DHS does not require foster parents to participate in any ongoing training once they have completed the shortened PRIDE training. They identified the following as areas where foster parents need more training:</p> <ul style="list-style-type: none"> - Drug addiction - Infant CPR & medical problems (including parenting of "ice" babies) - Children with behavioral problems, special needs, & particular disorders (e.g., reactive attachment disorder) - Reunification - Independent living services. 								

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<p>Stakeholders reported that training for CSFH is not sufficient - describing the amount of training as "zip to nil" with few resources to meet this pressing need.</p> <p>Stakeholders on Oahu noted that the requirement to have both parents attend training is a significant barrier for military families.</p>								
Systemic Factor 5: Service Array			Susan Ogami-Van Camp	Statewide			Utilization Review	
<p>Item 35: The state has in place an array of services that assess the strengths & needs of children & families & determine other service needs, address the needs of families in addition to individual children, in order to create a safe home environment, enable children to remain safely with their parents when reasonable, & help children in foster & adoptive placements achieve permanency.</p> <p>Stakeholders identified the following gaps in critical services, some of which may be available but not always accessible due to funding, waitlists, or severe requirements:</p> <ul style="list-style-type: none"> - Mental health services for children, especially non-Felix consent decree 		<p>35.1 Focus on early family engagement, family strengthening & intensive support to either prevent removal from home or expedite reunification</p> <p>35.1.1 Expand & enhance community-based diversion services</p> <p>35.1.2 Increase in-home support services/outreach/ transportation services for parents in the Comprehensive Counseling & Support Services (CCSS) contract</p> <p>35.1.3 Increase transportation & supervised visitation services in the CCSS to facilitate reunification.</p> <p>35.1.4 Provide incentives to increase recruitment & training of foster & adoptive homes for difficult-to-place children (e.g., drug-exposed infants, teens)</p>	Susan Ogami-VanCamp	Statewide	<p>Jul 04 – Service contracts amended; new performance-based contracts</p> <p>Jan 04 – Plan to utilize BESSD substance abuse assessment & treatment services implemented.</p>		Utilization Review	

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<p>cases.</p> <ul style="list-style-type: none"> - Group foster homes for medically fragile children/youth - Sexual abuse treatment for children - Treatment services for child sexual offenders - Substance abuse services for children/youth - Social & recreational resources for children - More Independent Living services for youth - In-home supportive services & parenting/mentoring - Child care services for families - Stabilization services for relative guardians - Transportation - Domestic violence services, including treatment & anger management - Residential substance abuse treatment for (1) youth and (2) for parents & children to live together while in treatment - After-care services to prevent substance abuse relapse - Post-adoption services - Housing assistance for families - Supervised visitation services <p>Stakeholders noted that budget cuts have adversely impacted the quality &</p>		<p>35.2 NGA Policy Academy Initiative – Service Integration:</p> <p>35.2.1 Fund community-based legal support & response to divert appropriate families from CWS; preserve connections through partnership with the Office of Community Services (OCS) & the Benefits Employment and Support Services Division (BESSD).</p> <p>35.2.2 Agreement that enables TANF-eligible CWS families to access BESSD-contracted substance abuse assessment & treatment services.</p>						

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<p>quantity of services available.</p> <p>They observed that this is compounded by the lack of coordination between DHS, DOE & DOH regarding issues as to which agency should provide what services.</p>								
<p>Item 36: The services in item 35 are accessible to families & children in all political jurisdictions covered in the State's CFSP.</p> <p>Therapeutic foster homes, juvenile sex offender treatment and mental health services for children are not accessible in all localities.</p> <p>Independent Living services are seen as not being available or accessible statewide.</p> <p>Stakeholders reported that the lack of transportation is a major barrier to accessing services, particularly on the Neighbor Islands.</p> <p>Stakeholders expressed frustration with the gate-keeping & turf issues among State agencies that limit service accessibility. Several stakeholders noted that DHS cannot access DOH resources for sex abuse</p>	<p>Case review will demonstrate that appropriate services to address assessed needs will generally be available .</p>	<p>Action steps under item 5 & elsewhere in the plan address this goal.</p>						

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<p>treatment & substance abuse treatment.</p> <p>Stakeholders reported that the Felix Consent Decree & state law that mandates provision of therapeutic services by DOH has made it difficult for children in the child welfare system to access mental health services.</p>								
<p>Item 37: The services in item 35 can be individualized to meet the unique needs of children & families served by the agency.</p> <p>Stakeholders were in general agreement that the capacity exists for services to be individualized to meet the unique needs of children and families.</p> <p>Stakeholders noted the use of "wraparound funds" & Ohana Conferencing as particular examples of existing capacity to address specific family needs and tailor services. However, stakeholders reported that Ohana Conferencing is not used uniformly throughout the State. There is inconsistency, they report, because supervisors differ in their belief in its value.</p>	<p>Cases will be reviewed for this item on a regular basis to establish progress monitoring system to ensure (1) that plans are individualized, appropriate to address assessed needs, (2) that families & children, if appropriate, are involved in developing the plan & monitoring progress</p>	<p>Action steps to engage families & children in case planning, expand service availability , use of Ohana Conferencing in engaging families will contribute to achievement of this goal.</p>						

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<p>Stakeholders also noted that the capacity to individualize is not always realized. Some stakeholders described family services plans as “boilerplate,” “cookie-cutter.” Others cited incidences where the court had to intervene and develop a more individualized service plan that would meet specific family needs, and facilitate interagency coordination.</p> <p>Stakeholders noted the following barriers to developing individualized service plans:</p> <ul style="list-style-type: none"> - Services are provided by a limited pool of providers. Thus, there is limited opportunity to diversify. - Most POS contracts are for 6 years - Lack of interagency collaboration among DHS, DOH & DOE prevents effective coordination & provision of services. <p>STRENGTH: Saw extra effort made by some caseworkers to attend to the cultural & language needs of diverse ethnic populations. Of note, was the effort made by a caseworker to help a Samoan family successfully complete their service plan & meet plan goals by connecting the family with service providers who spoke Samoan, including a doctor</p>								

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who was able to work with the family on their health needs.								
Systemic Factor 6: Agency Responsiveness to the Community		IN SUBSTANTIAL CONFORMITY						
Item 38: In implementing provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, & other public & private child- & family-serving agencies & includes the major concerns of these representatives in the goals & objectives of the CFSP.		STRENGTH						
Item 39: The agency develops, in consultation with these representatives, annual reports of progress & services delivered pursuant to the CFSP.		STRENGTH						
Item 40: The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population. Stakeholders expressed the opinion that lack of communication & collaboration among State agencies is the most significant barrier to the coordination of federally-assisted programs for								

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<p>children.</p> <p>- Perception that DHS, DOH & DOE are not able to work together.</p>								
Systemic Factor 7: Foster & Adoptive Parent Licensing, Recruitment & Retention			Lynne Kazama	Statewide			Data Review Progress & evaluation reports	
Item 41: The State has implemented standards for foster family homes & child care institutions which are reasonably in accord with recommended national standards.		STRENGTH						
<p>Item 42: The standards are applied to all licensed or approved foster family homes or child car institutions receiving title IV-E or IV-funds.</p> <p>Licensing standards are not applied equally to general-licensed (GLFH) & child-specific (CSFH) foster homes.</p> <p>- GLFH must complete training before children are placed; CSFH have 12 months to complete training after children are placed.</p> <p>- Standards are not applied equally to GLFH & CSFH (differences in treatment of income, sleeping arrangements)</p>	Licensing standards applied to all licensed homes, GLFH & CSFH.	Convene the PIP working group to examine the application of licensing standards, report findings & recommendations.	Lynne Kazama	Statewide	<p>Mar 04 – Convene PIP workgroup</p> <p>Aug 04 – Report on findings & recommendations completed.</p>			

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<p>- DHS is more lax in its application of the standard for CSFH (i.e., licensing over the phone)</p> <p>- Provisional licensing for relative placement (out of necessity) only to have the licensing unit later determine that the home was not eligible... disruption, instability.</p>								
<p>Item 43: the State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care & adoptive placements & has in place a case planning process that includes provisions for addressing the safety of foster care & adoptive placements for children.</p>		STRENGTH						
<p>Item 44: The State has in place a process for ensuring the diligent recruitment of potential foster & adoptive families that reflect the ethnic & racial diversity of children in the State for whom foster & adoptive homes are needed.</p> <p>Over 40% of the children in foster care are Hawaiian/part-Hawaiian.</p> <p>Stakeholders confirmed the lack of Native Hawaiian foster homes.</p>	<p>Increase the number of licensed foster & adoptive homes</p> <p>Increase the number of licensed Hawaiian/part-Hawaiian foster & adoptive homes.</p>	<p>44.1 Conduct quarterly & end of the fiscal year analysis of the ethnic profile of children in care & the profile of licensed homes</p> <p>44.2 Implement performance-based contracting for foster & adoptive homes recruitment & training; provide incentives for recruitment of homes ready to accept difficult to place children.</p> <p>44.3 Increase use of Ohana Conference to assist caseworkers in seeking out maternal & paternal relatives as potential foster placement resources; monitor utilization & performance in seeking out maternal & paternal relatives.</p> <p>44.4 Contractor to develop, submit for review &</p>	Lynne Kazama	Statewide	<p>Ongoing analysis of data</p> <p>Jul 04 – Implement performance –based contract with incentives for usable home ready to accept difficult to place children.</p> <p>Ongoing utilization review of Ohana Conference data</p>		Data Review	

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<p>Stakeholders noted that while the State has an effective recruitment strategy & sponsors many recruitment activities these efforts do not reach the local Hawaiian community. They expressed a need for DHS to conduct outreach & workshops with Hawaiian communities.</p> <p>Stakeholders expressed concern about Hawaiian children adopted by non-Hawaiian families on the Mainland who do not have a connection to their culture.</p> <p>Some stakeholders expressed concern that DHS does not respect cultural issues that accompany adoptions:</p> <ul style="list-style-type: none"> - Placing too many Native Hawaiian children with non-Hawaiian families. - Placing too many children off-island. <p>Other stakeholders suggested that the recruitment contractor is not reaching all communities. They expressed that the contractor seemed to be focusing on risk-adopt homes & the military. Risk-adopt homes generally are only interested in infants & toddlers, not adolescents or teens. Focusing on military families result in turnover of</p>		<p>implement an outreach, recruitment strategy to increase the number of available licensed Hawaiian foster & adoptive homes.</p>						

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foster homes.								
Item 45: The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.		STRENGTH						