



Title IV-E Prevention Plan

Family First Hawai‘i:
Keeping Families Together

Re-submitted in June 2021

Table of Contents

I. FAMILY FIRST HAWAI'I: KEEPING FAMILIES TOGETHER	1
STAKEHOLDER AND PARTNER PARTICIPATION (PRE-PRINT SECTION 4)	2
COORDINATION OF SERVICES (PRE-PRINT SECTION 4)	7
IMPACT OF THE PANDEMIC	10
II. ELIGIBILITY AND CANDIDACY (PRE-PRINT SECTION 9)	11
IDENTIFYING CANDIDATES	11
DEFINING HAWAI'I CANDIDATES FOR FOSTER CARE	13
EXPECTANT AND PARENTING YOUNG PEOPLE IN CARE	24
PARENTS AND KINSHIP CAREGIVERS OF CANDIDATES FOR FOSTER CARE	24
III. STRENGTHENING FAMILIES THROUGH FFH SERVICES (PRE-PRINT SECTION 3)	25
DOCUMENTING ELIGIBILITY	25
CHILD-SPECIFIC PREVENTION PLANS	26
CONNECTING FAMILIES WITH SERVICES	30
MONITORING CHILD SAFETY (PRE-PRINT SECTION 3)	30
IV. IV-E PREVENTION SERVICES (PRE-PRINT SECTION 1)	37
RATIONALE FOR SERVICE SELECTION	39
HAWAI'I IV-E REIMBURSABLE PROGRAMS AND SERVICES DESCRIPTION	44
SUBSTANCE ABUSE PROGRAMS AND SERVICES	46
MENTAL HEALTH PROGRAMS AND SERVICES	49
PARENTING PROGRAMS AND SERVICES	49
PROGRAM AND SERVICE PROCUREMENT AND IMPLEMENTATION	61
V. EVALUATION STRATEGY (PRE-PRINT SECTION 2)	64
FFH CQI PROCESSES: STRATEGY AND FRAMEWORK	64
ENSURING PROGRESS TOWARD FFH PROXIMAL AND DISTAL OUTCOMES	67
ENSURING FFH EBP MODEL FIDELITY	68
EVALUATION STRATEGY	74
VI. CHILD WELFARE WORKFORCE TRAINING AND SUPPORT (PRE-PRINT SECTION 5-7)	92
SUPPORTING CHILD WELFARE PROFESSIONALS (PRE-PRINT SECTION 5)	92
PREVENTION CASELOADS (PRE-PRINT SECTION 7)	93
CHILD WELFARE WORKFORCE TRAINING (PRE-PRINT SECTION 7)	93

APPENDIX A: HAWAI'I FAMILY FIRST COMMITTEE, EXPLORATION GROUP, AND WORKGROUP MEMBERSHIP	100
HAWAI'I FFPSA EXECUTIVE COMMITTEE	100
HAWAI'I OPERATIONAL COMMITTEE	100
PREVENTION PLAN DEVELOPMENT	101
IT/DATA WORKGROUP	101
EVALUATION & CQI WORKGROUP	101
FISCAL WORKGROUP	102
TRAINING, COMMUNICATION, CHANGE MANAGEMENT WORKGROUP	102
CASE PATHWAY WORKGROUP	103
SUBSTANCE ABUSE SERVICES EXPLORATION GROUP	103
PARENTING/SUPPORT SERVICES EXPLORATION GROUP	104
MENTAL HEALTH SERVICES EXPLORATION GROUP	104
EXPECTANT AND PARENTING YOUTH EXPLORATION GROUP	105
APPENDIX B: CWSB ASSESSMENT TOOLS	106
INTAKE ASSESSMENT TOOL	106
COMPREHENSIVE STRENGTHS AND RISK ASSESSMENT (CSRA)	106
CHILD SAFETY ASSESSMENT (CSA)	107
SAFETY OF PLACEMENT	107
'OHANA CONFERENCE	108
INTERVIEWS AND ENGAGEMENT WITH FAMILY MEMBERS	108
APPENDIX C: CWSB POLICIES, PROCEDURES AND ICF'S RELATED TO FFH IMPLEMENTATION	111
APPENDIX D: CWSB TRAINING OFFERINGS	112
NEW HIRE TRAININGS	112
STRENGTHS-BASED SUPERVISION AND COACHING IN CWS	114
ONGOING TRAINING FOR CWSB WORKERS	115
FFH TRAINING	116
APPENDIX E: HAWAI'I STATEWIDE NEEDS CHARTS SFY 2019	137
APPENDIX F: LOGIC MODEL	139

I. Family First Hawai‘i: Keeping Families Together

The State of Hawai‘i Department of Human Services (DHS) Social Services Division (SSD) Child Welfare Services Branch (CWSB) is excited about the new opportunities to transform its child welfare services system by supporting families with evidenced-based services and using a trauma-informed service delivery approach while leveraging Title IV-E prevention funds authorized by the Family First Prevention Services Act (FFPSA). The Hawai‘i Title IV-E Prevention Plan lays the foundation for achieving the Family First Hawai‘i (FFH) vision:

Hawai‘i families and children are thriving with access to a range of effective child welfare prevention services that strengthen families, support parents, and keep children safe at home.

The FFH vision builds on the CWSB mission:

To ensure, in partnership with families and communities, the safety, permanency, and well-being of those children and families where child abuse or neglect has occurred or who are at high risk for child abuse and neglect.

This plan provides CWSB with a roadmap to achieving the overarching goal of safely reducing the number of children entering foster care. By submitting this plan, CWSB is affirmatively electing to implement FFPSA. The Hawai‘i name, FFH, and the tagline, Keeping Families Together, reflect the CWSB commitment to preserving families and preventing children from entering foster care. The name and philosophy are consistent with the Department of Human Services ‘Ohana Nui approach to service delivery.¹ ‘Ohana Nui is a Hawai‘i adaptation of the research-based two-generation approach used nationally. It is particularly applicable for the multi-generational family structure found in Hawai‘i, where meeting the family’s needs as a whole is more effective than separately addressing each individuals’ needs.

FFH supports the CWSB Family Partnership and Engagement Practice Model (Practice Model) by helping CWSB expand existing efforts to enhance parent and family protective factors, reduce risk factors, support children in their families, prevent placement into foster care, and address inequities in the child welfare system.² The Practice Model defines how CWSB, families, and

¹ The ‘Ohana Nui approach was enacted into law on June 12, 2019, in Act 082, which requires the Department of Human Services to use an integrated and multi-generational approach to delivering human services to reduce the incidence of intergenerational poverty and dependence on public benefits.

² Protective factors are “supports in a community or characteristics of a parent that allow or help them to maintain social connections, develop resiliency, gain parenting skills and knowledge, seek or receive concrete supports in time of need, and foster the social and emotional competence of their children.” See, ACYF-CB-IM-21-03, 1/12/2021, page 2; Center for the Study of Social Policy, Strengthening Families, A Protective Factors Framework, <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>.

community partners collaboratively engage children and families in developing and delivering services and assistance to meet the unique needs of the children and families whom together we serve. The Practice Model values are child-centered, family focused, culturally competent, family engagement, trustworthy and accountable, continuous quality improvement, and collaboration.

FFH builds on the successes and lessons of the Hawai'i Title IV-E Waiver Demonstration Project (2015-2019), the CWSB Differential Response System (DRS), and complements the existing Hawai'i initiatives described below in the Coordination of Services Section.

Stakeholder and Partner Participation (Pre-print Section 4)

CWSB is using a collaborative approach for FFH planning and implementation. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all its initiatives and ongoing processes. Full collaboration is not only practiced and expected in all aspects of CWSB's policy and program development, it is the priority of CWSB's practice. This commitment to inclusive participation has been implemented at every step of the FFH planning process. In addition to involving the community, CWSB has taken advantage of opportunities to learn from colleagues across the country and benefit from national experts.

Planning structure

To guide the development and implementation of this plan, Hawai'i created a planning structure that includes an Executive Committee, Operational Committee, and several topic-specific exploration groups and workgroups. CWSB included stakeholders and partners through the exploration groups (this is described more fully in the FFH Planning Participants section below). Figure 1 below outlines the organizational structure for the Committees, exploration groups, and workgroups, with stars indicating decision-making authority. Appendix A lists the members of these committees and groups.

The following goals guide the work of the Committees, exploration groups, and workgroups:

- Identify the information required to develop a complete, approvable Title IV-E Prevention Plan and guide implementation of FFH;
- Ensure CWSB implements a vision for prevention that aligns with primary and secondary prevention efforts in the state and is informed by lessons learned from the Title IV-E Waiver Demonstration Project and ongoing practice change efforts;
- Engage in a collaborative planning process that includes community providers, youth, families, and other state agencies to develop a unified, cross-system vision for serving children and families through the Title IV-E Prevention Plan;

- Ensure that FFH services are culturally responsive and provided in a culturally responsive manner that affirms and supports the diverse identities of children and families, particularly Native Hawaiians and other marginalized racial and ethnic groups; and
- Support implementation of evidence-based programs and services.

Each committee and group in the structure has a specific function, and there is intentional overlap in membership to improve communication and ensure coordination. The Executive Committee makes final decisions related to the contents of the Title IV-E Prevention Plan. Those decisions are informed by recommendations from the Operational Committee, exploration groups, and workgroups. The Operational Committee and the Prevention Plan Development Team lead planning and implementation efforts and identify necessary exploration groups and workgroups. The exploration groups and workgroups provide recommendations about their specific areas to the Operational and Executive Committees and the Prevention Plan Team.

The exploration groups and workgroups are tasked with completing specific goals in identified areas. For example, the substance abuse exploration group conducted an assessment of existing substance use disorder treatment programs and provided recommendations on evidence-based substance abuse services to include in the Title IV-E Prevention Plan. The exploration groups, which had a limited scope and timeframe, have completed their initial tasks and may be re-convened as CWSB moves into FFH implementation. The original work groups continue to meet, and others will be formed.

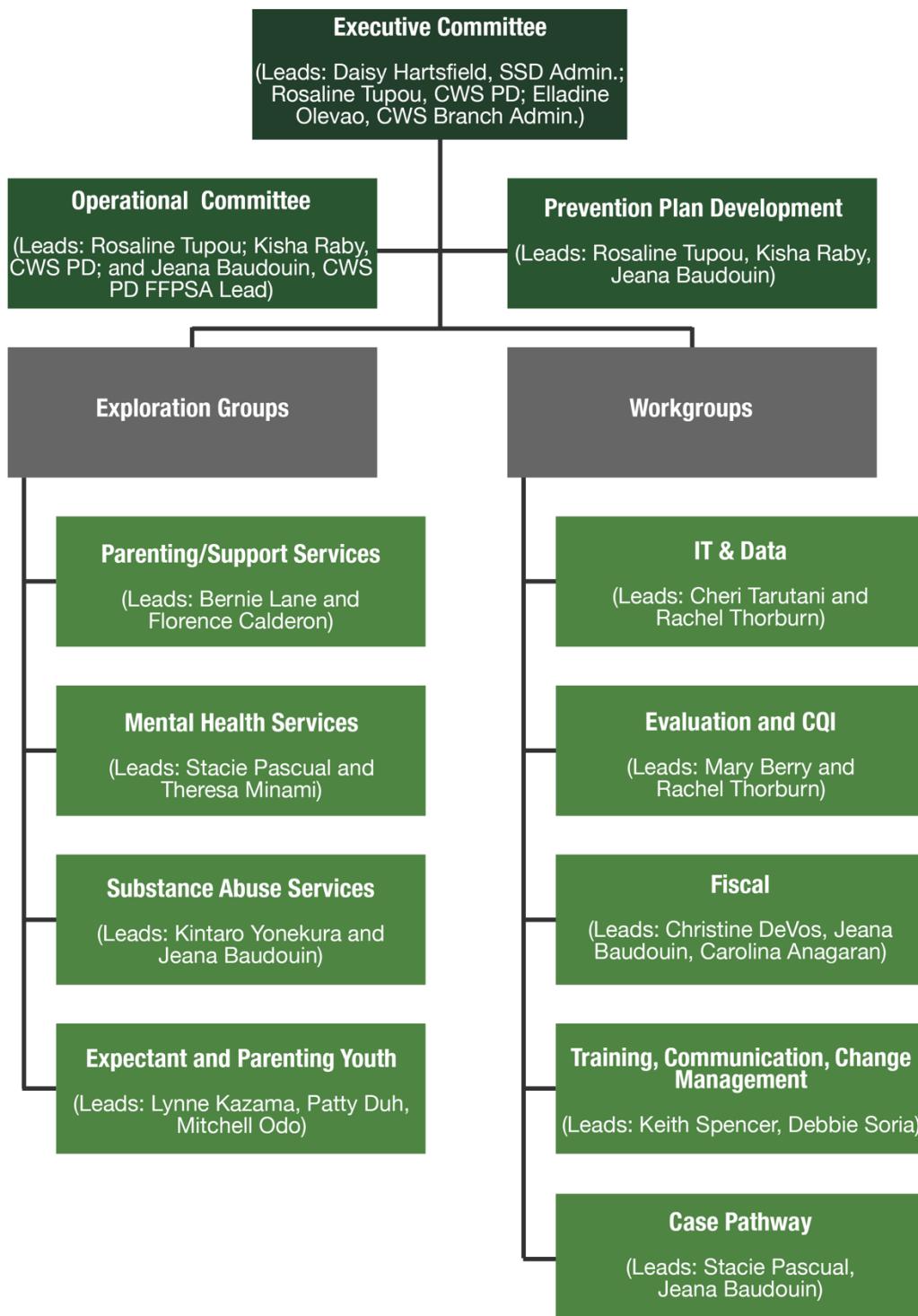


Figure 1. Organizational Structure for Planning and Implementation of FFH

FFH planning participants

The formal FFH planning structure includes over 150 participants from CWSB, DHS, the Department of Health (DOH), Family Court, the Court Improvement Project, individuals with lived experience in the child welfare and other state systems, the University of Hawai‘i system, Native Hawaiian-serving organizations, the military, parenting support services providers, substance use disorder treatment providers, mental health services providers, and other community partners. These participants are spread across the executive committee, operational committee, four exploration groups, and six work groups.

One example of how people outside CWSB helped shape the Title IV-E Prevention Plan is the leadership of the expectant and parenting young people (EPYP) exploration group. This group had three co-equal conveners: Patty, a woman who became a parent while in foster care and is employed as a youth partner to mentor and support youth and young adults in foster care; Mitch, the Director of Youth Service Activities at the Hawai‘i nonprofit that administers the Jim Casey Youth Opportunities Initiative and the Hawai‘i extended foster care program (Imua Kākou); and Lynne, a CWSB administrator for the Independent Living Program. The strength of this exploration group came from the skills of the co-conveners and the statewide network of current and former foster youth that Patty and Mitch could call upon to provide information and assist with data analysis and recommendations. The group hosted two focus groups and conducted a statewide survey of young parents who are or were in foster care. Inviting young people to advise CWSB on what to do and what not to do when trying to support young parents was empowering for the young people and provided valuable first-hand information to the exploration group.

CWSB places a high value in partnering with and learning from persons with lived experience. Therefore, CWSB will continue planning and implementation in collaboration with persons with lived experience throughout FFH in a manner that creates safe spaces to promote their voice and expertise as leaders of their community.

Additional community involvement

CWSB and Casey Family Programs hosted the first Hawai‘i gathering to discuss FFPSA at the state capitol on December 5, 2018. Over 100 people, including representatives of DHS, DOH, Department of Education, the Judiciary, service providers, the legal community, and legislators and legislative staff met for a half-day training about FFPSA and what it might mean for Hawai‘i. That spirit of collaboration continues as CWSB works toward implementing FFH in 2021.

Before the pandemic and the resulting restrictions on gatherings, CWSB hosted two large meetings for providers and partners in February 2020, with more planned through the spring. When the gatherings had to be canceled, CWSB moved the convenings online, reaching approximately 135 external partners across every island through six virtual FFH Talk Story sessions.

CWSB maintains a FFH email list of more than 400 people, including government employees, parents, youth, service providers, community partners, policy makers, military representatives, private foundations, and other interested individuals. CWSB sends periodic communications to this list about the FFH planning process, milestones achieved, and opportunities for involvement.

FFH consulting and other support

CWSB has been planning for FFPSA for several years. Starting in 2016, when the original bill was introduced, CWSB included plenaries and breakout sessions dedicated to FFPSA in its Annual Waiver Project meetings. In 2018 and 2019, a Hawai‘i planning team participated in national FFPSA convenings hosted by Casey Family Programs. The information and relationships from those convenings continue to support the CWSB planning process today.

In 2019 and 2020, CWSB requested and received technical assistance from Mainspring Consulting and the Center for the Study of Social Policy (CSSP). These services were provided at no cost to Hawai‘i because the Annie E. Casey Foundation funded these organizations to provide technical assistance to selected states. Starting in mid-2019, Mainspring Consulting worked with CWSB to develop and use a fiscal analysis tool. Mainspring continues to support CWSB’s use of this tool. CSSP started working with CWSB in March 2020. CSSP has helped CWSB with every aspect of the planning process, and will continue supporting the planning and implementation process in 2021.

The CWSB leads for several of the FFH planning groups participate in the bi-weekly Casey Family Programs FFPSA Learning Collaborative meetings. Through this network, CWSB has connected with the FFPSA leads in several other states for advice on planning and implementation. Three CWSB leads were featured during the August 27, 2020, Casey Family Programs (CFP) Learning Collaborative meeting after CFP invited CWSB to speak about including people with lived experience and diverse backgrounds in the planning process, CWSB’s intentional grounding of FFH in Native Hawaiian cultural values, and the importance of building authentic relationships in a state with rich cultural diversity.

A CWSB team is participating in the Administration for Children and Families’ Evidence-Building Academy for Child Welfare Administrators and Evaluators. A CWSB team is also participating in a FFPSA Learning Collaborative focused on Evaluation and CQI that is hosted by CFP and Chapin Hall at the University of Chicago.

Finally, three DHS and CWSB leaders in the FFPSA planning and implementation process are cohort members in the *Accelerating Impact* professional development series with One Shared Future. The One Shared Future series is sponsored by the Hawai‘i Alliance for Nonprofit Organizations and DHS. Several other participants in the nineteen-member cohort are community partners helping with FFH planning and implementation.

In addition to providing valuable expertise, these professional development cohorts strengthen relationships among agency leaders working on FFH and strengthen the relationships between those leaders and community partners. With support from all these sources, CWSB designed an inclusive FFH planning structure and is excited about the progress made toward providing FFH services to families in Hawai‘i.

Coordination of Services (Pre-print Section 4)

CWSB is committed to providing a continuum of prevention services to support families through federal and state funding, partnerships with other state agencies, and collaborations with community organizations. The state’s IV-B funds pay for contracted services in the areas of family preservation, family support, Differential Response, family reunification, permanency strengthening services, and resource family support. If CWSB can use IV-E Prevention funds for some services currently paid for through IV-B (such as some permanency strengthening services and some DR services), those IV-B funds will be used to expand prevention services in other areas.

CWSB is engaged in conversations with DOH leaders about how to provide seamless services for families in home visiting programs and in substance use disorder treatment programs. DOH is the state agency that oversees the Maternal Infant and Early Childhood Home Visiting (MIECHV) program (through the Family Health Services Division, Maternal and Child Health Branch) and the provision of substance abuse disorder treatment services (through the Alcohol and Drug Abuse Division). CWSB and DOH are exploring how to share home visiting program costs and resources, particularly training, and how to seamlessly transition families between MIECHV and FFH home visiting programs when needed. Continuity of services for families is a top priority for both CWSB and DOH. Representatives of the DOH Divisions providing substance use disorder and parenting services participate on FFH work groups and are helping CWSB design how FFH services will be delivered.

In addition to coordinating with the current continuum of prevention services, CWSB is designing FFH to build on successful programs, recent system improvements, and existing change initiatives. Some of these current and recent efforts are described below.

Title IV-E Waiver Demonstration Project

FFH is informed by and builds on interventions implemented through the Title IV-E Waiver Demonstration Project (Waiver). With the flexible funding allowed by the Waiver, CWSB implemented two innovative interventions in 2015 aimed at reducing the number of children who enter and exit foster care within thirty days. In the years prior to the Waiver, over half the

children removed by CWSB were returned home within thirty days, and most of those returned home within ten days.³

After studying the data on these children, CWSB believed these removals could be prevented with appropriate interventions and supports for the families. Therefore, through the Waiver, CWSB developed Crisis Response Teams (CRTs) and implemented the HOMEBUILDERS® program as a CRT supportive service to keep these children out of foster care. The Waiver evaluation shows that CRTs and HOMEBUILDERS® succeed at keeping children safely at home and out of foster care, so HOMEBUILDERS® is included as an FFH program. The details of CRTs and HOMEBUILDERS® are described later in this plan.

Implementing FFH shortly after the Waiver Demonstration ended provides three key benefits. First, FFH provides funding to continue and expand HOMEBUILDERS®, a well-supported evidence-based program that has successfully supported Hawai'i families and kept children out of foster care. Second, in planning and implementing FFH, CWSB utilizes the expertise and collaborations developed through the Waiver. For example, during the Waiver, CWSB built a strong implementation and evaluation team consisting of CWSB staff and external partners such as the University of Hawai'i at Mānoa evaluation team, the State of Hawai'i Automated Keiki Assistance (SHAKA) data team at University of Hawai'i Maui College, and others. This group of partners continues to work together to make FFH implementation a success.

Third, the Waiver experience provides many lessons to inform the FFH planning and implementation. CWSB understands the resources required to implement new programs and practice approaches, the challenges to successful implementation and scaling, and how many new initiatives the agency can successfully implement at one time. One important lesson from the Waiver that is reflected in the Title IV-E Prevention Plan is the need to start small, lay a solid foundation, and scale up slowly over time.

Differential Response System (DRS)

FFH utilizes the existing Differential Response System (DRS) to support candidates. DRS is a process that intake workers use to assess each hotline report to determine the most appropriate, most effective, and least intrusive response that can be provided by CWSB or community providers. CWSB utilizes the DRS to support families assessed as having low to moderate risk without safety concerns that would necessitate further CWSB involvement. The intake unit refers families with moderate risk to Voluntary Case Management (VCM) and families with low risk to Family Strengthening Services (FSS).

These two voluntary DRS services—VCM and FSS—are provided by contracted community agencies that work with families to identify strengths, needs, and goals, and offer services and

³ Berry, M., Chandler, S.M., Senaha, D.M., Littlejohn, K., Lucas, A., Rhodes, E., Wulczyn, F., & Micua, L. (2020). *Final evaluation report: State of Hawai'i Title IV-E Waiver Demonstration* (p 1). Honolulu, Hawai'i: University of Hawai'i Center on the Family.

supports to help families achieve their goals. The services are designed to mitigate risks, prevent maltreatment, and provide referrals to various community and government agencies.

From 2014–2018, 45–65 percent of intake reports were referred to the DRS. The data indicate that DRS is an appropriate and successful intervention for most of these families. However, a small number of DRS families need a higher level of support than is currently provided to keep their children safely at home. Under FFH, the children in these families will be identified as candidates and VCM will be able to serve them as Family First Hawai‘i VCM (FFH-VCM) cases with oversight from CWSB.

Hawai‘i Child and Family Services Review Round Three Program Improvement Plan (PIP3)

FFH aligns with the PIP3 goals and supports two of the four cross-cutting themes:

- High quality risk and safety assessments are consistently conducted and integrated into case planning.
- Children, youth, families, and resource caregivers are engaged and have an equal voice in case planning, from initial contact to case closure.

The strategies and activities CWSB are using to achieve the PIP3 goals will also help CWSB successfully implement FFH. For example, the PIP3 focus on appropriate investigations of maltreatment reports sets the stage for workers to properly identify candidates. Caseworkers receiving training on the revised risk and safety curriculum and on integrating assessment information into case planning will have the skills they need to identify candidates and develop an appropriate child-specific prevention plan.

In addition to caseworker training, the PIP3 focuses on supervisor skills such as leadership and coaching newer workers. Consequently, supervisors will have the competencies they need to support staff in implementing FFH.

Finally, the PIP3 focus on family engagement and partnership is a critical building block for FFH success because FFH services are voluntary. CWSB anticipates that the PIP3 skill-building and coaching around authentic engagement of families will lead to more families accepting and completing FFH services.

Child and Family Services Plan, 2020-2024 (CFSP)

The CFSP is a strategic five-year plan that describes the vision for the Hawai‘i child welfare system and the goals that must be accomplished to actualize that vision. A primary goal of the CFSP is to facilitate the integration of programs that serve children and families into a continuum of services from prevention and protection through permanency.

CWSB is implementing FFH within the context of the CFSP. The FFH implementation is designed to help CWSB meet and expand the goals and plans in the CFSP. For example, the CFSP Overarching Goals are Collaboration, Prevention, and Workforce. These are all necessary for successful FFH implementation. Additionally, a stated objective under the CFSP goal of prevention is collaboration to enhance prevention efforts and successfully implement FFH.

Impact of the Pandemic

The long-term impact of the Covid-19 Pandemic in Hawai‘i is still unknown and will continue to be devastating. Tourism and hospitality are major drivers of the Hawai‘i economy, and at the time this plan is being submitted, the tourism industry is slowly restarting after eight months of severe restrictions. As a result of lost revenue, state agencies will be required to make drastic budget cuts. For now, child abuse prevention services are still being provided on a full continuum from primary to tertiary intervention, but hiring freezes and reductions in government contracts and private funding are being considered.

At the same time, more families need critical safety net support services. In July 2020, the number of SNAP recipients was 14 percent higher than in July 2019, and the number of Medicaid applications in July 2020 was 34 percent higher than in July 2019.⁴ In April 2020, three areas on Maui had the highest unemployment rate in the United States.⁵ While the unemployment rates in Hawai‘i have decreased considerably since the spring, state projections indicate that the Hawai‘i economy is not likely to fully recover to pre-pandemic conditions for at least five years.⁶

State revenue projections illustrate the magnitude of this financial crisis. In state fiscal year (SFY) 2019, Hawai‘i received \$7.14 billion in general fund tax revenues.⁷ In September 2020, the state Council on Revenues estimated that general fund tax revenues for SFY 2020 would amount to just \$6.69 billion, a \$447 million decline from the previous year. The Council forecast a further decline of \$736 million for SFY 2021 when they estimated that receipts would be just \$5.96 billion.⁸ After losing a combined \$1.2 billion over two years, the Council projects a large

⁴ Hawai‘i DHS. (2020, August 29). *DHS releases SNAP and Med-Quest assistance data – Keeps pace with continual rise in applications* [Press Release]. Retrieved from <https://humanservices.hawaii.gov/blog/dhs-releases-snap-and-med-quest-assistance-data-keeps-pace-with-continual-rise-in-applications/>.

⁵ In April 2020, the unemployment rate in Kahului, Wailuku, and Lahaina was 35%, the highest for any metropolitan area in the county (US Bureau of Labor Statistics, Metropolitan Area Employment and Unemployment Summary for April 2020).

⁶ In August 2020, the statewide seasonally adjusted unemployment rate was 12.5%, down from 13.5% in July. The Maui County unemployment rate (not seasonally adjusted) remained the highest in the state at 20.7% for the county and 21.4% for Maui Island (Hawai‘i Department of Labor and Industrial Relations) (<https://labor.hawaii.gov/wp-content/uploads/2020/09/20200917Aug-UI-Rate-PR.pdf>).

⁷ Hawai‘i Council in Revenues. (2020, September 9). *General Fund Revenue Forecast, FY 2021 to FY 2027*. Retrieved from https://files.hawaii.gov/tax/useful/cor/2020gf09-09_attach_1.pdf.

⁸ Id.

increase in revenue for SFY 2022 (to \$6.46 billion) but does not expect general fund revenues to return to SFY 2019 levels until SFY 2025. The table below shows this financial forecast.

Table 1. *Hawai‘i Revenue Projections SFY 2020–SFY 2025*

	2019	2020	2021	2022	2023	2024	2025
Actual/ Projected (in billions)	\$7.14	\$6.69	\$5.96	\$6.46	\$6.85	\$7.13	\$7.34
Change from previous year (in millions)		(\$440)	(\$730)	+\$500	+\$390	+280	+210

The economic forecast for Hawai‘i will slow the state’s investment in expanding FFH. In early 2019, when CWSB began planning for FFH, CWSB and community partners envisioned a robust array of IV-E prevention services that would expand the number and type of existing supports and increase the number of families eligible for them. The geographic availability of programs would also increase. Unfortunately, because of the extraordinary decrease in state revenues, fewer funds are likely to be available for a state IV-E match. Therefore, CWSB has scaled back its initial plans and is submitting a plan with a modest scope. CWSB hopes that as the economy recovers, an amended Title IV-E Prevention Plan will be approved to expand the reach of IV-E prevention services.

II. Eligibility and Candidacy (Pre-Print Section 9)

FFPSA allows states to use federal IV-E funds for evidence-based prevention services to keep families together safely and children out of foster care. Children are eligible for FFPSA prevention services if they are at imminent risk of entering foster care and the provision of evidence-based mental health, substance use disorder, or parenting services will allow the child to remain safely at home or in a kinship placement. All candidates and their families will be served through a trauma-informed service delivery approach.

CWSB will provide FFH services to eligible individuals in these categories:

- Children who are determined to be “candidates for foster care.”
- A youth in foster care who is expecting a child or is a parent.
- Parents or kin caregivers of a candidate for foster care.

Identifying Candidates

CWSB has created six categories of candidates who will be identified by caseworkers using tools and strategies to assess safety and risk in families (these tools and strategies are described in

Appendix B, “CWSB Assessment Tools”). The six candidate categories are listed here and described below:

1. Children Receiving In-home Crisis Response Team Services (CRT)
2. Children Participating in Family First Hawai‘i Voluntary Case Management Services (FFH-VCM)
3. Children Who Need Ongoing CWSB Monitoring in the Home
4. Siblings of Children in Foster Care
5. Adoptions or Guardianships at Risk of Disruption
6. Candidates Receiving Family First Hawai‘i Ongoing Services (FFH-OS)

Once a caseworker identifies a candidate, the caseworker will create a child-specific prevention plan (prevention plan) in SHAKA. When the prevention plan is activated, a FFH Service Action Code (SAC) will be generated in the Hawai‘i Child Protective Services System (CPSS), confirming that CWSB has authorized candidacy.

Defining Hawai‘i Candidates for Foster Care

A candidate for foster care is a child who CWSB determines is at imminent risk of entering foster care but who can safely remain at home or in a kinship placement if CWSB provides evidence-based services that mitigate the identified risks and are necessary to prevent the entry into foster care. For purposes of FFH, a “child” is a child or adolescent under the age of 18, or a young adult under the age of 21 who is participating in Imua Kākou (IK), the voluntary extended foster care program.

The proposed definition of candidate for foster care under FFPSA was informed by analyzing data from CPSS (the CWSB official system of record), SHAKA, the Waiver evaluation, and community-based providers serving families through CWSB DRS services. By using data to inform the state’s definition of “candidate for foster care,” Hawai‘i was able to identify those children who, but for prevention services, are at imminent risk of entering foster care. The data reviewed included an analysis of children in foster care as well as all children who received some type of CWSB response, with specific attention to the following groups of children:

- Children served through a Voluntary or Mandatory (court-ordered) Family Supervision case are those children who, based on a CWSB caseworker’s comprehensive assessment, require case management, services, and CWSB oversight to prevent children from entering foster care. In SFY2019, 281 families and in SFY2020, 283 families were served through either Voluntary or Mandatory (court-ordered) Family Supervision. CWSB is able to prevent these children from entering foster care placement by providing evidence-based services and case management support and oversight.
- Children entering foster care and returning home within thirty days are children who likely could remain safely in their homes and communities with the provision of services. In state fiscal years 2014–2018, approximately fifteen percent of children in foster care stayed in care for thirty days or less.⁹ While planning the Waiver, CWSB approached the data on “length of stay” a little differently, looking more closely at what was happening just with children who were removed into foster care (rather than all children in foster care). That analysis found that in SFY2012, fifty-four percent of children placed into foster care exited care within 30 days.¹⁰ Both of these data provide insights into numbers and circumstances of children who are likely to be candidates.
- Children served through VCM are referred from intake to a DRS pathway for a VCM assessment. Based on the VCM assessment, some children and families will receive VCM services. Data from individual VCM providers and Voluntary Case Management Liaisons indicate that approximately sixteen percent of these children come back to the

⁹ Hawai‘i DHS. (2020). *Hawai‘i Data Booklet, 2015-2019, APSR & CFSR Final Report, FFY 2020, Figure 17: Children in Foster Care for One Month or Less SFY 2014-2018* (p 15). Retrieved from <https://humanservices.hawaii.gov/wp-content/uploads/2019/12/2020-APSR-Data-Booklet-FINAL-LD-2019-07-03.pdf>.

¹⁰ Berry, M., Chandler, S.M., Senaha, D.M., Littlejohn, K., Lucas, A., Rhodes, E., Wulczyn, F., & Micua, L. (2020). *Final evaluation report: State of Hawai‘i Title IV-E Waiver Demonstration* (p 1). Honolulu, Hawai‘i: University of Hawai‘i Center on the Family.

attention of CWSB within twelve months. After analyzing the available quantitative and qualitative data about families referred to VCM services, CWSB determined that a portion of children served through VCM are candidates for prevention services.

- EPYP in foster care are a small but important group to serve. Because they are categorically eligible for FFH services, they are not included in the Hawai‘i candidate definition—they are a separate category of people eligible for FFH services. The exploration groups analyzed data to determine how many people are in the EPYP category, where they are geographically, and what their specific needs are. CPSS and SHAKA data show that between SFY2016 and SFY2019, two to ten minor parents were in foster care. In SFY2019, forty-five young parents, seventeen pregnant young people, and two expectant fathers were in the Imua Kākou (IK) program.

The map below (Figure 2) shows the number of children in foster care in SFY2019 by geographic region. The total number of children in care at any time during that year was 2,790, with 52 percent on the island of O‘ahu.

Number of Children in Foster Care (Unduplicated) by County, SFY 2019

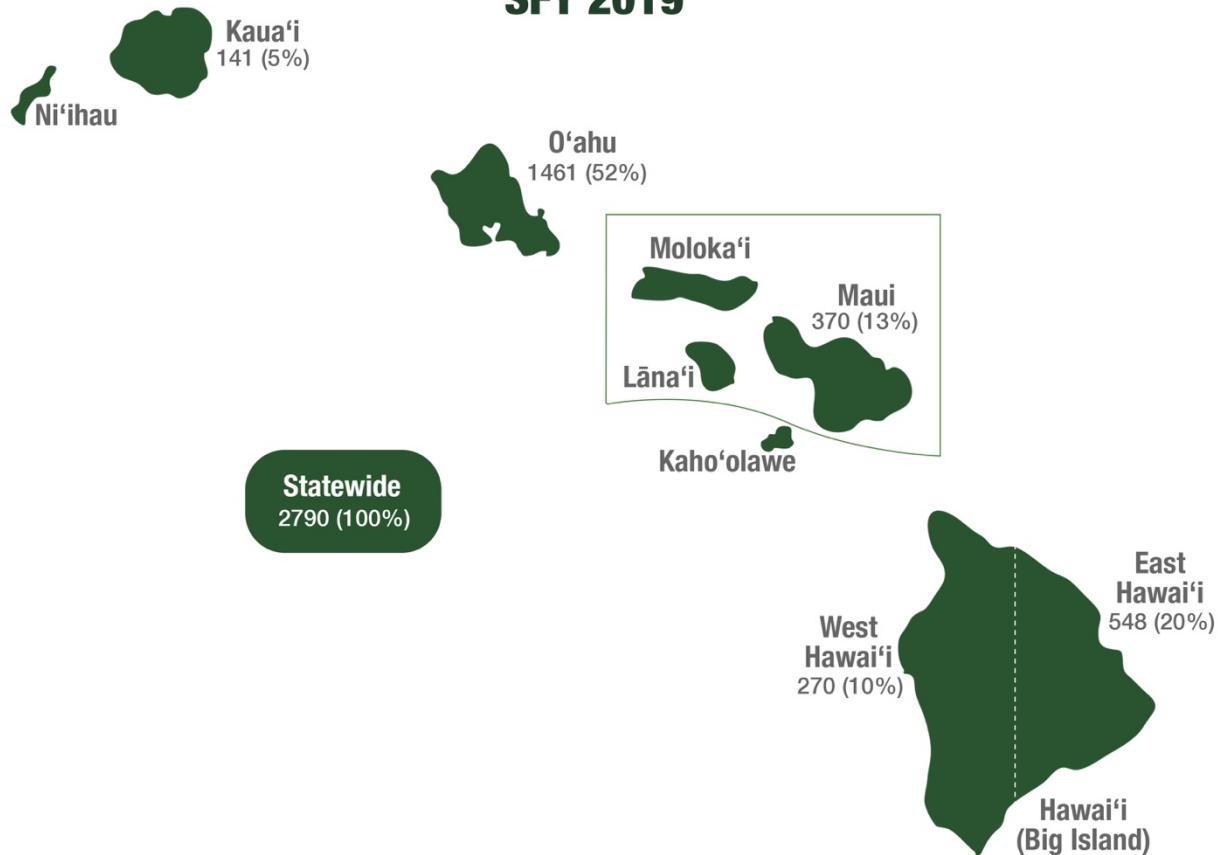


Figure 2. Number of Children in Foster Care (Unduplicated) by County, SFY 2019

Table 2 shows the type of CWSB cases that were examined to determine which children should be candidates for foster care. Because candidates are children who can safely be kept out of foster care if the right evidence-based services are provided, it was important to consider the risk and safety factors for each type of case.

Table 2. Types of Cases and Risk Levels

Case Type	Risk/Safety Level	Caseworker
Family Strengthening Services	Low risk, no safety-factors indicated	Community Provider
Voluntary Case Management	Moderate risk, no safety factors indicated	Community Provider
Voluntary Family Supervision	Safety factors indicated	CWS, no court involvement
Family Supervision	Safety factors indicated	CWS, court-ordered
Foster Care	Safety factors indicated, children in the care and custody of the state	CWS
Imua Kākou	Extended foster care	CWS

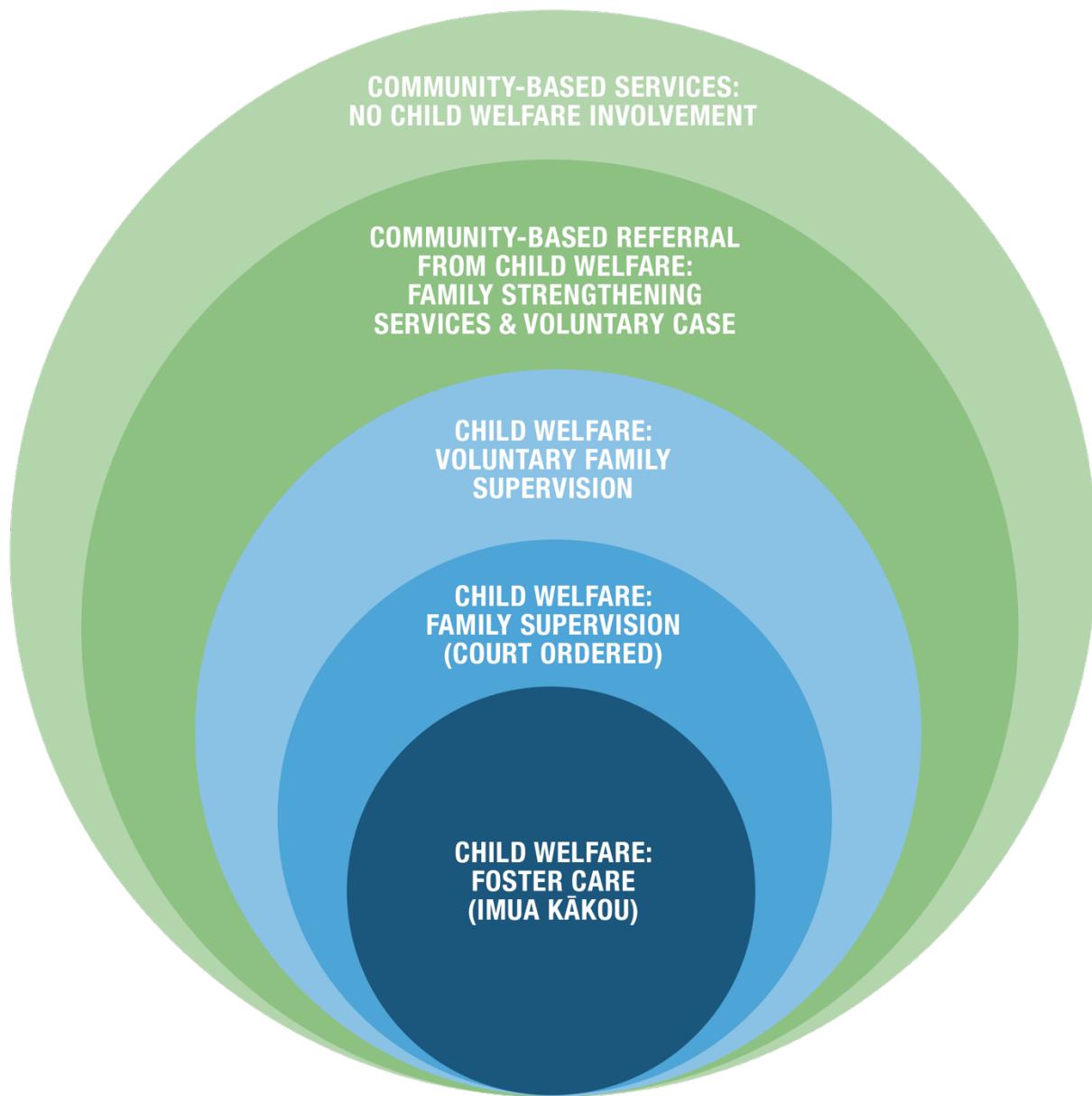


Figure 3. Types of Cases and Risk Levels

The proposed Hawai‘i candidates for foster care are children in the categories described below.

Children receiving in-home Crisis Response Team services

In 2015, CRT was implemented as part of the Waiver.¹¹ It is a rapid-response intervention to provide support and prevent unnecessary removals when a family is in crisis. When removal is

¹¹ Hawai‘i DHS. (2015 – 2018). *Hawai‘i DHS Child Welfare Services Procedures Manual, Part III: Casework Service, Section 2.2.7 Crisis Response Team; ICF: Crisis Response Team (CRT) 04.09.15; ICF: Revised Intake Procedures*

necessary, CRT places children with relatives or kin, which reduces the trauma associated with removal. CRTs are staffed by specially trained CWSB assessment caseworkers who respond within two hours of a high-risk report of maltreatment made by hospitals, law enforcement, or schools. The CRT assesses safety and families' needs, creates safety plans, and refers families to services such as HOMEBUILDERS® to prevent entry into foster care.

When planning the Waiver, CWSB chose HOMEBUILDERS® as a complementary program for the CRT intervention because HOMEBUILDERS® is designed for families whose children are at imminent risk of placement in foster care (or other state placements). With the support of HOMEBUILDERS®, children can safely remain at home with their families. CRTs refer almost all families they work with to HOMEBUILDERS®.

When the CWSB intake unit receives a call about a family that meets the CRT criteria and the Intake Assessment Tool indicates that the child is at imminent risk of entering foster care but could remain safely at home with services, intake identifies that child as a candidate and refers the family to CRT.

Children participating in Family First Hawai'i Voluntary Case Management (FFH-VCM) services

VCM is the Hawai'i DRS service for families that the CWSB intake unit determines are at moderate risk for child abuse or neglect.¹² Some children referred to VCM may be candidates for FFH prevention services. If they are, their families will be served by a VCM caseworker with consultation and oversight from a CWSB Voluntary Case Management Liaison (VCL).

The intake unit decision about which DRS service is appropriate begins when the intake worker receives a hotline call. The intake worker screens the report to identify appropriate responses for families with children who have been maltreated or are at risk of maltreatment. Particular emphasis is placed on a determination at intake of whether a report presents a risk or safety concern, and what level of risks exists. The intake worker uses the Intake Assessment Tool to identify risk factors, protective factors, and family strengths. The determination about risk and safety is also based on information that is available from the reporter, collateral contacts, and other sources such as the CWSB central registry. Intake workers consider a variety of factors and information when assessing the overall risk for a case in order to make the most appropriate referral for services. Cases that are assessed with moderate risk factors and no safety concerns relating to child abuse or neglect are referred to VCM.

When VCM receives a referral from the intake unit, a VCM caseworker conducts a formal assessment with the family using the Child Safety Assessment (CSA) and Comprehensive

^{05.11.18; ICF: Reissued: Intensive Home-Based Services (IHBS) with Procedures Attached 08.14.17. Internal memorandum: unpublished.}

¹² Hawai'i DHS. (2017). *Hawai'i DHS Child Welfare Services Procedures ICF: Revisions to the Differential Response Procedures Manual 12.22.17*. Internal memorandum: unpublished.

Strengths and Risk Assessment (CSRA). If the assessment indicates that the child is a FFH candidate and evidence-based services must be provided to mitigate that risk, then the VCM caseworker will recommend to the VCL that the child in the family is a candidate. With the family, the VCM worker will create a draft prevention plan in SHAKA and SHAKA will alert the VCL. With oversight of a CWSB unit supervisor, the VCL will be responsible for either approving or rejecting the recommendation, modifying the plan if needed, and continuing to be available for consultation. If the VCL approves the candidacy recommendation, the prevention plan is activated, and the family receives Family First Hawai'i VCM (FFH-VCM) services. If the VCL does not approve the candidacy recommendation, CWSB will further assess the safety and risk factors with the family.

Children who need ongoing CWSB monitoring in the home

After intake refers a report to CWSB for assessment, caseworkers use a CSA, a CSRA, and motivational interviewing approaches to assess the family. The caseworker gathers information through interviews and interactions with the family, collateral contacts, and psychological, mental health, parenting, or substance abuse evaluations. Caseworkers can also use information from the 'Ohana Conference or court hearings to inform the candidacy determination.

The child will be identified as a candidate when the CWSB caseworker assesses that the child can remain safely in the home only with the assistance of an In-Home Safety Plan and a prevention plan. The caseworker will determine that the family will need ongoing monitoring and specific services to address the risk and safety concerns and allow the child to remain safely in the home. Because CWSB wants to connect families with services as quickly as possible, a child can be identified as a candidate at any time during the assessment process when the caseworker's comprehensive assessment indicates that in-home services will be needed to prevent removal and placement into foster care.

A child can also be identified as a candidate when the caseworker files a petition with Family Court for Family Supervision following the caseworker assessment that additional oversight by a Family Court Judge and a Guardian Ad Litem is needed to ensure the child's safety in the family home, or when the caseworker determines that the family can be serviced as a voluntary family supervision case without court involvement.

If the child was in foster care and is reunified with the family, the caseworker will identify the child as a candidate if the family is in voluntary family supervision status or court-involved family supervision status.

When the caseworker identifies the child as a candidate, the assigned assessment or permanency caseworker will create a prevention plan with the family and continue to provide case management services and oversight.

Siblings of Children in Foster Care (Siblings)

Siblings of children in foster care are candidates for care when the following conditions exist:

- The child in foster care has a case plan goal of reunification.
- The sibling is living with the parent(s) with whom the child in foster care will be reunified.
- The sibling living in the family home is included in the Family Service Plan.

If a family has some children in foster care and some children at home, the family usually receives services under a Court-Involved Foster Care case, Court-Involved Family Supervision case, or a Voluntary Family Supervision case. When that is *not* the situation, siblings are candidates under this category.

When one of the following situations occurs, the CWS caseworker who is already working with the family will identify the child living in the family home as a candidate, conduct any indicated assessments, and create a prevention plan with the family.

- A sibling is removed from the home and placed in foster care.
- CWSB receives a new maltreatment report about the family.
- The caseworker learns that a child is born to the parent of a child in foster care and assesses that the newborn child is safe in the home with prevention services.

Adoptions or guardianships at risk of disruption

A child “whose adoption or guardianship arrangement is at risk of a disruption or dissolution such that it might result in a foster care placement (section 475(13) of the Act)” is a candidate.¹³ These candidates will be identified in the following ways:

- By the CWSB caseworker offering and informing adoptive parents and legal guardians of the availability of Permanency Strengthening Services (PSS) at the time an adoption or legal guardianship is finalized;
- Through a report of maltreatment to the CWSB hotline after an adoption or legal guardianship is finalized;
- Through a request from the adoptive parents or legal guardians for CWSB assistance; or
- Through a request from the adoptive parents or legal guardians for PSS assistance.

For this category of candidates, CWSB is taking a broad proactive approach that because of the lasting effects of the trauma a maltreatment victim experiences, every adoption or legal guardianship of a child who was a maltreatment victim is potentially at risk of disruption at some point. To alleviate that risk, PSS will be offered to adoptive parents and legal guardians at

¹³ ACYF-CB-PI-18-09, November 30, 2018, page 7.

any time the families feel such services would be helpful. The four pathways to FFH candidacy listed above reflect CWSB's proactive approach to preventing adoption and guardianship disruptions.

PSS is a voluntary specialized service available to all adoptive and legal guardianship families. Adoptive and legal guardianship families may access PSS at the time the adoption or legal guardianship is achieved or at any time after that. Adoptive and legal guardianship families may receive support directly from a PSS caseworker and may be referred to community resources for additional supports. Under FFH, PSS will help CWSB identify candidates and link families with FFH services. These cases will be serviced by PSS as Family First Hawai'i Permanency Strengthening (FFH-PS) cases, and each CWSB Section will designate a caseworker to oversee them.

The section below explains how candidates will be identified through the four pathways listed above. Figure 4 illustrates how a case moves through each of these pathways.

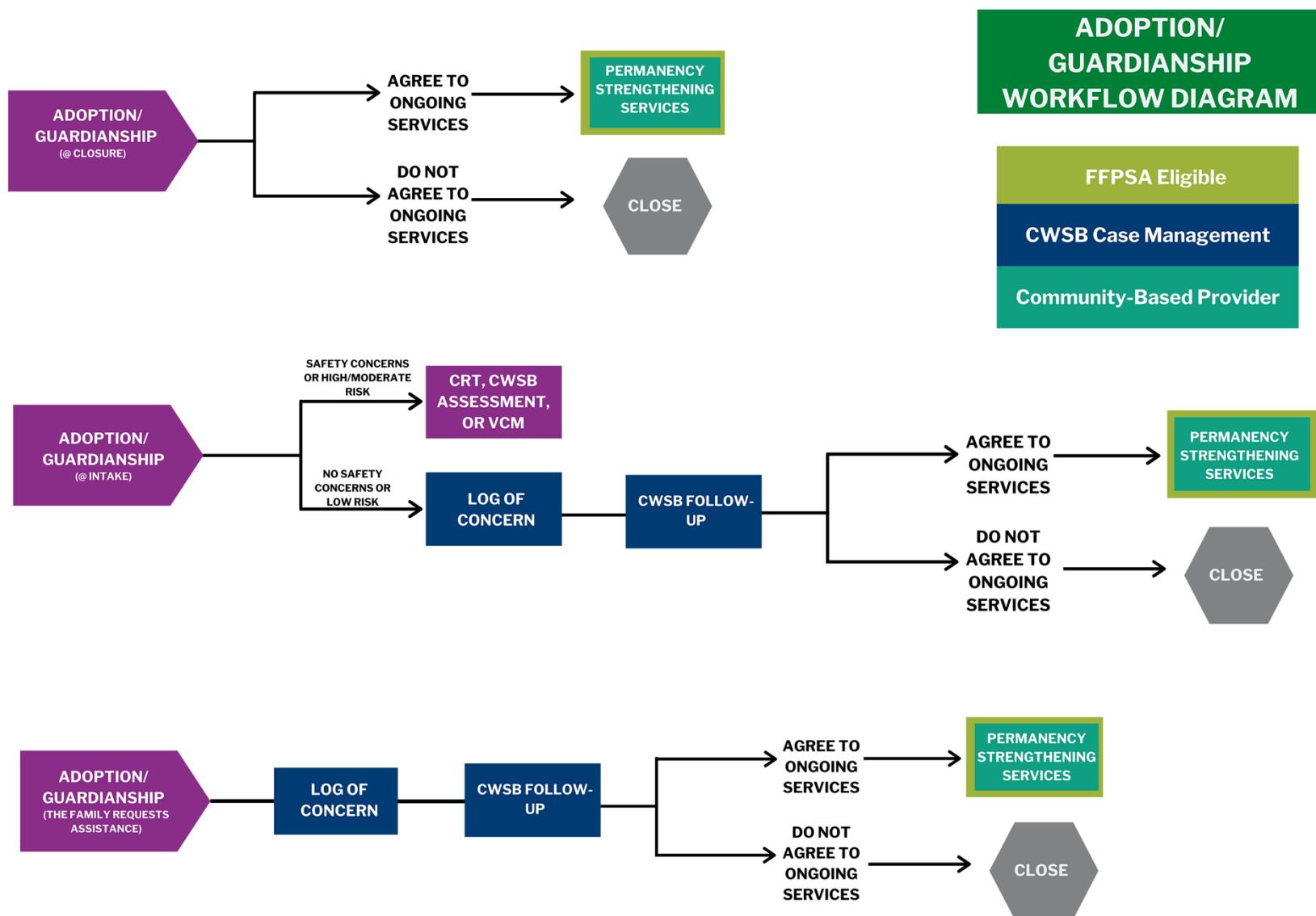


Figure 4. Adoption/Guardianship Workflow Diagram

When adoption or legal guardianship is achieved

When an adoption or legal guardianship is being finalized, the caseworker talks with the adoptive or legal guardianship family about available supportive services and refers the family to PSS. If the family would like to receive services or supports, the PSS caseworker will conduct an assessment with the family to identify strengths and needs. If the assessment indicates that services are needed to alleviate the risk of the adoption or guardianship disrupting, then the PSS caseworker will recommend to CWSB that the child is a candidate. With the family, the PSS caseworker will create a draft prevention plan in SHAKA and SHAKA will alert the designated CWSB caseworker. That CWSB caseworker will be responsible for reviewing and approving the recommendation, modifying the plan if needed, and being available for consultation. If the designated CWSB caseworker approves the candidacy recommendation, the prevention plan is activated, and the family receives FFH-PS services. If the CWSB caseworker does not approve the candidacy recommendation, the unit supervisor will collaborate with the PSS supervisor to determine the best approach for supporting the family.

For ease of discussion in this plan, the steps just described, starting with the referral to PSS, are called the “PSS pathway to candidacy” in the sections below.

New report of abuse or neglect

If a maltreatment report about the adoptive family or legal guardians is made to the CWSB hotline after adoption or legal guardianship is finalized, the intake unit conducts an assessment (using the Intake Assessment Tool) that can result in four outcomes, each of which could lead to the child being identified as a candidate.

First, if the intake worker assesses and concludes that there are no safety concerns and no need for supportive services, the intake worker generates a Log of Concern (LOC) that is shared with the unit supervisor of the adoption assistance and permanency payment-only cases. The supervisor or an assigned caseworker will contact the family and assess whether the family could benefit from extra support, and whether further assessment is needed. At that point, the family may be referred to PSS, in which case the PSS pathway to candidacy would be followed. If further safety and risk assessment is needed, the caseworker will contact the CWSB intake unit to reassess whether the risks and safety issues warrant an intake or the issues could be addressed by the caseworker.

Second, if the intake worker assesses and determines the family to be at low risk for child abuse or neglect, the intake worker will document that in a LOC and send the LOC as notification to the supervisor of the payment-only unit, who will refer the family to PSS. After that, the PSS pathway to candidacy would be followed.

Third, if the intake worker assesses and determines the family to be at moderate risk for child abuse or neglect, the intake worker will identify the child as a candidate based on the risk of adoption or guardianship disruption. The intake worker will then refer the family to VCM where

the VCM caseworker will create a draft prevention plan with the family, coordinate with the VCL, and provide FFH-VCM services.

Fourth, if the intake worker assesses and identifies high risks with safety concerns, the intake worker will identify the child as a candidate based on the risk of adoption or guardianship disruption and refer the case to CWSB for further assessment. If the CWSB caseworker assessment confirms that the child is a candidate and FFH services will allow the child to remain safely in the home, the CWSB caseworker will create the prevention plan.

Family request for CWSB assistance

If a family contacts CWSB for assistance at any time after a finalized adoption or guardianship, the family will be connected with the supervisor of the unit of the payment-only case. Families reach out to CWSB in a variety of ways, including a call to intake, a call to a CWSB caseworker the family worked with in the past, and other ways. CWSB will train all staff that when an adoptive parent or guardian contacts the agency, the family must be connected with the supervisor for the payment-only case. From there, interactions with the family are the same as if intake had generated a Log of Concern.

Family contacts PSS for assistance

When a family contacts PSS for assistance, PSS will follow the steps of the PSS pathway to candidacy to determine whether the child is candidate.

Candidates receiving Family First Hawai'i Ongoing Services (FFH-OS)

CWSB aims to provide the least-intrusive, most appropriate services possible for the shortest amount of time needed to strengthen a family and ensure children's safety. Therefore, when safety concerns are resolved in a confirmed maltreatment case, CWSB wants to close the case in a timely manner. Sometimes, though, families want continued supports to strengthen their protective factors, prevent future safety concerns, and prevent children from entering foster care. Because of this, CWSB has created a FFH case pathway that allows families to continue receiving services for up to twelve months after a child's prevention plan is created: Family First Hawai'i Ongoing Services (FFH-OS).

Candidates in this category include children who have already been identified as candidates in these categories:

- Children Receiving In-Home CRT Services
- Children Who Need Ongoing CWSB Monitoring in the Home

Prior to FFH, when the risk and safety concerns were resolved in a family serviced by CWSB, the case disposition would have been "closed." With FFH, if a family wants to continue participating

in FFH services after the risk and safety concerns are resolved, CWSB can transfer the family to FFH-OS.

The transfer to FFH-OS is a CWSB affirmation that the child continues to be a candidate and the prevention plan remains appropriate. Prior to the transfer, the CWSB caseworker will conduct a periodic risk and safety assessment, review the prevention plan with the family, and document these actions in the case plan. FFH-OS is a separate category of candidacy because it is a new way for CWSB to serve families.

Expectant and Parenting Young People in Care

All expecting and parenting youth and young adults in foster care and IK (the extended foster care program) are categorically eligible for FFH services. For FFH planning and implementation, this group is referred to as expectant and parenting young people (EPYP).

When a CWSB caseworker confirms the pregnant or parenting status of a youth in foster care, thus identifying that young person as a candidate, the caseworker and the young person create a prevention plan in SHAKA.

If the young adult is ages 18-21, the IK Case Manager will confirm the expecting or parenting status. The IK Case Manager and the young adult will create a draft prevention plan in SHAKA. SHAKA will alert the IK CWS Liaison, who will review the plan, consult with the IK Case Manager if needed, and activate the plan in SHAKA.

Parents and Kinship Caregivers of Candidates for Foster Care

The importance of ‘ohana, or family, permeates Hawaiian culture. Extended family and close family friends play an important role in children’s lives. Multi-generational households are common, weekend family gatherings often include 20-40 family members, and children are nurtured by aunties and uncles who may have no biological or legal relationship to the children. As mentioned earlier, the importance of the extended family and multigenerational approach is reflected in the DHS ‘Ohana Nui framework.

The Hawai‘i Child Protective Act defines “relative” as “a person related to a child by blood or adoption, or a hanai relative as defined in this chapter, who, as determined by the court or the department, is willing and able to safely provide support to the child and the child's family.”¹⁴

Parents and kin caring for a candidate through a family arrangement are eligible for FFH services once the child is identified as a candidate. CPSS includes client identifier numbers for

¹⁴ Haw. Rev. Stat. 587A-4 Definitions. (Hawai‘i Revised Statutes (2019 Edition)).

all important adults in a case, which allows caseworkers to identify eligibility for and use of FFH services.

III. Strengthening Families Through FFH Services (Pre-Print Section 3)

The goal of FFH is to strengthen and support families so that children can safely remain at home. CWSB can support these families using IV-E funds for up to twelve months, and in that time, CWSB takes several steps to ensure the safety of children. First, CWSB must document the child's eligibility for FFH and create a prevention plan. Second, a caseworker must link the family with appropriate evidence-based programs and services (EBP) to meet the family's identified needs. Third, a caseworker must conduct periodic risk assessments to ensure the child's safety. Finally, CWSB must monitor the safety of the child and whether the provided programs and services are reducing the risk of the child entering foster care. At every step of this process, CWSB will follow its Practice Model and ensure that interactions with families are designed to recognize and address trauma. Furthermore, all CWSB and contracted caseworkers and service providers who work with FFH families will use a trauma-informed service delivery approach.

Documenting Eligibility

SHAKA and CPSS will be used to document candidacy and participation in FFH services. SHAKA is a DHS web-based data system that allows for assessments and case notes to be logged online, rather than on paper. The IT and Data Workgroup is designing a process whereby prevention plans will be housed in SHAKA and essential information will be transferred between SHAKA and CPSS.

As shown in Table 3 below and in Appendix B, a variety of assessment tools will be used to identify candidates. These assessments, which identify family strengths and needs and how FFH services can enhance protective factors and address needs, are documented in the case file.

When a caseworker identifies a candidate or an EPYP, the caseworker will create a prevention plan in SHAKA. When the prevention plan is activated, a FFH Service Action Code (SAC) will be generated in CPSS. The SAC documents the date that CWSB authorized candidacy and the child's eligibility for twelve months from when FFH services began. If a child's eligibility ends due to entry into foster care or other reasons, the SAC will be terminated, and that date captured as the SAC termination date. In addition, a SAC will exist for every FFH program or service to which families can be referred. These SACs track dates of service eligibility and participation.

Child-Specific Prevention Plans

When a caseworker identifies a candidate or an EPYP, the caseworker will create a prevention plan using an electronic form in SHAKA. When the prevention plan is activated, a FFH SAC will be activated in CPSS, confirming that CWSB has authorized candidacy.

If a family in which a child is identified as a candidate or an EPYP has any existing CWSB service plans, the prevention plan will become part of the family's comprehensive case plan that the family and all caseworkers and service providers work from. The prevention plans will include the following elements:

- The candidate and the adults in the case;
- The date the plan is created;
- The circumstances causing the child to be at imminent risk of entering foster care;
- The prevention strategy that will allow the child to remain safely at home; and
- The services or programs that will ensure the success of the prevention strategy.

If the child is an EPYP, the prevention plan will be embedded in the EPYP's service plan and will also include the following:

- The baby's expected or actual birth date, depending on when the EPYP is identified as a candidate;
- The strategies CWSB will use to support the EPYP and thereby prevent the baby from entering care; and
- Services or programs to support the new parent(s) and strengthen the EPYP's protective factors.

Caseworkers will develop prevention plans with the family, candidate (depending on age), EPYP, and relatives when appropriate. During the assessment and while developing the prevention plan, workers will use Motivational Interviewing (MI) to engage parents and youth as partners to identify goals related to child safety and develop plans to achieve those goals.

The prevention plan will be based on a thorough family assessment using both informal assessment techniques and formal assessment tools (described in Appendix B), which may include some of the following:

- Comprehensive Strengths and Risk Assessment (CSRA);
- Child Safety Assessment (CSA);
- 'Ohana Conference;
- Review of child welfare, school, arrest, court, and other collateral records;
- Interviews and engagement with family members; and
- Independent Living Transitional Assessment and Plan.

The sections below provide details about creating the prevention plans and monitoring child safety for EPYP and each category of candidate. This information is summarized in Table 3.

Table 3. *Creation of prevention plans and monitoring child safety*

Candidate Category and EPYP	Person Who Creates the Prevention Plan	Person Who Monitors Ongoing Safety and Risk	Safety and Risk Assessment Tools
CRT	CRT caseworker	CRT caseworker	<ul style="list-style-type: none"> • Intake Assessment Tool: when call received • CSA: at initial contact, at conclusion of assessment, if new safety concerns, prior to case closure • CSRA: at initial contact
FFH-VCM	VCM caseworker with oversight and approval from VCL	VCM caseworker with oversight and approval from VCL	<ul style="list-style-type: none"> • CSA: within 5 days of first visit with family and/or prior to case closure • CSRA: within 30 days, at 6 months, and when circumstances change and/or prior to case closure
CWSB In-Home Monitoring	CWSB caseworker	CWSB caseworker	<ul style="list-style-type: none"> • CSRA: within 60 days of case opening, at 6 months, and when circumstances change, prior to case closure • CSA: at initial contact, at conclusion of assessment, if new safety concerns, prior to case closure • ‘Ohana Conference: within 60 days of opening a case and every 4 months thereafter, prior to case closure • Court orders • Interviews and interactions with family • Service Plan Reviews: every 6 months (through a court hearing or internal review) when making decisions about the case
Siblings	CWSB caseworker	CWSB caseworker	<ul style="list-style-type: none"> • Intake Assessment Tools • CSRA: within 60 days of candidate being identified, at 6 months, and when circumstances change • CSA: when candidate is identified new safety concerns arise and prior to case closure • ‘Ohana Conference: within 60 days of opening a case and every 4 months thereafter, prior to case closure • Court orders • Interviews and interactions with family • Service Plan Reviews: every 6 months when making decisions about the case

Table 3. *Creation of prevention plans and monitoring child safety*

Candidate Category and EPYP	Person Who Creates the Prevention Plan	Person Who Monitors Ongoing Safety and Risk	Safety and Risk Assessment Tools
Adoption/ Guardianship Disruptions	PSS caseworker with oversight and approval from CWSB caseworker	PSS caseworker with oversight and approval from CWSB caseworker	<ul style="list-style-type: none"> This is a new type of case for PSS. CWSB will train PSS caseworkers to use the appropriate assessment tools already used by CWSB caseworkers.
FFH-OS	Prevention Plan already exists	CWSB caseworker or identified service provider with oversight and approval from CWSB caseworker	<ul style="list-style-type: none"> CSRA: at 6 months and when circumstances change CSA: at 6 months and when circumstances change Past ‘Ohana Conference information Interviews and interactions with family Service Plan Reviews: every 6 months when making decisions about the case
EPYP < 18	CWSB caseworker	CWSB caseworker	<ul style="list-style-type: none"> Safety of Placement assessment: within 30 days of placement and quarterly ‘Ohana Conference: within 60 days of opening a case and every 4 months thereafter Court orders Interviews and interactions with family Service Plan Reviews: every 6 months when making decisions about the case This is a new type of case and CWSB will identify and train on any additional assessment tools that might be needed.
EPYP 18-21	Imua Kākou case manager with oversight from IK Liaison	Imua Kākou case manager with oversight from IK Liaison	<ul style="list-style-type: none"> This is a new type of case for IK. Since CWSB does not have placement responsibility for these young adults, tools to assess ongoing safety have not previously been used. This is a new type of case and CWSB will work with IK to identify and train on assessment tools appropriate for this situation, which are likely to include tools and strategies currently used to develop and review the Independent Living Plan and to assess the safety of the independent living setting.

Connecting Families with Services

Candidates' families will participate in FFH services and may also receive additional services that are not reimbursable through Title IV-E prevention funds. All services a family receives will be included in the family's comprehensive service plan.

CWSB has an established referral process for connecting families with programs and services and this process will be followed when referring candidates to services.¹⁵ In addition, if programs or services have specific requirements related to the referral process, CWSB caseworkers will be trained on and comply with that process. Each FFH program or service will have its own SAC in CPSS. When families engage in services, these SACs will be generated to track service start and end dates.

As discussed in the Workforce Training and Support section of this plan, CWSB caseworkers and service providers will receive training on each program or service model, referral criteria, and target population. CWSB will create tools to help caseworkers match a family's needs with the most appropriate services and will implement some of the strategies developed during the Waiver to ensure a smooth and successful referral pathway.

All CWSB staff and DRS VCM providers are trained in MI as part of CWSB New Hire Training. To increase families' engagement in and successful completion of services, caseworkers will use MI in all their interactions with families served through FFH. Caseworkers will use MI to increase families' success in achieving the prevention plan goals and participating in programs and services. The Waiver provided important lessons about the challenges of engaging and retaining families in EBP. As a result, CWSB will enhance its focus on MI as a core component of the CWSB casework Practice Model. The Staff Development Office will provide additional MI training to all CWSB workers and supervisors, and supervisors will provide additional coaching to caseworkers.

Monitoring Child Safety (Pre-Print Section 3)

Caseworkers will use existing practices to monitor risk and ensure child safety.¹⁶ All existing CWSB policies related to monitoring safety and risk and addressing outstanding safety and risk concerns will apply to FFH cases. Appendix C includes a list of CWSB policies, procedures, and Internal Communication Forms (ICFs) that are most relevant to FFH implementation. As CWSB moves into implementation, updates will be made if needed.

¹⁵ Hawai'i DHS. (nd). *Hawai'i DHS Child Welfare Services Procedures Manual, Part III: Casework Service, Section 4.7.2, Indirect contacts*. Manual: unpublished.

¹⁶ See, for example, Hawai'i DHS Child Welfare Services Procedures ICF: Threatened Harm Guidelines, Child Safety Assessment and In-Home Safety Plan, Comprehensive Strengths and Risk Assessment Tool, and Safety of Placement Assessment 07.25.20.

CWSB policies specify that monthly face-to-face visits by a caseworker with a family are required, with the caseworker using specific tools to assess child safety and parents' progress in services.¹⁷ CWSB uses the Worker Visit with Child Tracker and the Worker Visit with Parent Tracker in SHAKA to ensure that monthly visits are happening. These trackers were created as tools to help CWSB accomplish the PIP3 goals. The PIP3 also brought a renewed emphasis on risk and safety assessments, including improving the quality of initial and ongoing assessments and clearly linking assessments to service planning. While clear guidance exists about decision-making within the CWSB safety framework, through the PIP3, caseworkers are receiving additional training, mentoring, and coaching about putting policy into practice. The PIP3 activities have laid a solid foundation for caseworkers to appropriately monitor risk and ensure child safety while implementing FFH.

For all FFH candidates, if there are safety concerns and/or there is a high risk of a candidate entering foster care despite the provision of FFH services, the caseworker, in consultation with the supervisor, will take appropriate steps to support the family and address concerns related to the continued safety concerns and/or high risks. Such steps include the following:

- Assess why the FFH services are not meeting the family's needs, the level of parent or caregiver motivation and capacity to change, and the level of oversight needed.
- Engage the family in more targeted case planning to address concerns and needs related to the continued elevated risk using strategies such as MI to motivate families to participate in and benefit from FFH and other prevention services, 'Ohana Conferencing to engage and develop a Safety Plan to prevent removal, and Multi-Disciplinary Teams to further assess for mental health needs of both parents and children.
- In partnership with the family, determine whether other services are needed, and if so, make appropriate referrals to identified services.
- If risk and safety assessments indicate that a higher level of intervention and oversight is needed, the caseworker will make appropriate changes in the family's prevention plan, refer to services, and provide more frequent oversight to ensure the child's safety and reduce the risk of removal to foster care.

If new safety concerns identified by the caseworker or reported through intake arise during the provision of FFH services, the caseworker, in consultation with the supervisor may decide to create a new In-Home Safety Plan or revise an existing one and provide more frequent monitoring.

Ongoing risk and safety assessments occur at the intervals listed in Table 3 and described below for each type of candidate and EPYP. In addition, starting in the tenth month that a candidate receives FFH services, the caseworker will determine and document whether the candidate or EPYP remains eligible for FFH services and whether continued FFH services are necessary to

¹⁷ Hawai'i DHS. (nd). *Hawai'i DHS Child Welfare Services Procedures Manual, Part III: Casework Service, Section 4, Services to Families and Children; ICF: Revised CWS Procedures – Part III, Section 4.7.1 Direct Contacts/Frequency of Visits 12.30.11*. Manual: unpublished.

prevent the candidate's entry into foster care.¹⁸ This eligibility determination will be made by the current CWS caseworker (with consultation and approval from the supervision), VCM (with consultation from the VCL), or PSS (with consultation from CWS).

Outlined below are specific aspects of planning and monitoring that apply to each candidacy category. The process described above, which addresses concerns when a case remains at "high risk," applies to all candidacy categories.

Children receiving in-home Crisis Response Team services

Creating the Prevention Plan

Based on the results of the Intake Assessment Tool, the intake unit may refer a family to CRT. If that occurs, a caseworker on the CRT further assesses the family (using the CSA and CSRA) and creates the prevention plan.

Monitoring child safety and assessing risk

CRT caseworkers work with a family for up to sixty days. After that, if the safety concerns have been resolved, the caseworker can close the case, refer the case to the DRS, or transfer the case to FFH-OS. If safety concerns persist, the CRT caseworker will transfer the case to the appropriate CWSB Unit for ongoing case management. Before deciding the case direction at the end of sixty days, the caseworker conducts a CSA and consults with a supervisor.¹⁹

The CRT caseworker meets with the child and each parent in the case at least weekly for the first month, and then assesses the family and determines frequency of ongoing visits. These are face-to-face visits and occur in the home. At each visit, the CRT caseworker assesses for risk and safety.

Children participating in Family First Hawai'i Voluntary Case Management (FFH-VCM) services

Creating the Prevention Plan

If a VCM caseworker's formal assessment of a family (using the CSA and CSRA) indicates that the child is a FFH candidate and evidence-based services must be provided to mitigate that risk, then the VCM caseworker will recommend to the VCL that the child in the family is a candidate. With the family, the VCM worker will create a draft prevention plan in SHAKA and SHAKA will

¹⁸ States may provide Title IV-E prevention services for additional 12-month periods on a case-by-case basis. Starting the determination process in the tenth month allows CWS caseworkers time to fully assess whether additional and/or continued services are needed and to ensure that no gaps occur in services or supports.

¹⁹ Hawai'i DHS. (nd). *Hawai'i DHS Child Welfare Services Procedures Manual, Part III: Casework Service, Section 2.2.7 Crisis Response Team*. Manual: unpublished.

alert the VCL. With oversight of a CWSB unit supervisor, the VCL will be responsible for either approving or rejecting the recommendation, modifying the plan if needed, and continuing to be available for consultation. If the VCL approves the candidacy recommendation, the prevention plan is activated, and the family receives Family First Hawai'i VCM (FFH-VCM) services. If the VCL does not approve the candidacy recommendation, CWSB will further assess the safety and risk factors with the family.

Monitoring child safety and assessing risk

For all families receiving VCM services, including FFH-VCM, the VCM caseworker meets with the child and each parent at least monthly. These are face-to-face visits, and at least every other visit must occur in the home. Within five days after the first face-to-face visit, the caseworker completes a CSA, and within thirty days, the caseworker completes the CSRA. The caseworker reassesses risk and safety whenever the family's circumstances change. A re-assessment is also completed after six months and before the caseworker closes the VCM case. For candidates, the six-month re-assessment will include assessing whether the FFH services are meeting the needs of the family and addressing risks so that the child can remain safely at home. The VCL will review and approve all risk and safety assessments for FFH-VCM families.

Children who need ongoing CWSB monitoring in the home

Creating the Prevention Plan

As soon as the CWSB caseworker's comprehensive assessment indicates that a family will need ongoing monitoring and services to allow a child to remain safely in the home, the caseworker will identify the child as a candidate and create a prevention plan. A caseworker can identify a candidate during the assessment process or after the family's case status has changed to Voluntary Family Supervision or Court-Involved Family Supervision—either after the initial assessment or after reunification. When the caseworker identifies the child as a candidate, the caseworker will create a prevention plan with the family and continue to provide case management services.

Monitoring child safety and assessing risk

The caseworker providing in-home services meets with the child and each parent in the case at least monthly. These are face-to-face visits, and at least every other visit must occur in the home.²⁰

For ongoing monitoring of child safety, caseworkers complete a CSRA when there is a change in a family's circumstances and before closing a case. If there are safety concerns, the caseworker will also conduct a CSA when new safety concerns arise and prior to case closure. Finally, every

²⁰ Hawai'i DHS. (nd). *Hawai'i DHS Child Welfare Services Procedures Manual, Part III: Casework Service, Section 4.7.1 Direct Contacts*. Manual: unpublished.

six months, a caseworker reviews the Prevention Plan and the Family Service Plan with the family and reviews progress and outcomes for services. For candidates, this review will also assess whether the FFH services are meeting the needs of the family and addressing risks so that the child can remain safely at home.

Siblings of children in foster care

Creating the Prevention Plan

When a sibling is identified as a candidate, the CWSB caseworker will create a prevention plan.

Monitoring child safety and assessing risk

The family's caseworker meets with each parent in the case at least monthly to work toward reunification of the child in foster care. When a sibling is identified as a candidate, the caseworker will also meet with the candidate at least monthly. All monthly visits are in-person, and at least every other visit must occur in the home.

For ongoing monitoring of child safety, caseworkers complete a CSRA when there is a change in a family's circumstances and before closing a case. If there are safety concerns, the caseworker will also conduct a CSA when new safety concerns arise and prior to case closure. Finally, every six months, the caseworker reviews the Prevention Plan and Family Service Plan with the family and reviews progress and outcomes for services. For candidates, this review will also assess whether the FFH services are meeting the needs of the family and addressing risks so that the child can remain safely at home.

Adoptions or guardianships at risk of disruption

Creating the Prevention Plan

For most candidates who are children whose adoption or guardianship is at risk of disruption, the prevention plan will be created by the PSS caseworker and approved by a designated CWSB caseworker. If a candidate in this category is identified after a report of maltreatment and an intake unit assessment indicates the family is at moderate risk of child abuse or neglect, intake will refer the case to VCM. After that, a VCM caseworker will create the prevention plan and the VCL will approve it. If a candidate in this category is identified after a report of maltreatment and an intake unit assessment indicates safety concerns, intake will refer the case to CWSB for further assessment. After that, a CWSB caseworker will create the prevention plan. Regardless of who creates the prevention plan, the plan must be developed in partnership with the family.

Monitoring child safety and assessing risk

The person who creates the prevention plan will monitor the ongoing safety of these candidates and conduct periodic risk assessments. The families of most candidates in this category will receive Family First Hawai'i Permanency Strengthening (FFH-PS) services, with a PSS caseworker performing case management functions with oversight by a designated CWSB caseworker. Each CWSB Section will designate a caseworker to monitor the safety of these candidates and oversee the provision of services to these families. FFH-PS is a new type of case, so CWSB and PSS are updating procedures to address how CWSB will support these families and monitor children's safety. The responsibilities of the PSS caseworker and the designated CWSB caseworker will be structured similarly to the roles of the VCM caseworker and the CWSB VCL.

For ongoing monitoring of child safety, PSS caseworkers will complete a CSRA when there is a change in a family's circumstances and before closing a case. Every six months, the caseworker will review the Prevention Plan with the family, including whether the FFH services are meeting the needs of the family.

For candidates who are referred to VCM services after a report to the hotline, the VCM caseworker will service the family through FFH-VCM. If there are safety concerns, a CWSB caseworker will service the family through ongoing monitoring in the home. The requirements for ongoing safety and risk monitoring for FFH-VCM and ongoing CWSB cases are described above in the sections on "Children Referred to FFH-VCM" and "Children Who Need Ongoing CWSB Monitoring in the Home."

Candidates receiving Family First Hawai'i Ongoing Services (FFH-OS)

Creating the Prevention Plan

All children in this category of candidates already have a prevention plan that was created when the family was receiving services through CRT or CWSB ongoing monitoring in the home. The transfer of a candidate to this category, FFH-OS, is a CWSB affirmation that the child continues to be a candidate and the prevention plan remains appropriate. Prior to the transfer, the CWSB caseworker will conduct a periodic risk and safety assessment, review the prevention plan with the family, and document these actions in the case plan. FFH-OS is a separate category of candidacy because it is a new way for CWSB to serve families.

Monitoring child safety and assessing risk

Each CWSB Section will designate a CWS liaison to monitor the safety of these candidates, oversee the provision of services to these families by contracted providers, and review and approve periodic risk assessments. Because FFH-OS is a new way that CWSB will serve families, CWSB is updating practice guidance and procedures to address how CWSB will support these families and monitor children's safety.

For ongoing monitoring of child safety, caseworkers will have monthly face-to-face visits with the family, complete a CSRA when there is a change in a family's circumstances and before closing a case. Every six months, the caseworker will complete a CSA and review the Prevention Plan with the family, including whether the FFH services are meeting the needs of the family and addressing risks so that the child can remain safely at home.

Expectant and parenting young people in care

Creating the Prevention Plan

When an EPYP who is younger than eighteen is identified as a candidate, the CWSB caseworker will create a prevention plan. When an EPYP who is participating in IK is identified as a candidate, the IK Case Manager will create a draft prevention plan in SHAKA. SHAKA will alert the IK CWS Liaison who will review the plan, consult with the IK Case Manager if needed, and activate the plan in SHAKA.

Monitoring child safety and assessing risk

EPYP who are younger than eighteen already have monthly in-person visits with their caseworker. At least every other visit occurs in the home where the EPYP lives. Monthly visits will continue after the EPYP is identified as a candidate, with visits occurring more frequently if needed. The CWSB caseworker will conduct a Safety of Placement assessment at least quarterly and will review the prevention plan with the EPYP at least every six months. Since this is a new type of case, CWSB may identify and provide training on additional assessment tools caseworkers may use for periodic risk assessments and ongoing monitoring of EPYP in foster care placements.

EPYP participating in IK have monthly visits with their IK Case Manager. This is a new type of case so CWSB is working with IK to identify and train on assessment tools appropriate for this situation. The IK Case Manager is likely to use tools and strategies currently used to develop and review the Independent Living Plan and to assess the safety of the independent living setting.

IV. IV-E Prevention Services (Pre-Print Section 1)

Hawai‘i has selected four EBP for IV-E reimbursement through FFH:

- HOMEBUILDERS®;
- Parents as Teachers (PAT);
- Healthy Families America—Child Welfare Adaptation (HFA); and
- Motivational Interviewing (MI).

These services are all rated as well-supported in the Title IV-E Prevention Services Clearinghouse (Clearinghouse); address the most pressing needs of candidates, EPYP, and parents and kinship caregivers of candidates; and meet the other criteria Hawai‘i applied when considering service options.

Hawai‘i chose these services after a robust analysis of data about the needs and characteristics of candidates for foster care and EPYP. The analysis was completed by three exploration groups that each focused on a category of allowable title IV-E prevention services: in-home parenting services, mental health services, substance abuse services. A fourth exploration group focused on the needs of EPYP. The details of this service selection process are discussed below in “Rationale for Service Selection.”

All four services are already provided to families in Hawai‘i. Including these services in the FFH service array provides CWSB with additional options to better meet the needs of families whose children are candidates. Also, FFPSA funding will help CWSB shift toward providing more evidence-based services for families. Finally, offering these services to candidates will allow some families who may not otherwise have access to these services to benefit from them.

HOMEBUILDERS® is currently offered to families that CWSB intake refers to CRT on O‘ahu and the Island of Hawai‘i. HOMEBUILDERS® also receives CWSB referrals for other O‘ahu and Hawai‘i Island cases that meet the HOMEBUILDERS® criteria, including situations where children have been reunified and extra supports are needed to stabilize the reunification. After CWSB implements FFH, HOMEBUILDERS® will continue to be offered to these families. As discussed below in the Implementation section, through FFH, CWSB will expand HOMEBUILDERS® statewide within the next few years.

After reviewing the data (described more fully below and in Appendix E), Hawai‘i chose two home visiting models—HFA and PAT—because the largest need among candidates is for parenting support services, and CWSB wants to ensure that all parents and caregivers who need this category of FFH service have access. Among the families needing parenting services, 44% have children ages five and younger, which is the target age for children in both of these programs. Both models will also meet the needs of EPYP, and both have been effective with

culturally diverse populations. Finally, CWSB selected two home visiting models to provide parents and caregivers with a choice of options because the programs differ, and one approach may be more suitable for a family than the other.

PAT and HFA are offered throughout the state by providers that are nationally accredited to offer these programs. DOH, using MIECHV funding, contracts with private providers for home visiting services. With the exception of Waianae, on the island of O'ahu, DOH funds either PAT or HFA in each of the geographic areas where DOH provides home visiting programs. In Waianae, both programs are offered. DOH makes decisions about which programs to fund in which locations after conducting a rigorous statewide needs assessment.

CWSB contracts for home visiting services separately from the DOH home visiting programs. One CWSB home visiting contractor currently uses HFA for its home visiting program; the other CWSB home visiting contractors use the Nurturing Parenting Program or other models. This will change with the next round of CWSB home visiting contracts which begin July 1, 2021—all CWSB home visiting service providers receiving new contracts will use PAT or HFA-Child Welfare Adaptation.

Most of the home visiting providers that CWSB currently contracts with are already accredited to provide HFA. These providers do not, however, offer the Child Welfare Adaptation. Through the procurement process for the next round of home visiting contracts, CWSB will educate providers about the need to follow the child welfare protocols and help the selected contractors get approval from HFA National Office for this. For providers who are already accredited to provide the HFA Signature Model, the shift to also offering the Child Welfare Adaptation is not expected to pose any challenges. As discussed below in the Implementation section, CWSB is working with DOH to develop a referral and service pathway that will provide families with continuity of services and providers throughout their enrollment in a home visiting program, regardless of how they enter that program.

For most Hawai'i providers of substance use disorder treatment services, MI is already a standard approach utilized in pre-treatment and treatment programs. CWSB currently refers families to substance use disorder treatment services, so the primary change with FFH implementation will be in the documentation, billing, and reimbursement processes for MI.

Hawai'i plans to add additional EBP to the FFH service array in the future. One proposed addition will be MI as a cross-cutting casework practice used by CWSB with candidates, their parents or kin caregivers, and EPYP. MI is currently integrated as a core component of CWSB casework practice and client engagement strategy with families. The CWSB new hire training includes MI, so all CWSB caseworkers and supervisors are trained in this approach. Ongoing training is provided, and supervisors model MI during coaching and supervision with staff. Because MI is already an integral part of casework and CWSB has established training and supports for implementation, adding MI to the FFH service array will be a practical next step to support and enhance existing FFH EBP engagement and implementation.

Rationale for Service Selection

The exploration groups were tasked with using a comprehensive approach to recommend EBP that meet the following requirements:

- Meet the needs of candidates and EPYP;
- When combined, serve children ages birth through young adulthood and their caregivers;
- Rated by the Clearinghouse;
- Have been provided successfully in Hawai‘i;
- Have capacity to serve additional clients or expand; and
- Will support Hawai‘i in achieving the distal family and system outcomes identified in the FFH Logic Model (see Appendix F).

The EPYP exploration group collected additional information about the needs of EPYP through focus groups, surveys, and young people’s participation in the group. They asked youth about their experiences as parents in the foster care system, including which services or programs best met their needs and what supports were needed but not obtained when they became parents. The EPYP group used this information to provide feedback on the recommendations of the other exploration groups. The group also provided additional context for promoting successful service provision, which is being used to guide and inform implementation of all FFH services.

The exploration groups followed the steps described below to arrive at their recommendations of programs or services that would best meet the needs of candidates and EPYP. The operational committee reviewed the recommendations, and the fiscal working group, in collaboration with Mainspring Consulting, conducted a fiscal analysis of the services. The executive committee approved the final list of programs and services for inclusion in the Title IV-E Prevention Plan.

Data analysis

The exploration groups analyzed data about candidate children and their caregivers from CPSS, SHAKA, the Department of Health, the Waiver evaluation, and community-based providers. Using this data, the groups examined the needs of children entering foster care and their parents to inform the selection of evidence-based practices to support children in their homes and communities and prevent them from entering care.

The exploration groups included young people and parents with lived experience with CWSB, community service providers, other state departments, and CWSB staff. The group participants identified additional parent and child needs not revealed through other data, including access to basic needs and the context in which services need to be delivered. Taken together, the data

provided a well-rounded picture of the needs to be addressed, the locations where services are most needed, and the types of services and practice that would best meet families' needs.

The data reviewed by the groups included the information in the following list and described below:

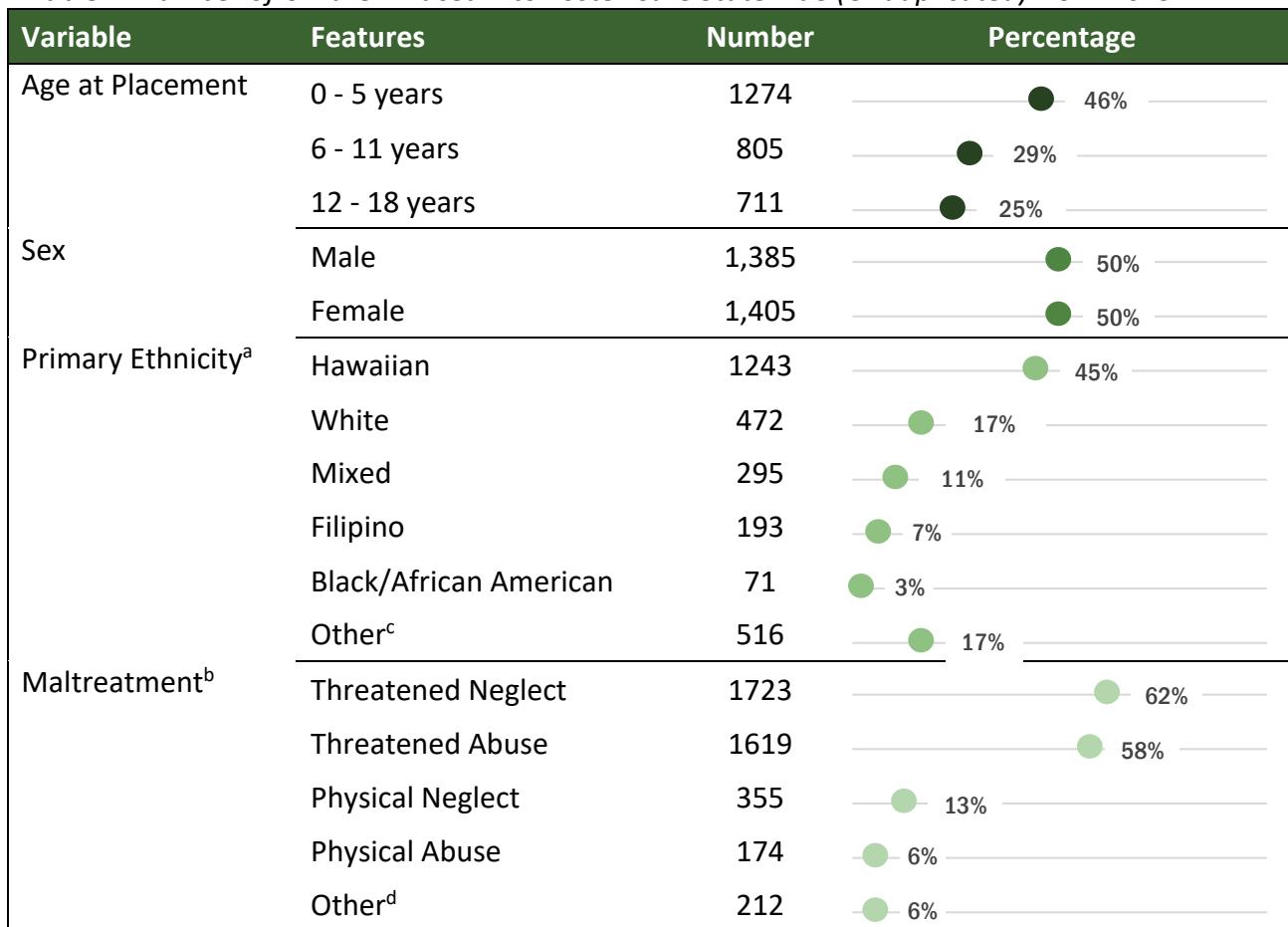
- Ages and genders of children;
- Ages and genders of parents;
- Geographic location;
- Ethnicity;
- Factors precipitating the incident (the circumstances that are associated with children's placement into foster care); and
- Types of maltreatment listed as the reasons for removal.

In SFY 2019, 2,790 children were placed in to foster care statewide. Of these children, 1,562 (56 percent) had parental substance abuse indicated as either a factor precipitating the incident or as a circumstance of removal. Statewide, 362 (13 percent) children placed into foster care had parental mental health indicated as a factor precipitating the incident, and 1,863 (67 percent) had lack of parenting skills indicated as a factor precipitating the incident.²¹ These three categories of children correspond to the FFPSA eligible service categories, and children may be represented in more than one category. Demographic analysis of these subcategories of children did not indicate that the subcategory demographics differed significantly from the total population of children placed into foster care by age, gender, primary ethnicity, or maltreatment type.

Table 4 represents the demographic characteristics of the 2,790 children placed into foster care statewide in SFY 2019.

²¹ These data connect directly to decisions made by CWSB about which EBP to offer through FFH. For example, three parenting services are included because that is an identified need of 67 percent of children entering foster care, and no mental health services are currently included because this need was identified for only 13 percent of children entering foster care.

Table 4. Number of Children Placed into Foster Care Statewide (Unduplicated) – SFY 2019



^a Ethnicity is a multiple response variable. All types that were indicated in > 5% of cases are included. Twenty-two different ethnicities are possible.

^b Type of maltreatment is a multiple response variable. All types that were indicated in > 5% of cases are included. Eleven types of maltreatment are possible.

^c All ethnicities indicated in 1 - 5% of cases are included here as "Other Ethnicities."

^d All categories indicated in 1 - 5% of cases are included here as "Other."

Statewide scan of existing programs and services

The exploration groups, comprised of diverse participants from private and public agencies across the state, conducted a statewide scan of existing programs and services in each service category. The results of this scan included a comprehensive list of available programs and services with the following information about each program:

- Evidence-base (if any);
- Target population;
- Service area and geographic availability;
- Service provider;
- Funding source;
- Contracting agency (if different from above);
- Whether services are culturally responsive or have specific components based in Native Hawaiian cultural practices or values;
- Current and potential capacity;
- Availability of training, certification, case consultation, other support locally or nationally;
- Whether services are delivered in a trauma-informed approach;
- How model fidelity is ensured; and
- Extent to which programs and services are evaluated or use a CQI approach.

Matching of candidate needs to services

After each exploration group completed its statewide scan, the groups compared the needs and characteristics of the candidate and EPYP populations to the available programs and services. By matching needs, geographic locations, and program features and outcomes, the groups identified a short list of programs and services to recommend to the operational committee.

Pragmatic lens

At every step of the process, participants reviewed potential programs and services through a pragmatic lens, asking questions about what it would look like in practice to utilize a particular service. The feasibility of successful implementation was a key factor informing CWSB's decisions.

For example, as a final step before making recommendations to the operational committee, the exploration groups looked again at the information they had gathered and discussed the practicality of implementing each program or service. Practical considerations included whether the programs and services are already available, where the programs and services are provided in the state, the costs to implement or expand, whether training and support is available in

Hawai‘i or must be provided by out-of-state consultants, and the extent to which programs and services incorporate Native Hawaiian cultural practices.

After the exploration groups created a short list of proposed programs and services, the group conveners gathered additional infrastructure information including details on service capacity, existing CWSB contracts, training requirements, training capacity within Hawai‘i, fidelity to models, evaluation activities, and how services are funded. This information supplemented the fiscal analysis and will inform the procurement and implementation processes.

Fiscal analysis

The Fiscal Working Group conducted a fiscal analysis using a tool developed by Mainspring Consulting through collaboration with the Annie E. Casey Foundation. Mainspring Consulting worked with Hawai‘i from mid-2019 through mid-2020 to gather data; estimate service needs, utilization, and costs over five years; and create a tool that CWSB used to analyze the fiscal implications of different service options and numbers of candidates and EPYP served. A fiscal analysis was completed for eight services before the final four services were chosen.²² CWSB will use the fiscal analysis to inform future decisions about adding new FFH services or expanding selected services.

Service gaps and barriers

The process that identified the four FFH offerings also revealed gaps in services and barriers to accessing services. This information the exploration groups documented about gaps and barriers will help Hawai‘i develop a more comprehensive array of public and private services over time. For example, Hawai‘i has only two locations where mothers can attend in-patient substance use disorder treatment and have their children live with them. No such services exist for fathers. Also, very few ongoing parenting support services exist for parents with children of different ages—parenting services are usually targeted to the age of the children, so a parent with toddlers and teens may be required to participate in two separate parent education programs. HOMEBUILDERS® is an example of a parenting service for families with children of any ages, but it is time-limited and focused on addressing a crisis rather than providing ongoing parenting education and support.

Service barriers include the need for transportation and childcare, differences in language or culture, poor coordination among multiple providers serving the same family, and a lack of technology to coordinate with providers or participate in virtual services during the pandemic. The parenting and substance abuse exploration groups identified a critical need for families to

²² The eight services were Families Facing the Future, Functional Family Therapy, Healthy Families America, HOMEBUILDERS, Motivational Interviewing, Multisystemic Therapy, Motivational Interviewing, Parents as Teachers. Only a preliminary fiscal analysis was completed on the services that are not included in the plan.

have concrete supports (primarily housing and food) to both prevent child abuse and neglect and to enable participation in services.

Understanding service gaps and barriers is particularly important because Hawai‘i is developing a comprehensive statewide child abuse and neglect (CAN) prevention framework on a parallel track with CWSB’s implementation of FFH. The steering committee for the CAN prevention framework includes many people who are also participating in developing the FFH plan. Information collected during the FFH planning will also inform the other effort.

Hawai‘i IV-E Reimbursable Programs and Services Description

CWSB plans to claim IV-E reimbursement for the following four EBP (Table 5). All four programs are:

- Trauma-informed, as documented on Attachment III, State Assurance of Trauma-Informed Service Delivery;
- Currently provided in Hawai‘i;
- Included in the State Request for Waiver of Evaluation Requirement for a Well-Supported practice, included as Attachment II.

Table 5. Hawai‘i FFH EBP

EBP	Clearinghouse Rating	Target Age	Average Length of Service	Expected Proximal Outcomes	Manual
Substance Use Disorder Services					
Motivational Interviewing (MI)	Well-supported	Youth and Adults	2-3 sessions	Faster engagement in substance use services; increased substance use services completion rates.	Miller, W.R. & Rollnick, S. (2012). Motivational Interviewing, Third Edition: Helping People Change. Guilford Press
Parenting Services					
Healthy Families America (HFA), implementing Child Welfare Protocols	Well-supported	Prenatal to 5 years (enrollment from prenatal up to 24 months if referral is from CWS)	36 or 60 months	Improved parenting practices; increased nurturing parent-child relationships.	<i>The Best Practice Standards</i> (Healthy Families America, Prevent Child Abuse America (2018)) and <i>State/Multi-Site System Central Administration Standards</i> (Healthy Families America, Prevent Child Abuse America (2018)). ^a
HOMEBUILDERS®	Well-supported	0 to 17 years	4 to 6 weeks	Improvements in parental capabilities, family interactions, and family safety.	The HOMEBUILDERS® Implementation Guide, available through the Institute for Family Development
Parents as Teachers (PAT)	Well-supported	Prenatal to 5 years (enrollment from prenatal to Kindergarten entry)	36 or 60 months	Improved parenting practices.	Foundational Curriculum (Parents as Teachers National Center, Inc. (2016)); and Foundational 2 Curriculum: 3 Years through Kindergarten (Parents as Teachers National Center, Inc. (2014))

^aThe *Best Practice Standards* are implemented in conjunction with *State/Multi-Site System Central Administration Standards*.

Substance Abuse Programs and Services

Motivational Interviewing

Motivational Interviewing (MI) is an approach to promoting behavioral change that is widely used in Hawai‘i and is woven into various substance use disorder (SUD) treatment modalities and practices, including both pre-treatment and treatment services. All contracts the Hawai‘i Department of Health Alcohol and Drug Abuse Division (ADAD) has for SUD treatment and recovery support services include a treatment code for Motivational Enhancement, which can include MI. The use of Motivational Enhancement is documented as a progress note encounter, using this code definition: “Motivational Enhancement Services provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities, and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs. Motivational Enhancement Services consist of individual and process or educational group counseling.”

ADAD is the primary and often sole source of public funds for SUD treatment. CWSB refers clients with suspected and known SUD to ADAD programs. ADAD’s treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet individuals’ and families’ treatment and recovery needs. The ADAD Chief Clinical Officer co-convened the FFH Substance Abuse Services Exploration Group and continues to work with CWSB to develop the process for using MI as a FFH EBP.

Clearinghouse Rating and Service Description

MI is rated as “well-supported” for substance abuse programs and services in the Clearinghouse. MI is a counseling method that promotes behavioral change by identifying ambivalence and increasing motivation for change through the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. Providers of MI use open-ended questions and reflective listening to encourage people to consider their personal goals and how their current behaviors may compete with attainment of those goals. MI is effective when used with adolescents or adults.

MI is typically used in one to three sessions of thirty to sixty minutes and may be used in additional sessions or as a periodic tool when working with clients over a longer time. MI is often used in conjunction with other therapies and programs.

Hawai‘i providers of SUD treatment services contracted through ADAD use MI as a component of the pre-treatment outreach service “Motivational Enhancement” and as part of treatment services. ADAD and CWSB are working together on the process for providing MI as a FFH service. The referral pathway for candidates already exists; the change will be in how MI is documented and billed so that it is tracked as a FFH service.

Program Model and Documentation

The Motivational Interviewing Network of Trainers (MINT) does not recommend specific trainings, no minimum qualifications are required, and there is no national certification office for MI. In Hawai'i, CWSB provides MI training to all staff through the new hire training curriculum. SUD treatment providers receive MI training through ADAD, whose Quality Assurance Improvement Office oversees statewide MI training. Both ADAD and CWS offer ongoing MI training to support staff and providers after their initial training. The recommended curriculum and citation for Hawai'i providers is Miller, W.R. & Rollnick, S. (2012). *Motivational Interviewing, Third Edition: Helping People Change*. Guilford Press.

Implementation Plan

All SUD treatment providers with ADAD contracts can use MI, and fidelity is monitored by providers and through ADAD contractual requirements. These providers already serve CWSB families who need SUD treatment, so the referral pathway exists. For FFH implementation, CWSB and ADAD must work out how MI will be tracked as a FFH service in a way that captures required client and payment data. CWSB and ADAD will further examine the fidelity monitoring process and determine whether additional tools or practices will be needed, and if so, how to implement those changes. CWSB and ADAD will also work together on providing training for treatment providers serving candidates and CWSB caseworkers about the model, the CQI and fidelity monitoring processes, and proper documentation. ADAD and CWSB are working together on this and will consult with Med-QUEST and other stakeholders as needed. CWSB expects to begin claiming for this service by the end of calendar year 2022.

Expected Services Outcomes

Research shows that MI leads to behavioral changes.²³ Clients receiving MI have higher rates of active participation in services and an enhanced internal motivation to change. By using MI as a part of pre-treatment outreach, SUD treatment providers increase the number of clients who participate in SUD treatment services.²⁴ When used during SUD treatment, MI increases the likelihood that a client will successfully complete the program and remain sober in the future. CWSB expects that individuals participating in MI as a substance abuse intervention through

²³ See, e.g., *Child Risk and Parental Resistance: Can Motivational Interviewing Improve the Practice of Child and Family Social Workers in Working with Parental Alcohol Misuse?*, British Journal of Social Work, 38(7), 1302-1319, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1438882, Forrester, D., McCambridge, J., Waissbein, C., Emlyn-Jones, R., Rollnick, S. (2008); *Partnering With Parents: Reviewing the Evidence for Motivational Interviewing in Child Welfare*, Families in Society: The Journal of Contemporary Social Sciences, 100(1), 52-67, <https://journals.sagepub.com/doi/full/10.1177/1044389418803455>, Shah, A., Jeffries, S., Cheatham, L., et. al. (2018); *A meta-analysis of motivational interviewing: Twenty-five years of empirical studies*, Research on Social Work Practice, 20(2), 137-160, <https://journals.sagepub.com/doi/10.1177/1049731509347850>, Lundahl, B., Kunz, C., Brownell, C., Tollefson, D., Burke, B. (2010).

²⁴ California Evidence-Based Clearinghouse for Child Welfare, <https://www.cebc4cw.org/program/motivational-interviewing/> and Title IV-E Prevention Services Clearinghouse. <https://preventionservices.abtsites.com/programs/214/show>.

FFH will have faster engagement in substance use services and increased substance use services completion rates. The Logic Model in Appendix F shows how MI will help Hawai'i achieve identified proximal and distal family and system outcomes.

Selection Process

The Substance Abuse Services Exploration Group recommended MI for inclusion as a FFH service. After reviewing that recommendation and the supporting evidence, the Operational and Executive Committees agreed that MI would meet the needs of FFH candidates and could be feasibly implemented as a FFH service.

To arrive at their recommendation, the exploration group analyzed the CWSB data described in IV, "Rationale for Service Selection," beginning on page 39, and in Appendix E. Of particular importance was the fact that parental substance abuse was either a factor precipitating the incident or a circumstance of removal for 56 percent of children who were placed into foster care. From the data and additional information shared by parents and providers, the group concluded that parents struggling with substance use disorders need extra support to recognize and acknowledge how their substance use is affecting their parenting and to address their substance use. As described in section IV, the exploration group also looked at the ethnicity of children in foster care (45 percent Native Hawaiian) and the geographic distribution of families involved with CWSB.

The exploration group then looked at the existing array of supports and services for parents with substance use disorders, including which programs are available, where they are available, the eligibility requirements, the evidence base for the programs, the expected outcomes for participants, whether the services are culturally responsive, and whether the providers use a trauma-informed approach.

The last step involved matching existing programs to the identified needs of families who would be referred to them through FFH. By matching the needs and characteristics of the candidate and EPYP populations to the available programs and services, the exploration group identified MI as a substance abuse service to recommend to the Operational and Executive committees.²⁵ MI was chosen because it meets the needs of a large group of FFH candidates, is widely available through existing substance use disorder programs, and is a well-supported intervention in the Clearinghouse. MI has shown positive outcomes when used with people of different races and ethnicities, and Hawai'i substance abuse providers have obtained positive results when using MI with Native Hawaiians and Pacific Islanders.²⁶ The expected outcomes from participating in MI align with the outcomes that CWSB wants for FFH families to prevent

²⁵ For more details on this process, see section IV., "Rationale for Service Selection," beginning on page 39.

²⁶ See, e.g., Field, C., Walters, S., Marti, C. N., Jun, J., Foreman, M., & Brown, C. (2014). A multisite randomized controlled trial of brief intervention to reduce drinking in the trauma care setting: How brief is brief? *Annals of Surgery*, 259(5), 873-80; and Gilder, D. A., Geisler, J. R., Luna, J. A., Calac, D., Monti, P. M., Spillane, N. S., . . . Ehlers, C. L. (2017). A pilot randomized trial of Motivational Interviewing compared to psycho- education for reducing and preventing underage drinking in American Indian adolescents. *Journal of Substance Abuse Treatment*, 82, 74-81.

entry into foster care. Furthermore, the target population for MI as a substance abuse service aligns with the FFH target population described just below.

Target Population

MI as a substance abuse service is designed for individuals who might be ambivalent about changing their behavior related to substance use. The target population for FFH MI is parents or kinship caregivers of candidates for foster care if CWSB has identified parental substance abuse as one of the factors placing the child at risk of entering foster care. EPYP are also eligible for MI as a substance abuse service. In determining whether MI is the appropriate FFH service for a candidate, CWSB will assess the parents' strengths and needs to determine whether substance abuse treatment is a needed service.

Mental Health Programs and Services

CWSB is not including any mental health programs and services in its Title IV-E Prevention Plan at this time. In SFY 2019, parental mental health was indicated as a factor precipitating the incident for only 13 percent of children entering foster care statewide. Currently, when mental health needs are identified, CWSB refers families to various mental health programs and services, several of which are funded through Medicaid. Because mental health services are presently available, and greater numbers of families with children at risk of entering foster care need other services like parenting supports, CWSB chose not to include mental health services in its initial FFH offerings. CWSB is exploring ways to include those and other services in the future and will submit an amended plan when it is ready to add mental health programs and services.

Parenting Programs and Services

Healthy Families America – Implementing the Child Welfare Protocols

Healthy Families America (HFA) is a voluntary, strengths-based home visiting program designed to prevent CAN and support families with risk factors associated with child maltreatment or adverse childhood experiences. HFA programs utilizing the Child Welfare Protocols must receive approval from the HFA National Office and enter into a Memorandum of Understanding (MOU) with the child welfare agency; the MOU explains the program requirements for families referred by CWS.²⁷ For example, in the HFA Signature Model, families can receive HFA services beginning prenatally or within three months of birth. Under the Child Welfare Protocols, families referred by CWS are eligible to enter the HFA program anytime until the child is 24

²⁷ Healthy Families America. (n.d.). *Protocols for working with families referred from child welfare*. (n.d.). <https://www.healthyfamiliesamerica.org/protocols-child-welfare/>.

months of age. In both the HFA Signature Model and with the HFA Child Welfare Protocols, services must be offered for at least three years after the family enrolls in the program.

Clearinghouse rating and service description

HFA is rated as “well-supported” for in-home parent skill-based programs and services in the Clearinghouse. HFA is a nationally accredited program developed by Prevent Child Abuse America to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors. HFA includes screening and assessments to identify families most in need of services; offers intensive, long-term, and culturally responsive services to both parent(s) and children; and links families to a medical provider and other community services as needed.

Most families participating in HFA are offered services for at least three years and up to five years. Home visits are provided weekly for at least the first six months of participation; after that, depending on a family’s needs, visits may occur once or twice a month.

Program model and documentation

The HFA National Office provides HFA training and accreditation. Sites must become HFA affiliates to offer the program and can become accredited after two years as an affiliate.

The HFA model is based upon twelve Critical Elements operationalized through a series of standards that provide a solid structure for quality yet offer flexibility to design services specifically to meet the unique needs of families and communities. Fidelity to the program model requires adherence to the 2018-2021 HFA Best Practice Standards. Sites implementing the Child Welfare Protocols use the same training materials and follow the same steps for affiliation and accreditation as sites implementing the HFA Signature Model. The Core Training includes training on trauma-informed practice and the ACF Home Visiting Evidence of Effectiveness review described HFA as “building on the tenets of trauma-informed care.”²⁸ The target population are parents who have experienced existing or past traumatic events or situations.

The HFA National Office, using HFA certified trainers, provides orientation and required core trainings, which are specific to each staff member’s role and are each four days in length.²⁹ Supervisors and program managers receive a fifth day of training beyond the two core

²⁸ ACF (n.d.). *Healthy Families America Model Overview*.

[https://homvee.acf.hhs.gov/implementation/Healthy%20Families%20America%20\(HFA\)%C2%AE/Model%20Overview](https://homvee.acf.hhs.gov/implementation/Healthy%20Families%20America%20(HFA)%C2%AE/Model%20Overview).

²⁹ Healthy Families America. (n.d.). *Training opportunities for affiliates*.

<https://www.healthyfamiliesamerica.org/hfa-training/>.

trainings. Before Covid-19, the trainings were only provided in person. Starting in the fall of 2020, the HFA National Office will provide virtual core training opportunities.

The HFA National Office has developed guides that explain the program model and documentation and will be used for HFA implementation in Hawai‘i: *The Best Practice Standards* (Healthy Families America, Prevent Child Abuse America (2018)) and *State/Multi-Site System Central Administration Standards* (Healthy Families America, Prevent Child Abuse America (2018)). The *Best Practice Standards* are implemented in conjunction with *State/Multi-Site System Central Administration Standards*.³⁰

Implementation plan

HFA is offered on every island in Hawai‘i through DOH contracts with private providers. The DOH funding source is the DOH MIECHV grant; however, one DOH-contracted site is funded by a federal DOE-Native Hawaiian Education Program. All HFA providers with DOH contracts are HFA affiliate sites and are contractually required to maintain accreditation through the HFA National Office. They are also contractually required to engage in trauma-informed practice and participate in professional development activities to promote trauma-informed practice.

Most providers who have existing CWSB home visiting contracts are also providers of the HFA Signature Model under DOH MIECHV contracts. The Child Welfare Adaptation is not currently offered in Hawai‘i, so any HFA providers serving FFH candidates will need to demonstrate how they will implement the Child Welfare Adaptation with fidelity to the model. Through the procurement process for the next round of home visiting contracts, CWSB will educate providers about the need to follow the child welfare protocols and will help the selected contractors get approval from HFA National Office for this. For providers who are already accredited to provide the HFA Signature Model, the shift to also offering the Child Welfare Adaptation is not expected to pose any challenges. The biggest change will be that HFA providers have the ability to enroll children from birth up to age 24 months if the referral is made by CWSB.

The current CWSB home visiting contracts end June 30, 2021. CWSB has begun the procurement process for new home visiting contracts that will begin July 1, 2021. CWSB will require providers bidding on the new contracts to implement either the HFA model using the Child Welfare Protocols or the PAT model. CWSB will support providers in obtaining the required training to provide the service, obtaining approval to implement the child welfare protocols, understanding the needs of candidates, learning and complying with documentation and billing requirements for IV-E claiming, and working with CWSB with this new category of FFH families.

³⁰ The guides are available to providers through <https://www.healthyfamiliesamerica.org/>.

CWSB already has a referral process for connecting families with services, including existing CWSB home visiting services. Candidates and EYPY will be referred to HFA following this same process.

CWSB is working with DOH to determine how the two agencies can collaborate to provide HFA to candidates and EPYP. The goal is to provide families with continuity of services and providers throughout their enrollment in a home visiting program, regardless of how they enter that program. DOH and HFA providers are key partners with CWSB in ensuring continuity of care for families. DOH and CWSB are involved in ongoing conversations about the best approach to collaborating to provide a well-functioning system of home visiting services.

Expected services outcomes

HFA programs are expected to develop and sustain community partnerships to engage and support families, cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.³¹ Families participating in HFA services should experience improved parenting skills, an increased understanding of child development, and a reduction in risk factors associated with CAN. CWSB expects that families participating in HFA through FFH will achieve the outcomes of improved parenting practices and increased nurturing parent-child relationships. The Logic Model in Appendix F shows how HFA will help Hawai‘i achieve identified proximal and distal family and system outcomes.

Selection Process

The Parenting/Support Services Exploration Group recommended HFA for inclusion as a FFH service. After reviewing that recommendation and the supporting evidence, the Operational and Executive Committees agreed that HFA would meet the needs of FFH candidates and could be feasibly implemented as a FFH service.

To arrive at their recommendation, the exploration group analyzed the CWSB data described in IV, "Rationale for Service Selection," beginning on page 39, and in Appendix E. Particularly relevant data include the ages of children entering care (46 percent of children are ages birth to five at removal) and the most prevalent precipitating circumstances related to the removals (44 percent of removals of children ages birth to five are related to a "lack of parenting skills"). The group then looked more closely at what constituted a lack of parenting skills and found that the top parenting factors precipitating the removal incidents were heavy continuous childcare responsibility, loss of control during discipline, lack of tolerance to child's behavior, inability to cope with parental responsibility, and unacceptable child-rearing method. From the data and

³¹ See HFA Evidence of Effectiveness, <https://www.healthyfamiliesamerica.org/our-impact/evidence-of-effectiveness/>; California Evidence-Based Clearinghouse for Child Welfare, <https://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-prevention-of-child-abuse-and-neglect/>; Title IV-E Prevention Services Clearinghouse, <https://preventionservices.abtsites.com/programs/202/show>.

additional information shared by parents and providers, the group concluded that parents who are most at risk of CWSB involvement and have children ages birth to five need extra support with appropriate parenting, understanding child development, bonding and attachment, strengthening their resiliency, connecting with other parents and supportive adults, and accessing concrete supports. As described in section IV, the exploration group also looked at the ethnicity of children in foster care (45 percent Native Hawaiian) and the geographic distribution of families involved with CWSB.

The exploration group then looked at the existing array of supports and services for parents of young children, including which programs are available, where they are available, the eligibility requirements, the evidence base for the programs, the expected outcomes for participants whether the services are culturally responsive, and whether the providers use a trauma-informed approach.

The last step involved matching existing programs to the identified needs of families who would be referred to them through FFH. By matching the needs and characteristics of the candidate and EPYP populations to the available programs and services, the exploration group identified a short list of programs and services to recommend to the Operational and Executive committees.³² HFA was selected because it is a home visiting program that aligns with the needs of a large group of FFH candidates, is culturally responsive, and has successfully met the needs of families in Hawai‘i and families of diverse racial, ethnic, and cultural backgrounds.³³ The expected outcomes from participating in HFA align with the outcomes that CWSB wants for FFH families to prevent entry into foster care. Furthermore, the target population for the HFA Child Welfare Protocols aligns with the FFH target population described just below.

Target Population

HFA is designed for families with an increased risk for maltreatment or other adverse childhood experiences.³⁴ Implementation of the HFA Child Welfare Protocols is for families with these increased risks who are involved with a child welfare system. The target population for FFH HFA is parents and kin caregivers of candidates for foster care who are younger than 24 months when enrolled in HFA if CWSB has identified a lack of parenting skills as one of the factors placing the child at risk of entering foster care. In determining whether HFA is the appropriate FFH service for a candidate, CWSB will also assess whether improving the parent’s parenting practices and increasing the nurturing parent-child relationship would reduce the risk of CAN. HFA is an appropriate FFH service for EPYP if the young person is expecting or has a child younger than 24 months of age.

³² For more details on this process, see section IV., "Rationale for Service Selection," beginning on page 39.

³³ See, e.g., Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., . . . Sia, C. C. J. (1999). Evaluation of Hawaii's Healthy Start program. Future of Children, 9(1), 66-90.

³⁴ HFA Model Target Population, <https://preventionservices.abtsites.com/programs/253/show>.

HOMEBUILDERS®

HOMEBUILDERS® provides intensive in-home counseling and support services for families with a child at imminent risk of out-of-home placement. HOMEBUILDERS® supports families during crises using tailored intervention strategies and a diverse range of services, such as support with basic needs, service navigation, and psychotherapy. Providers use behavioral assessments to determine outcome-based goals and help families identify strengths and problems associated with child safety or behaviors. The model utilizes cognitive and behavioral practices to teach family members new skills and facilitate behavior change.

Clearinghouse rating and service description

HOMEBUILDERS® is rated as “well-supported” for in-home parent skill-based programs and services in the Clearinghouse. It is an intensive intervention for families with children from birth to seventeen years of age. Providers spend an average of eight to ten hours working with the family in person each week and have telephone contact between sessions. Services last four to six weeks, and up to five hours of aftercare support are provided in the six months following the initial service.

The program can be provided to children, adolescents, parents, and caregivers. Services for the child typically focus on the child’s behaviors, and services for parents typically focus on parenting skills, family conflict, substance abuse, and the parents’ regulation and expression of emotions.

Program model and documentation

The Institute for Family Development provides national certification, training, and fidelity monitoring for all HOMEBUILDERS® providers.³⁵ The HOMEBUILDERS® Quality Enhancement System (QUEST) division provides training, site development services, monitoring of model fidelity, and ongoing clinical and program management consultation and quality assurance services.³⁶ Multiple days of initial and ongoing training are required for HOMEBUILDERS® clinical staff and supervisors.

The manual for HOMEBUILDERS® is the HOMEBUILDERS® Implementation Guide, available through the Institute for Family Development. This Guide contains program standards, fidelity measures, and clinical and supervisory tools.

Implementation plan

³⁵ See <http://www.institutefamily.org/>.

³⁶ Institute for Family. (n.s.). *HOMEBUILDERS Quality Enhancement System*.
<http://www.institutefamily.org/pdf/QUESTOverview.pdf>.

HOMEBUILDERS® was one of the new interventions that CWSB implemented during the Waiver. The Waiver evaluation showed the program's effectiveness, and CWSB has continued using the service since the Waiver ended. The pathway for CWSB families to access HOMEBUILDERS® is for the intake unit to refer families that meet the CRT criteria to CRT, and then CRT connects the family with HOMEBUILDERS® to stabilize the family, alleviate the crisis, and prevent removal into foster care.

For FFH, CWSB will likely extend the HOMEBUILDERS® contracts and use this service for candidates. CWSB will also expand the service to Kaua'i and Maui in year two or year three, subject to availability of funds and capacity; during the Waiver, HOMEBUILDERS® was provided on O'ahu and Hawai'i Island. CWSB is working with the HOMEBUILDERS® providers and CWSB Section Administrators to develop a plan to offer HOMEBUILDERS® statewide by the end of SFY2023, if not earlier.

Expected services outcomes

HOMEBUILDERS® helps stabilize families, enhances positive parenting skills, educates parents about child and adolescent development, improves goal-setting and communication skills, reduces "acting out" and anti-social behaviors in all family members, reduces family conflict and violence, assists family members in accessing mental health services and substance use disorder treatment, and helps families access supportive community services and concrete goods and services related to the family's goals.³⁷ CWSB expects that families participating in HOMEBUILDERS® through FFH will achieve the outcomes of improvements in parental capabilities, family interactions, and family safety. The Logic Model in Appendix F shows how HOMEBUILDERS® will help Hawai'i achieve identified proximal and distal family and system outcomes.

Selection Process

The Parenting/Support Services Exploration Group recommended HOMEBUILDERS® for inclusion as a FFH service. After reviewing that recommendation and the supporting evidence, the Operational and Executive Committees agreed that HOMEBUILDERS® would meet the needs of FFH candidates and could be feasibly implemented as a FFH service.

To arrive at their recommendation, the exploration group analyzed the CWSB data described in IV, "Rationale for Service Selection," beginning on page 39, and in Appendix E. Of particular importance was the fact that a "lack of parenting skills" was either a factor precipitating the incident or a circumstance of removal for 67 percent of children who were placed into foster care. The group then looked more closely at what constituted a lack of parenting skills

³⁷ See California Evidence-Based Clearinghouse for Child Welfare, <https://www.cebc4cw.org/program/homebuilders/detailed>; Title IV-E Prevention Services Clearinghouse, <https://preventionservices.abtsites.com/programs/211/show>; ACF Home Visiting Evidence of Effectiveness review, [https://homvee.acf.hhs.gov/effectiveness/HOMEBUILDERS%20\(Birth%20to%20Age%205\)%C2%AE/In%20Brief](https://homvee.acf.hhs.gov/effectiveness/HOMEBUILDERS%20(Birth%20to%20Age%205)%C2%AE/In%20Brief).

and found that the top parenting factors precipitating the removal incidents were heavy continuous childcare responsibility, loss of control during discipline, lack of tolerance to child's behavior, inability to cope with parental responsibility, and unacceptable child-rearing method. Because HOMEBUILDERS® was a Waiver intervention, the group looked at outcomes for families referred to HOMEBUILDERS® during the Waiver. From the data and additional information shared by parents and providers, the group concluded that parents who are experiencing a crisis and whose children are at imminent risk of out-of-home placement need immediate, intensive, culturally appropriate in-home services to prevent removal.

The exploration group then looked at the existing array of supports and services for parents, including which programs are available, where they are available, the eligibility requirements, the evidence base for the programs, the expected outcomes for participants, whether the services are culturally responsive, and whether the providers use a trauma-informed approach.

The last step involved matching existing programs to the identified needs of families who would be referred to them through FFH. By matching the needs and characteristics of the candidate and EPYP populations to the available programs and services, the exploration group identified a short list of programs and services to recommend to the Operational and Executive committees.³⁸ HOMEBUILDERS® was selected because it is an intensive parent support and family stabilization program that aligns with the needs of a large group of FFH candidates. Furthermore, it is designed for families with children of all ages, so unlike HFA and PAT, it meets the needs of families whose children are older than five. The expected outcomes from participating in HOMEBUILDERS® align with the outcomes that CWSB wants for FFH families to prevent entry into foster care. Furthermore, the target population for HOMEBUILDERS® aligns with the FFH target population described just below.

Target Population

HOMEBUILDERS® is designed for families whose children ages birth to eighteen are at imminent risk of out-of-home placement or are in placement and require intensive in-home services for a successful reunification. Through FFH, HOMEBUILDERS® may be used when a child is reunified with their family and intensive services will stabilize the placement and prevent re-entry into care. The target population for FFH HOMEBUILDERS® is parents and kin caregivers of candidates for foster care when the family is experiencing a crisis and a child is at imminent risk of removal. EPYP are also eligible for HOMEBUILDERS®. In determining whether HOMEBUILDERS® is the appropriate FFH service for a candidate, CWSB will assess whether the crisis requiring CWSB intervention is likely to be resolved with short-term intensive counseling and support services.

³⁸ For more details on this process, see section IV., "Rationale for Service Selection," beginning on page 39.

Parents as Teachers

Parents as Teachers (PAT) is a parenting intervention designed for expectant parents and parents of children from birth to age five. The program educates parents about child development and school readiness, promotes positive child development, enhances the protective factors in families, and connects families with support systems and resources.

Clearinghouse rating and service description

PAT is rated as “well-supported” for in-home parent skill-based programs and services in the Clearinghouse. PAT offers home visiting parent education services to new and expectant parents, starting prenatally and continuing until the child reaches kindergarten. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings, and community resource networks. The PAT model is flexible enough to be used successfully with diverse families.³⁹ The MIECHV PAT providers in Hawai‘i focus on needs specific to Native Hawaiian families and have integrated cultural components that resonate with Native Hawaiians.

Some PAT programs provide three years of services and others serve families until children enter kindergarten. Families can enroll in PAT when expecting a child or any time until the child hits the upper age limit for the program (age three or age five). Services are offered once or twice a month, depending on the family’s needs, and may be provided in the family’s home or a community setting. PAT services may also be provided virtually; the National Center supports affiliates in virtual service delivery.

Program model and documentation

PAT programs in Hawai‘i are accredited by the Parents as Teachers National Center and are affiliates of the PAT National Center. The PAT National Center oversees the new affiliate application process, which requires prospective affiliate sites to submit an Affiliate Plan for approval. The plan details how the program will meet the PAT Essential Requirements and best practice standards.

Affiliates follow the model’s essential requirements, which provide minimum expectations for program design, infrastructure, and service delivery. PAT provides support for affiliates to meet those requirements as well as additional quality standards representing best practices in the field.

Parent Educators must be certified in the PAT Foundational 1 Curriculum (for Parent Educators supporting families with children prenatal to age three) and Supervisors must be certified in the Model Implementation. Providers in programs serving children up to age five must also be certified in the PAT Foundational 2 Curriculum, which is for Parent Educators supporting

³⁹ [PAT](https://parentsastateachers.org/evidencebased-home-visiting-model) evidence-based model description at <https://parentsastateachers.org/evidencebased-home-visiting-model>.

families with children ages three through kindergarten. The PAT National Center provides these trainings and certifications and their Model Implementation Library includes the training manuals to be used in Hawai‘i: *Foundational Curriculum* (Parents as Teachers National Center, Inc. (2016)); and *Foundational 2 Curriculum: 3 Years through Kindergarten* (Parents as Teachers National Center, Inc. (2014)).⁴⁰ Of special importance to CWSB, which is looking for programs and services that will meet the needs of EPYP, is a PAT curriculum for working with adolescent parents, *Partnering With Teen Parents*.⁴¹

PAT’s Model Implementation Library makes resources available to those who receive PAT training. Because of the pandemic, all required trainings are currently provided through an online platform. All PAT program documents and requirements are available at the PAT National Center website.⁴²

Implementation plan

PAT in Hawai‘i is currently offered on every island and is funded by DOH through its MIECHV grant. The Hawai‘i PAT programs use the national model’s curriculum and supplement it with culturally relevant content geared for the communities they serve. All PAT providers with DOH contracts are affiliate sites and are contractually required to maintain accreditation through the PAT National Center. They are also contractually required to engage in trauma-informed practice and participate in professional development activities to promote trauma-informed practice.

CWSB’s current home visiting contracts end June 30, 2021. CWSB has already begun the procurement process for new home visiting contracts that will begin July 1, 2021. CWSB will require providers bidding on the new contracts to implement either the PAT model or the HFA model. CWSB will support providers in obtaining the required training to provide the service, obtaining approval to implement the child welfare protocols, understanding the needs of candidates, learning and complying with documentation and billing requirements for IV-E claiming, and working with CWSB with this new category of FFH families.

In the process of identifying which services to include in the Title IV-E Prevention Plan, PAT was recommended as a particularly good match for many FFH candidates. Therefore, in the procurement process, CWSB will encourage providers to use the PAT model and may provide some assistance that would allow new providers to become certified PAT affiliate sites.

⁴⁰ Parents as Teachers. (n.d.). *PAT Foundational Training and Curriculum*. <https://parentsasteachers.org/foundational-training-curriculum>.

⁴¹ Parents as Teachers. (n.d.). *Partnering With Teen Parents*, “a two-day training for all professionals who work with adolescent parents offers constructive insights into teen parents, their children, and the issues they all face,” <https://parentsasteachers.org/partnering-with-teen-parents>.

⁴² See <https://parentsasteachers.org/resources-tools>.

CWSB already has a referral process for connecting families with services, including existing CWSB home visiting services. Candidates and EYPY will be referred to PAT following this same process.

CWSB is also working with DOH to determine how the two agencies can collaborate to provide PAT to candidates and EPYP. The goal is to provide families with continuity of services and providers throughout their enrollment in a home visiting program, regardless of how they enter that program. By early 2022, CWSB expects to have a plan in place for families to transition from FFH PAT services into PAT services funded by a different source. DOH and PAT providers are key partners with CWSB in developing this continuity of care.

Expected services outcomes

PAT strengthens families by educating parents and supporting families. Participation in PAT increases protective factors in families and reduces risk factors.⁴³ Program goals include increasing parents' knowledge of early childhood development, improving parenting practices, providing early detection of developmental delays and health issues, preventing CAN, and increasing children's school readiness and success. CWSB expects that families participating in PAT through FFH will achieve the outcome of improved parenting practices. The Logic Model in Appendix F shows how PAT will help Hawai'i achieve identified proximal and distal family and system outcomes.

Selection Process

The Parenting/Support Services Exploration Group recommended PAT for inclusion as a FFH service. After reviewing that recommendation and the supporting evidence, the Operational and Executive Committees agreed that PAT would meet the needs of FFH candidates and could be feasibly implemented as a FFH service.

To arrive at their recommendation, the exploration group analyzed the CWSB data described in IV, "Rationale for Service Selection," beginning on page 39, and in Appendix E. Particularly relevant data include the ages of children entering care (46 percent of children are ages birth to five at removal) and the most prevalent precipitating circumstances related to the removals (44 percent of removals of children ages birth to five are related to a "lack of parenting skills"). The group then looked more closely at what constituted a lack of parenting skills and found that the top parenting factors precipitating the removal incidents were heavy continuous childcare responsibility, loss of control during discipline, lack of tolerance to child's behavior, inability to cope with parental responsibility, and unacceptable child-rearing method. From the data and additional information shared by parents and providers, the group concluded that parents who

⁴³ See California Evidence-Based Clearinghouse for Child Welfare, <https://www.cebc4cw.org/program/parents-as-teachers/>; Title IV-E Prevention Services Clearinghouse, <https://preventionservices.abtsites.com/programs/204/show>; ACF Home Visiting Evidence of Effectiveness review, [https://homvee.acf.hhs.gov/effectiveness/Parents%20as%20Teachers%20\(PAT\)%C2%AE>In%20Brief](https://homvee.acf.hhs.gov/effectiveness/Parents%20as%20Teachers%20(PAT)%C2%AE>In%20Brief).

are most at risk of CWSB involvement and have children ages birth to five need extra support with appropriate parenting, understanding child development, bonding and attachment, strengthening their resiliency, connecting with other parents and supportive adults, and accessing concrete supports. As described in section IV, the exploration group also looked at the ethnicity of children in foster care (45 percent Native Hawaiian) and the geographic distribution of families involved with CWSB.

The exploration group then looked at the existing array of supports and services for parents of young children, including which programs are available, where they are available, the eligibility requirements, the evidence base for the programs, the expected outcomes for participants whether the services are culturally responsive, and whether the providers use a trauma-informed approach.

The last step involved matching existing programs to the identified needs of families who would be referred to them through FFH. By matching the needs and characteristics of the candidate and EPYP populations to the available programs and services, the exploration group identified a short list of programs and services to recommend to the Operational and Executive committees.⁴⁴ PAT was selected because it is a parent education program that aligns with the needs of a large group of FFH candidates; has successfully met the needs of and is adaptable for diverse racial, ethnic, and cultural groups; and has a specific curriculum for teen parents. Importantly, the existing Hawai'i PAT providers focus on needs specific to Native Hawaiian families and have integrated cultural components that resonate with Native Hawaiians. As stated in the Clearinghouse, "PAT is designed so that it can be delivered to diverse families with diverse needs," so it is well-suited for the diversity of racial, ethnic, and cultural backgrounds of Hawai'i families.⁴⁵ The expected outcomes from participating in PAT align with the outcomes that CWSB wants for FFH families to prevent entry into foster care. Furthermore, the target population for PAT aligns with the FFH target population described just below.

Target Population

PAT is designed for varied target populations and communities, and providers typically serve families with a range of risk and protective factors.⁴⁶ The target population for FFH PAT is parents and kin caregivers of candidates for foster care who are younger than age five if CWSB has identified a lack of parenting skills as one of the factors placing the child at risk of entering foster care. In determining whether PAT is the appropriate FFH service for a candidate, CWSB will assess whether improving parenting practices would reduce the risk of CAN. EPYP are

⁴⁴ For more details on this process, see section IV., "Rationale for Service Selection," beginning on page 39.

⁴⁵ Of particular relevance to the Hawai'i context, an evaluation of the Bureau of Indian Affairs Family and Child Education (FACE) program, which utilizes the PAT model, notes both self-reported improvements in parenting skills and high levels of cultural and language integration in program services. Research and Training Associates, Inc. (2005). BIA Family and Child Education Program: 2005 Executive Summary. Overland Park, KS.

https://3i1s4i1yammlm2g36ex31nz4y-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/FACE_Eval_Report_Executive_Summary_05.pdf

⁴⁶ PAT Quality Assurance Guidelines 2017.

eligible for PAT, which is a particularly appropriate service for them because PAT has a specific curriculum to support pregnant and parenting teens and the program is flexible to meet the needs of young parents.

Program and Service Procurement and Implementation

The CWSB central office is located in Honolulu, on the island of O’ahu. CWSB serves families on six islands through eight direct service Sections. Four Sections serve O’ahu, the most populous island, and four Sections serve the four major geographic areas of the neighbor islands (Kaua’i, West Hawai’i, East Hawai’i, and Maui County). Maui County includes Maui, Moloka’i, and Lāna’i. Workers travel between most islands on commercial aircraft, and by ferry between Maui and Lāna’i. The geography of Hawai’i is an important consideration in service delivery.

New initiatives are often rolled out by CWSB Sections. For example, CWSB implemented the Waiver on O’ahu and Hawai’i Island, not on Kaua’i or Maui. CWSB makes decisions about program implementation based on a variety of factors including the concentration of potential clients in an area and the availability of providers who can deliver needed services. In the state’s rural areas, transportation and access to internet often pose barriers to people trying to access services.

CWSB is developing a plan about when and where to start providing FFH services, and the availability of providers in relation to candidates is an important consideration. Another essential consideration is the state budget. As explained in the introduction, Hawai’i is in the midst of a budget crisis that constrains CWSB’s ability to expand or add services. Recognizing that FFH implementation depends on how much state general and special funding is available as a match for services, CWSB is planning for implementation as shown in table 6 below.

Table 6. FFH Implementation Timeline

EBP	Date Service will be available through FFH	Plans for Expansion	Date when CWSB will begin Title IV-E claiming for the service
Substance Abuse Programs and Services			
Motivational Interviewing (MI)	Oct. 1, 2021	Already statewide	By the end of calendar year 2022.
Parenting Programs and Services			
Healthy Families America (HFA), implementing Child Welfare Protocols	July 1, 2021	Already statewide	Between July 1, 2021 and Oct. 1, 2021.
HOMEBUILDERS®	July 1, 2021	Expand to Maui and Kaua'i by the end of SFY2023.	Between July 1, 2021 and Oct. 1, 2021.
Parents As Teachers (PAT)	July 1, 2021	Already statewide	Between July 1, 2021 and Oct. 1, 2021.

Motivational Interviewing (Substance Abuse)

All SUD treatment providers with ADAD contracts can use MI, and fidelity is monitored by providers and through ADAD contractual requirements. ADAD providers already serve CWSB families who need SUD treatment, so the referral pathway exists. CWSB is working with ADAD on a plan for documenting the provision of MI to families eligible for FFH services.

For FFH implementation, CWSB and ADAD must work out how substance use disorder treatment providers serving candidates will document the use of MI in a way that works for IV-E claiming and how the service will be billed and submitted for IV-E reimbursement if the service is not covered by Medicaid. ADAD and CWSB are working together on this and will consult with Med-QUEST as needed.

CWSB and ADAD will also re-examine the fidelity monitoring process and determine whether additional tools or practices will be needed, and if so, how to implement those changes. CWSB and ADAD will also work together on providing training for treatment providers serving candidates and CWSB caseworkers about the model, the CQI and fidelity monitoring processes, and proper documentation. CWSB expects to begin claiming for this service by the end of calendar year 2022.

HOMEBUILDERS® (Parenting)

CWSB started using HOMEBUILDERS® as one of the Waiver interventions and will continue using it for candidates. CWSB has existing contracts with HOMEBUILDERS® on O'ahu and

Hawai‘i Island, and also has CRTs in those areas. CWSB has begun planning the expansion of both CRT and HOMEBUILDERS® to Kaua‘i and Maui. When the Waiver began, the plan was to expand the most successful interventions to the other islands. Therefore, FFH builds on a foundation laid years ago.

CWSB is working out the timing and locations of the HOMEBUILDERS® expansion, which will occur by the end of SFY2023. Because the expansion is dependent on funding, a final plan will be developed as more specific budget information becomes available. HOMEBUILDERS® will likely be provided through an expansion of the existing contracts.

Because HOMEBUILDERS® was utilized during the Waiver, CPSS already includes a SAC for HOMEBUILDERS®. The Waiver evaluation team, which is partnering with CWSB on the FFH Evaluation and CQI process, developed tools and methods for collecting and analyzing data about HOMEBUILDERS®; these methodologies will be used for FFH. Adjustments will be made to HOMEBUILDERS® contracts so that providers appropriately capture and report required client and payment data. CWSB will provide training on any changes in documentation or other requirements. When HOMEBUILDERS® expands to new locations, CWSB will use a refined, updated version of the original implementation process, including training and coaching CWSB caseworkers, providing tools to caseworkers to assist with referrals and CPSS coding, and training providers.

Parents as Teachers and Healthy Families America Implementing the Child Welfare Protocols (Parenting)

PAT and HFA are currently provided around the state through DOH contracts with private providers that are funded with MIECHV funds. DOH expects PAT and HFA services to reach about 750-800 families a year under five-year contracts that began July 1, 2020.

CWSB’s current home visiting contracts will end on June 30, 2021. The timing aligns with implementation of FFH, and the new home visiting contracts that will begin on July 1, 2021 will include FFH home visiting services. CWSB will require providers bidding on the new contracts to implement either the HFA model using the Child Welfare Protocols or the PAT model. CWSB will support providers in obtaining the required training to provide the service, obtaining approval for HFA providers to implement the child welfare protocols, understanding the needs of candidates, learning and complying with documentation and billing requirements for IV-E claiming, and working with CWSB with this new category of FFH families.

CPSS SACs have been created for PAT and HFA and the Data and IT work group is developing processes and training guidance for coding and tracking candidate participation in these services. The new contracts will require providers to appropriately capture and report required client and payment data, and CWSB will train and coach providers on the new requirements.

The procurement process will begin with a Request for Information (RFI) in November 2020. For procurement, CWSB is using an iterative approach of gathering information and then deciding the next step based on what is learned. The RFI is a crucial step toward deciding how and where services will be procured. An RFP will be released in early 2021.

Another step in the iterative process is collaborative meetings with DOH. Through the MIECHV grant, DOH provides both PAT and HFA-Signature Model across Hawai'i. CWSB and DOH have tried for a few years to work together to provide home visiting services and have run into barriers related to differing programmatic and funding requirements for each agency. FFPSA appears to be the boost that is needed to move those discussions to implementation because it provides funding for CWSB to serve families through voluntary services using the models that DOH already has contracts for. The conversations with DOH related to FFH are in the early stages and multiple options are being explored including subcontracts, braided funding to prevent service disruption for families, blended funding for training, and more. Both agencies share the goal of providing families with continuity of services and providers throughout their enrollment in a home visiting program, regardless of how they enter that program.

The procurement process for FFH services will comply with state procurement rules and once CWSB has contracted for home visiting services, the contracts will be monitored in the same way that all CWSB service contracts are monitored. When the new contracts begin July 1, 2021, CWSB will start claiming administrative and training costs for those services immediately and will claim for the prevention services once the Title IV-E Prevention Plan is approved.

V. Evaluation Strategy (Pre-Print Section 2)

FFH CQI Processes: Strategy and Framework

CWSB is deeply committed to carrying out robust continuous quality improvement (CQI) activities to understand and ensure fidelity and outcomes for FFH programs and services. These CQI processes are critical to the success of FFH implementation and achieving the proximal and distal outcomes outlined in the state's Logic Model (see Appendix F). To support achievement of these outcomes, CWSB is implementing specific CQI processes for FFH that build on existing CQI activities and support the evaluation.

The FFH CQI processes will be guided by accountability to children, families, communities, DHS, and the federal government. This CQI framework will inform refinements to both FFH and specific EBP program implementation, changes to the service array, and practice improvements. It will highlight what is working well and where adaptation is needed to promote FFH goals. The CQI framework will be led by the Evaluation and CQI workgroup, with guidance and approval from FFH leadership. The CQI processes will include a variety of partners and stakeholders, both within DHS and from the community.

Within this CQI framework are two specific processes to support FFH implementation:

1. Achieving the proximal and distal outcomes outlined in the Logic Model, which are representative of positive outcomes for children and families; and
2. Ensuring fidelity to each EBP.

Both of these processes, which are described below, follow the same CQI framework and build on the existing CQI activities, which are also described below.

Existing CWSB CQI Activities

Since 2005, CWSB has engaged in two ongoing CQI activities: regularly scheduled case reviews modeled after the CFSR process, and periodic reviews of contracted services. These activities are accomplished through a contract and partnership with the Hawai'i Child Welfare Continuous Quality Improvement Project of the University of Hawai'i, Maui College (HCWCQI). The case reviews measure and track safety, permanency, and well-being performance indicators and outcomes, and explore how CWS policy and practice impact those outcomes. The service reviews assess whether contracted services are delivered with fidelity, meet families' needs, and reduce the use of foster care. They examine both the referral pathway and the provision of services.

Both types of reviews are conducted using tools created by HCWCQI. At the conclusion of the reviews, HCWCQI and CWSB meet to discuss the findings and decide what improvement actions are needed. Improvement actions might range from adjusting CWSB caseworker training to developing a Corrective Action Plan for a contracted provider. CWSB uses information from the case and service reviews to improve CWSB practice, processes, and outcomes. These activities will expand to include FFH cases and services and will complement the specific FFH CQI processes outlined below.

FFH CQI Framework

As Hawai'i implements each EBP through FFH, CWSB will employ a comprehensive CQI process that engages the community to effectively monitor and adjust service strategies as necessary. This CQI process, which focuses on ensuring achievement of distal and proximal outcomes and fidelity to EBP models, includes the following five steps:

1. Collect data;
2. Analyze data;
3. Report and share data with key stakeholders;
4. Gather recommendations for potential improvements; and
5. Implement changes.

Figure 5 provides a visual representation of this implementation CQI process, followed by a description of each of the steps.

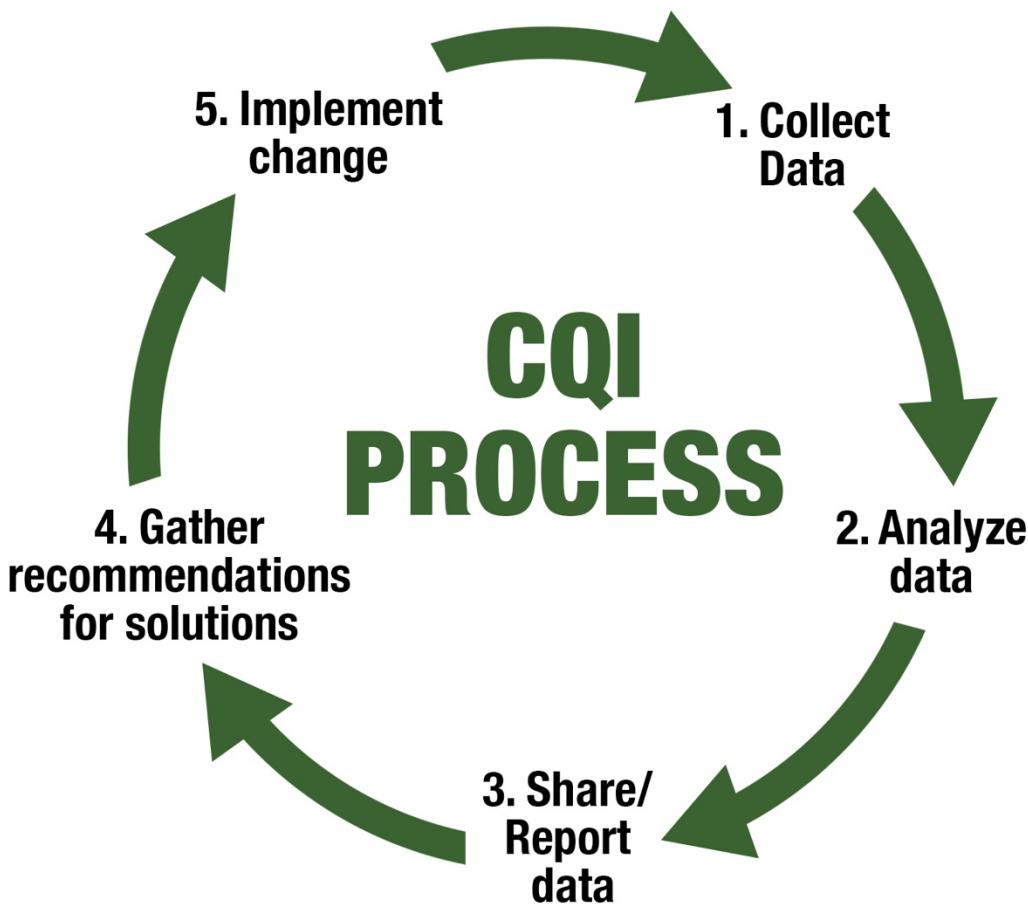


Figure 5. CQI Process

1. Collect Data: CWSB will collect a variety of data for each of the EBP providers to utilize as part of the FFH CQI process. The data to be collected specifically for outcome monitoring and fidelity monitoring are listed in each of those sections below.

Data will be collected through multiple databases including CPSS, SHAKA, and EBP national databases, where available. In addition, contracted service providers, CWSB intake staff, CWSB caseworkers, VCL liaisons, PSS liaisons, and CWSB staff assistants, will collect and provide data as specified in their contracts or agency procedures.

The timeframes for collecting data are included in Step #2, Analyze Data.

2. Analyze Data: Data will be analyzed for each EBP and across EBP providers by the Evaluation and CQI workgroup at the following intervals, or more often if needed:

- The CWSB Purchase of Services Office (POS) and Program Development staff will review and analyze data quarterly, based on FFH service providers' Quarterly Activity Reports (QARs) and Client Eligibility Lists, and CPSS and SHAKA reports;

- HCWCQI will review and analyze quantitative and qualitative data quarterly based on applicable FFH case review data;
- Evaluation Team will collect, review, and analyze quantitative *implementation* fidelity data every six months, collected from CWSB and FFH services provider data systems;
- Evaluation Team will collect, review, and analyze quantitative *intervention* fidelity data every six months, collected from CWSB and FFH services provider data systems; and
- CWSB will gather and analyze other data to inform the CQI process as needed.

3. Report and Share Data with Key Stakeholders: CWSB is committed to ensuring that agency staff and stakeholders have a clear understanding of the vision for FFH and are continuously and collaboratively engaged to achieve and sustain improvements in practice and outcomes. The Evaluation and CQI workgroup will compile and share data with key Hawai'i child welfare stakeholders at least every six months. A wide group of stakeholders will be engaged to review and make meaning of the data, including staff and leadership within CWSB; FFH leadership, committees and workgroups; contracted providers; and community partners including those with lived experience.

4. Gather Recommendations for Solutions: A primary goal in sharing FFH data with a large and diverse stakeholder group is to facilitate conversations and provide opportunities to receive input and insight from stakeholders on what may be driving data trends and outcomes. At quarterly meetings, stakeholders will help identify strategies and activities contributing to positive outcomes for children and families as well as barriers preventing those outcomes. More importantly, when working collaboratively from shared data, stakeholders will develop solutions to identified problems and suggest program, process, and system improvements that increase the likelihood of positive outcomes for children and families and successful implementation of EBP.

5. Implement Change: The Evaluation and CQI workgroup will use the information generated in Step #4 to partner with providers and CWSB staff as appropriate to design solutions and improvement strategies, which will be presented to FFH leadership for discussion and approval. Once finalized, these solutions and strategies will be shared with CWSB and stakeholders, integrated into provider contracts as necessary, and implemented by designated workgroups or partners. The Evaluation and CQI workgroup and FFH leadership will monitor and support implementation of solutions and strategies.

Ensuring Progress Toward FFH Proximal and Distal Outcomes

CWSB's CQI process will support FFH implementation and ensure that EBPs are leading to the distal and proximal outcomes identified in the Logic Model in Appendix F, all in support of FFH goals:

- Safely preventing children from entering foster care;

- Safely preventing new reports of child maltreatment;
- Supporting families who become known to child welfare with an appropriate level of child welfare oversight; and
- Connecting children and families to supportive services.

The Evaluation and CQI workgroup will use the five-step CQI process described above to ensure progress toward the specific EBP outcomes identified for FFH services (see Table 7). This process will be outlined in provider contracts and providers will be required to report on key metrics and provide data to inform the CQI process. For Steps #1 and #2, CWSB will collect a variety of data for each of the EBP providers. Such data will include but not be limited to the following information specifically related to assessing progress and performance on achieving the intended outcomes:

- Eligible candidates and client demographics;
- Risk assessments scores;
- Dates of risk assessments, CWSB intakes, Family Service Plan creation, service referrals, service initiation, and service termination;
- Service referral types, service availability, and reason for service termination;
- HFA Cues, Holding, Expression, Empathy, Rhythmicity/Reciprocity, and Smiles (CHEERS); PAT Home Observation for Measurement of the Environment (HOME) Inventory; and IHBS North Carolina Family Assessment Scale (repeated measures when available);
- Dates and types of new maltreatment reports; and
- Dates of child removal and placement type upon removal.

After data is collected and analyzed, the Evaluation and CQI workgroup will follow the remaining three steps in the CQI framework: #3, reporting and sharing data, #4, gathering recommendations, and #5, implementing changes, to assess whether appropriate progress is being made toward achieving the intended outcomes from FFH EBP, and if it is not, to develop and implement improvement strategies. Table 7 lists the FFH outcomes for each EBP, and they are included in the Logic Model in Appendix F.

Ensuring FFH EBP Model Fidelity

HFA, PAT, and HOMEBUILDERS have existing fidelity and outcome metrics identified by the program developer, including specific training requirements, staff qualifications, and accreditation standards specific to that model. To ensure fidelity to the model, providers of HFA, PAT, and HOMEBUILDERS® must be certified to deliver services with fidelity to the model, and programs must be accredited by an authorized organization. The national accrediting organizations ensure that all EBP staff are properly trained, certified, and otherwise qualified to provide services with fidelity. Unlike the other FFH EBP, MI has no national accrediting organization. There are no minimum qualifications, certifications, or accreditation for MI providers. Therefore, CWSB will implement specific fidelity monitoring requirements described in the MI section below.

Table 7. Key Outcomes for Specific EBPs

EBP	EBPs Intended Outcomes for CQI monitoring
HOMEBUILDERS	<ul style="list-style-type: none"> • Improvements in: • Parental capabilities • Family safety • Family interactions
HEALTHY FAMILIES AMERICA	<ul style="list-style-type: none"> • Improved parenting practices • Increased nurturing parent-child relationships
PARENTS AS TEACHERS	<ul style="list-style-type: none"> • Improved parenting practices
MOTIVATIONAL INTERVIEWING for substance abuse services	<ul style="list-style-type: none"> • Faster engagement in substance use services • Increased substance use service completion rates

The requirements for training, certification, and accreditation are discussed in section IV, “IV-E Prevention Services,” subsection “Hawai‘i IV-E Reimbursable Programs and Services Description,” beginning on page 44. As part of the process for monitoring fidelity, Hawai‘i will require providers to maintain compliance with EBP accreditation and training requirements throughout the life of the CWSB contract. This is already required for providers with existing CWSB contracts, and it will continue to be a requirement for all FFH program contracts.

To ensure each model is provided with fidelity, CWSB will follow the five-step CQI process described above. This process will be outlined in provider contracts and providers will be required to report on key metrics including compliance with respective national accrediting agencies if applicable. Contracts will require the provider to ensure fidelity to the model, and providers will report on specified fidelity measures in their contractually required QARs. Each EBP has tools and processes for monitoring fidelity, and these will be utilized in the CWSB CQI process. Additionally, every six months, the Evaluation Team will collect and analyze both quantitative *implementation* fidelity data and quantitative *intervention* fidelity data obtained from CWSB and FFH service provider data systems.

Table 8 lists the specific data that will be collected (CQI Step #1) and analyzed (CQI Step #2) to ensure EBP fidelity.

After fidelity monitoring data is collected and analyzed, the Evaluation and CQI workgroup will follow the remaining three steps in the CQI framework: #3, reporting and sharing data; #4, gathering recommendations; and #5, implementing changes. In addition, POS, which is responsible for administering provider contracts, will work directly with providers through the existing process for ensuring contract compliance. In this process, POS shares findings from their review of the QARs with CWSB program contract managers and the providers. If data show that a provider is not providing an EBP to fidelity, POS will immediately implement a

Table 8. Fidelity Measures for Specific EBPs

EBP	Fidelity Measures Monitored by CWSB (provided by providers to CWSB on a quarterly basis)
HOMEBUILDERS	<ul style="list-style-type: none"> • Provider received or maintained certification • Percentage of staff who attended required training • Percentage of staff who meet required qualifications • whether each family was seen within 24 hours of referral; • if the referral met HOMEBUILDERS® criteria; • the frequency of sessions with each family; and • the amount of time spent with the family in-home and in total.
Healthy Families America	<ul style="list-style-type: none"> • Provider received or maintained certification • Percentage of staff who attended required training • Percentage of staff who meet required qualifications. • Results of assessment of 153 HFA Best Practice Standards from the peer-review team self-study and the site visit
Parents as Teachers	<ul style="list-style-type: none"> • Provider received or maintained certification • Percentage of staff who attended required training • Percentage of staff who meet required qualifications • Data reported annually on the Affiliate Performance Report
Motivational Interviewing	<ul style="list-style-type: none"> • Percentage of staff who attended required training • Percentage of staff who meet required qualifications • Documented date of case worker/provider completion of MI Training; • If CWSB requires MITI, documented date/score of MITI observation; • CPSS MI Service Action Code with start and end dates; and • Data describing when and how often MI is being used in interactions with clients. If collected by CWSB, the data will be extracted from the relevant data base or the UH evaluation team will work with providers to modify their own data collection and data systems to collect this information.

corrective action plan with the provider to resolve issues and ensure fidelity. If corrections are not possible or the corrective action plan does not result in timely improvements, CWSB has the option to take additional actions, which include terminating the contract.

The sections below provide additional details about how fidelity will be monitored for each FFH EBP.

Motivational Interviewing (in the context of substance abuse services)

Motivational Interviewing Network of Trainers (MINT) is an international organization of trainers in motivational interviewing. According to the Clearinghouse, there are no minimum qualifications for MI providers. The Motivational Interviewing Network of Trainers (MINT) does not recommend specific trainings nor any national certification. “Rather than seeking to limit or

control the practice and training of motivational interviewing, MINT promotes quality applications of motivational interviewing across cultures, languages, and contexts.”⁴⁷

As there is no certification process, to monitor fidelity, MINT has produced general guidance on implementation of the intervention that includes the development of a coaching program and incorporation of, “strategies to assess practitioner fidelity through direct observation of practice.”⁴⁸ Currently, fidelity specific to MI is not monitored by ADAD as MI is woven into practice and utilized as a tool. ADAD monitors comprehensive biopsychosocial models, looks at outcomes, and contracted providers utilize clinical supervision to monitor practice. Certified Substance Abuse Counselors are required to have CEUs to renew credentials—CEUs may be obtained for MI training.

A measurement tool called Motivational Interviewing Treatment Integrity (MITI) was developed at the University of New Mexico in 2014.⁴⁹ A trained reviewer listens to a randomly selected 20-minute audiotape of MI practice, and codes the MI behaviors utilized. Item scores range from 1 to 5 on the adherence to MI, resulting in item scores and a global score of fidelity to MI practices.

To supplement the case review provided by HCWCQI, the UH Evaluation team will collect the following quantitative fidelity data from state and provider data systems:

- Documented date of case worker/provider completion of MI Training;
- If CWSB requires MITI, documented date/score of MITI observation;
- CPSS MI Service Action Code with start and end dates; and
- Data describing when and how often MI is being used in interactions with clients. If collected by CWSB, the data will be extracted from the relevant data base or the UH Evaluation Team will work with providers to modify their own data collection and data systems to collect this information.

Healthy Families America

The HFA National Office monitors fidelity to the twelve critical elements primarily through the use of periodic accreditation site visits. There are 153 HFA Best Practice Standards, and all HFA agencies conduct a self-study prior to the site visit using these ratings. An outside peer-review team uses this self-study and the site visit to determine a rating for each standard. These ratings, which are collected by the national office, will be utilized in ongoing fidelity monitoring

⁴⁷ Motivational Interviewing Network of Trainers. (n.d.). *About MINT*. https://motivationalinterviewing.org/about_mint.

⁴⁸ Motivational Interviewing Network of Trainers. (n.d.). *Implementing Motivational Interviewing*. <https://motivationalinterviewing.org/implementing-motivational-interviewing>.

⁴⁹ Moyers, T.B., Manuel, J.K., & Ernst, D. (2014). *Motivational Interviewing Treatment Integrity Coding Manual 4.1*. Manual: Unpublished. Retrieved from https://casaa.unm.edu/download/MITI4_2.pdf.

by the UH Evaluation Team. Agencies on O'ahu have participated in several evaluations of HFA in the past decade and routinely gather and report this information.

CWSB will claim IV-E reimbursement for HFA services provided through FFH and will monitor fidelity through those contracts and the CQI process described above. As mentioned earlier in this Plan, HFA services are also offered in Hawai'i through the DOH MIECHV Program. CWSB will not claim reimbursement for services provided through DOH contracts. The CWSB FFH home visiting programs and DOH MIECHV home visiting programs have distinct eligibility requirements based on their different funding sources. DOH has an approved MIECHV CQI plan that demonstrates how DOH ensures that HFA services are provided with fidelity to the model. DOH complies with all MIECHV Program requirements, including reporting annually on program performance related to the statutorily defined benchmark areas and providing quarterly data reports that track data on indicators including enrollment, place-based services, family engagement, and staff recruitment and retention.

CWSB is learning from DOH about the MIECHV CQI process and how DOH engages in CQI and evaluation activities related to HFA. To the extent possible, CWSB will use a similar process, adapted for the specific outcomes identified for the FFH services and the specific FFH data needs. Since home visiting providers and their national accrediting organizations are already familiar with the DOH CQI process, this will ultimately expedite the process for the Evaluation and CQI workgroup to move forward with FFH CQI activities related to home visiting services.

HOMEBUILDERS®

HOMEBUILDERS® monitors fidelity to twenty program standards which are tracked in the Institute for Family Development (IFD) database. IFD completes periodic fidelity monitoring of programs and provides those reports to the providers and CWSB. The UH Evaluation Team will track and extract these quantitative fidelity measures every six months, as was previously done for the Waiver evaluation. Analysis of these data fields will supplement the case reviews done by HCWCQI. Local providers of the HOMEBUILDERS® intervention participated in the Waiver and routinely gather this information. For example, the IFD database provides case-level data on the following items:

- whether each family was seen within 24 hours of referral;
- if the referral met HOMEBUILDERS® criteria;
- the frequency of sessions with each family; and
- the amount of time spent with the family in-home and in total.

Additionally, parent participants are asked to complete a survey at the end of services, which includes questions such as whether the program showed fidelity in respecting their values and spiritual beliefs, the therapist was available to the family at all hours, and the therapist responded in a timely manner. These different types of quantitative and qualitative data, taken

together, provide a robust picture of how providers are meeting families' needs and providing services with fidelity to the model.

Parents as Teachers

In the PAT model, affiliates are given several years to build training, services, and model fidelity through internal systems changes, continuous quality improvement, and feedback through the regional and national support systems to develop and prepare to meet the standards of a Blue Ribbon affiliate. The Quality Endorsement and Improvement Review Process takes 18 months to complete and allows a national committee, independent of the local PAT agency, to analyze policies, procedures and services at all levels—fiduciary, supervisory, employment policy, professional development, services to families, and documentation—to determine if the model is being provided with fidelity. An organization must adhere to the Essential Requirements to become and remain a PAT affiliate. New affiliates' program design for meeting these requirements is demonstrated through the Affiliate Plan. Data that addresses these requirements is reported annually on the Affiliate Performance Report. These requirements represent the minimum or maximum levels needed for model fidelity. Additional resources such as the Model Implementation Guide, the Quality Standards, and Technical Assistance Briefs provide guidance and best practices recommendations for high-quality replication of the PAT model. Because PAT utilizes its own database, the UH evaluation team will work with CWSB and providers to extract these data fields on a six-month basis to supplement the case review work done by HCWCQI; this will be similar to the process established for the HOMEBUILDERS® intervention.

CWSB will claim IV-E reimbursement for PAT services provided through FFH and will monitor fidelity through those contracts and the CQI process described above. As mentioned earlier in this Plan, PAT services are also offered in Hawai'i through the DOH MIECHV Program. CWSB will not claim reimbursement for services provided through DOH contracts. The CWSB FFH home visiting programs and DOH MIECHV home visiting programs have distinct eligibility requirements based on their different funding sources. DOH has an approved MIECHV CQI plan that demonstrates how DOH ensures that PAT services are provided with fidelity to the model. DOH complies with all MIECHV Program requirements, including reporting annually on program performance related to the statutorily defined benchmark areas and providing quarterly data reports that track data on indicators including enrollment, place-based services, family engagement, and staff recruitment and retention.

CWSB is learning from DOH about the MIECHV CQI process and how DOH engages in CQI and evaluation activities related to PAT. To the extent possible, CWSB will use a similar process, adapted for the specific outcomes identified for the FFH services and the specific FFH data needs. Since home visiting providers and their national accrediting organizations are already familiar with the DOH CQI process, this will ultimately expedite the process for the Evaluation and CQI workgroup to move forward with FFH CQI activities related to home visiting services.

Evaluation Strategy

Evaluation strategy and waiver request

Essential to the state's investment in EBP under FFH is a commitment to CQI and well-designed and rigorous evaluation activities. Through contracts with CWSB, HCWCQI will provide CQI activities and the University of Hawai'i at Mānoa, Center on the Family (COF) will provide evaluation activities. Both COF and HCWCQI are long-time partners of CWSB, and the team at COF served as the evaluators for the Waiver. CQI and evaluation activities will work in tandem to assess fidelity to program models, evaluate program effectiveness, assess outcomes for children and families, and inform overall program and system improvements.

The COF Evaluation Team will devote the first and second years of implementation of FFH to a process evaluation. In these years, the Team will gather and analyze case data on the number of children eligible to be a candidate, the number of families to be served, and the numbers referred for each service in each county. In addition, the Team will gather and analyze case data on intervention fidelity. For each program, the Team will analyze whether the service was provided to eligible families and whether the service was provided with fidelity to the model. Most programs have developed measures of fidelity, and the evaluation will utilize these national standard measures. The Evaluation Team activities are a critical part of the FFH CQI five-step process. In the third and fourth years of implementation, the evaluation will add outcome evaluation activities, as a critical mass of closed cases will have accrued, allowing for robust comparisons between those served and appropriate comparison groups. The specific outcome evaluation activities will be determined before the third year of implementation.

Evaluation strategy

The FFH Evaluation Team brings its expertise from the Waiver to the FFH CQI and Evaluation process. During the five-year Waiver evaluation, the Team became familiar with the case data and data systems used by CWSB. The Team will use similar methods to collect state case data and will work with providers to facilitate the data entry and data extraction on candidates and families served through FFH. During the Waiver, there were many lessons learned about the importance of timely feedback loops. For example, implementation of the Waiver would have benefited from the timely identification of low referral patterns. In the current FFH efforts, if the Evaluation Team identifies low referral patterns, through the FFH CQI process, CWSB will more closely review the sources of those patterns and provide timely feedback to improve referral training.

The programs and services CWSB is offering through FFH have all been rated as well-supported by the Clearinghouse. CWSB expects to submit plan amendments in the future to add additional EBP approved by the Clearinghouse or approved through independent systematic review in

accordance with the transitional payment review process issued by the Children’s Bureau on July 18, 2019.⁵⁰

Full evaluation designs will be included with future plan amendments for any promising or supported services approved by Clearinghouse or for any promising, supported, or well-supported services for which the level of evidence was determined through independent systematic review. For the well-supported programs and services included in this plan (HOMEBUILDERS®, MI, HFA, and PAT), a request to waive evaluation requirements is included with documentation of compelling evidence of the program’s effectiveness and verification that continuous quality improvement requirements will be met.

In the future, a well-designed, rigorous evaluation plan will be developed for each program or service approved in the Hawai‘i Title IV-E Prevention Plan for which no evaluation waiver has been granted. The Clearinghouse Handbook of Standards and Procedures⁵¹ provided by the Children’s Bureau will be utilized to guide development of each evaluation plan.

Waiver request

As allowed in ACYF-CB-IM-18-02, CWSB is submitting Attachment II, Request for Waiver of Evaluation Requirement for a Well-Supported Practice, for the following well-supported services for which the evidence of the effectiveness of the practice is compelling: (1) HOMEBUILDERS®, (2) PAT, (3) HFA, and (4) MI.⁵² Documentation of compelling evidence for each program or service is described below.

Compelling evidence of effectiveness of the practice

HOMEBUILDERS®: Overall Effectiveness

The effectiveness of HOMEBUILDERS® has been demonstrated through multiple studies and inclusion in multiple clearinghouses, which, considered together, led DHS to include the program in the Hawai‘i Waiver Demonstration Project from 2015–2020. Based upon the considerable research evidence for the program’s effectiveness and the positive experience with HOMEBUILDERS® during the Waiver, CWSB has concluded that the program’s effectiveness is compelling for candidates and the Hawai‘i child welfare population. This conclusion is supported by the Clearinghouse’s Summary of Findings, which reflects findings from three evaluations that were eligible to review. It is also supported by the California

⁵⁰ ACYF-CB-PI-19-06, July 18, 2019.

⁵¹ Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0*, OPRE Report # 2019-56, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

⁵² ACYF-CB-IM-18-02, April 12, 2018, page 4.

Evidence-Based Clearinghouse for Child Welfare Office and in the 1999 U.S. Surgeon General's Report on Mental Health.

The review by the Clearinghouse shows that HOMEBUILDERS® had favorable effects⁵³ on child permanency, in the areas of out-of-home placement and planned permanent exits, and adult well-being in the area of economic and housing stability; these results are desired outcomes for the DHS prevention service array. Unfavorable effects were minimal. These findings are summarized in Table 9.⁵⁴

The California Evidence-Based Clearinghouse for Child Welfare rated HOMEBUILDERS® as having supported research evidence with high relevance for child welfare in the categories of family stabilization programs, interventions for neglect, post-permanency services, and reunification programs.⁵⁵

In addition, the Office of Juvenile Justice and Delinquency Prevention (OJJDP), which works to prevent juvenile delinquency, improve the juvenile justice system, and protect children, identified HOMEBUILDERS® as a Model Program with an effective rating. OJJDP stated,

This is an in-home, family preservation service and reunification program for families with children returning from or at risk for out-of-home placement. The program is rated Effective. The treatment group had a statistically significant greater number of reunifications and reduced rates of out-of-home placement, compared with the control group. However, there were no significant differences between groups in successful reunification (i.e., whether the children returned to foster care).⁵⁶

⁵³ According to the Title IV – E Prevention Services Handbook of Standards and Procedures, impact estimates that are favorable (statistically significant and in the desired direction).

⁵⁴ Title IV-E Prevention Services Clearinghouse. (n.d.). *Functional Family Therapy. Summary of Findings*. <https://preventionservices.abtsites.com/programs/211/show>

⁵⁵ California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Homebuilders*. <https://www.cebc4cw.org/program/homebuilders/>.

⁵⁶ National Institute of Justice (2012). *Program details: HOMEBUILDERS*. <https://crimesolutions.ojp.gov/programdetails?id=210&ID=210>.

Table 9. HOMEBUILDERS®: Summary of Clearinghouse Findings

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	0.01 0	2 (9)	898	Favorable: 0 No Effect: 9 Unfavorable: 0
Child permanency: Out-of-home placement	0.23 8	2 (18)	905	Favorable: 3 No Effect: 13 Unfavorable: 2
Child permanency: Planned permanent exits	1.07 35	1 (4)	120	Favorable: 4 No Effect: 0 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.10 3	1 (3)	634	Favorable: 0 No Effect: 3 Unfavorable: 0
Adult well-being: Economic and housing stability	0.06 2	1 (12)	638	Favorable: 1 No Effect: 11 Unfavorable: 0

Note. For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Clearinghouse.

The findings reported for this program or service are derived from eligible, prioritized studies rated as moderate or high on study design and execution and do not represent the findings from all eligible studies of the program or service.

Finally, *Mental Health: A Report of the Surgeon General* discussed the state of mental health care in the United States, and the range of treatments which currently exist. In a section on Home-Based services, HOMEBUILDERS® is cited as one of the programs with a strong record of effectiveness. The following is an excerpt from Chapter 3 of this report.

Within the child welfare system, particularly effective family reunification programs were the HOMEBUILDERS® Program in Tacoma, Washington, which was designed to reunify abused and neglected children with their families by providing family-based services (Fraser et al., 1996), and the family reunification programs in Washington State and in Utah (Pecora et al., 1991). Studies suggested that 75 to 90 percent of the children and adolescents who participated in such programs subsequently did not require placement outside the home. The youths' verbal and physical aggression decreased, and cost of services was reduced (Hinckley & Ellis, 1985). The success of these family preservation programs is based on the following: services are delivered in a home and community setting; family members are viewed as colleagues in defining a service plan; back-up services are available 24 hours a day; skills are built according to the individual needs of family members; marital and family interventions are offered; community

services are efficiently coordinated; and assistance with basic needs such as food, housing, and clothing is given (Fraser et al., 1997).⁵⁷

HOMEBUILDERS®: Effectiveness for FFH Target Population and Evaluation Waiver Request

HOMEBUILDERS was introduced to the CWSB service array in 2015 during the Title IV-E Waiver Demonstration program. Its current use in Hawai‘i combined with demonstrated effectiveness in improving parental capabilities, family interactions, and family safety during the Title IV-E Waiver demonstration, along with the immense body of literature indicating HOMEBUILDER’s efficacy in reducing the risk of maltreatment and foster care placements, provide compelling evidence of effectiveness to warrant a waiver of evaluation. This request for a waiver of the evaluation requirement for HOMEBUILDERS is based on the following information.

*Participation in HOMEBUILDERS services in Hawai‘i resulted in increased parental capabilities, family interactions, and family safety.*⁵⁸ The effectiveness of HOMEBUILDERS has been demonstrated through numerous studies and inclusion in multiple clearinghouses, which, considered together, led CWSB to include the program in the Waiver from 2015–2020. HOMEBUILDERS services were provided on two islands; program outcomes were reported separately due to significant differences between the two sites.

Of those families receiving HOMEBUILDERS on O‘ahu, at the conclusion of services, two-thirds or more were assessed at being at or above baseline on the North Carolina Family Assessment Scale (NCFAS) in parental capabilities (74 percent were assessed as adequate or above at case closure, compared to five percent at the onset of services); family interactions (81 percent were assessed as adequate or above at case closure, compared to 33 percent at the onset of services); and family safety (87 percent were assessed as adequate or above at case closure, compared to seven percent at the onset of services). Family safety and family interactions, two domains in which no families were assessed to have strengths at the onset of services, showed the greatest improvement in the numbers of families achieving adequate or higher assessments at termination of HOMEBUILDERS.

For those families receiving HOMEBUILDERS on Hawai‘i Island, family safety was the domain where the most families achieved ratings of adequate or above by case closure (62 percent were assessed as adequate or above at case closure, compared to 11 percent at the onset of services). However, gains were also made in parental capabilities (38 percent were assessed as adequate or above at case closure, compared to two percent at the onset of services).

⁵⁷ General, US Surgeon (1999). *Mental health: A report of the surgeon general.* (p. 175). Retrieved from <https://profiles.nlm.nih.gov/spotlight/nn/catalog/nlm:nlmuid-101584932X128-doc>.

⁵⁸ Berry, M., Chandler, S.M., Senaha, D.M., Littlejohn, K., Lucas, A., Rhodes, E., Wulczyn, F., & Micua, L. (2020). Final Evaluation Report: State of Hawai‘i Title IV-E Waiver Demonstration. Honolulu, Hawai‘i: University of Hawai‘i Center on the Family.

*Participation in HOMEBUILDERS services in Hawai‘i resulted in reduced maltreatment reports and foster care placements.*⁵⁹ On O‘ahu, 90 percent of participating families had no new maltreatment reports within six months following the completion of HOMEBUILDERS services. On Hawai‘i Island, no children or families had a new maltreatment report within six months following the completion of HOMEBUILDERS services. Among those who completed HOMEBUILDERS on O‘ahu, only nine percent were placed into foster care in the 90 days following services. No children on Hawai‘i Island went into placement after completing HOMEBUILDERS.

HOMEBUILDERS reduces foster care placement. Numerous studies demonstrate the efficacy of the HOMEBUILDERS intervention at reducing foster care placement. A 2004 study funded by the legislature of the State of North Carolina to determine the effectiveness of Intensive Family Preservation Services (using the HOMEBUILDERS model) at preventing imminent out of home placement resulted in 81 percent of children receiving HOMEBUILDERS services avoiding foster care placement.⁶⁰ A second study (which was the first to assure accurate targeting of subjects by randomly assigning children after the court had approved a foster placement decision) examined the effectiveness of HOMEBUILDERS at preventing imminent out of home placement and found that 93 percent of children receiving HOMEBUILDERS services avoided foster care placement.⁶¹ These findings are reflected in the Title IV-E Prevention Services Clearinghouse’s Summary of Findings, which shows that HOMEBUILDERS had favorable effects on child permanency in the area of out-of-home placement.⁶²

Taken together, the evidence of HOMEBUILDER’s effectiveness at addressing the FFH target outcomes in Hawaii and the immense body of literature demonstrating HOMEBUILDER’s efficacy in other locales provide compelling evidence of effectiveness to warrant a waiver of evaluation.

Motivational Interviewing (MI) (in the context of substance abuse services): Overall Effectiveness

The effectiveness of MI has been demonstrated through multiple studies and reports and inclusion in multiple clearinghouses, which, when considered together, led CWSB to conclude that the program’s effectiveness is compelling for candidates, EPYP, the Hawai‘i child welfare system population, and for youth involved with juvenile justice. This conclusion is supported by the Clearinghouse’s Summary of Findings, which reflects findings from seventy-five studies that

⁵⁹ Berry, M., Chandler, S.M., Senaha, D.M., Littlejohn, K., Lucas, A., Rhodes, E., Wulczyn, F., & Micua, L. (2020). Final Evaluation Report: State of Hawai‘i Title IV-E Waiver Demonstration. Honolulu, Hawai‘i: University of Hawai‘i Center on the Family.

⁶⁰ Kirk, R.S. & Griffith, D.P., (2004), Intensive family preservation services: Demonstrating placement prevention using event history analysis. Social Work Research, Vol. 28, No. 1, pp. 5-15.

⁶¹ Blythe, B. & Jayaratne, S., (2002), Michigan Families First Effectiveness Study. Available on the web at www.michigan.gov/fia/o_1607,7-124-55458-7695-8366-21887-.oo.html.

⁶² Title IV-E Prevention Services Clearinghouse. (n.d.). *Homebuilders - Intensive Family Preservation and Reunification Services. Summary of Findings.* <https://preventionservices.abtsites.com/programs/254/show>

were eligible for review. It is also supported by the California Evidence-Based Clearinghouse for Child Welfare Office.

The review by the Clearinghouse shows that MI had favorable effects⁶³ on adult well-being in the area of parent and caregiver substance use; these results are desired outcomes for the FFH service array. Unfavorable effects were minimal. These findings are summarized in the Table 10.⁶⁴

Table 10. *Motivational Interviewing Summary of Clearinghouse Findings*

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child well-being: Substance use	0.02 0	5 (33)	1634	Favorable: 0 No Effect: 33 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.00 0	3 (5)	1464	Favorable: 0 No Effect: 5 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.08 3	15 (109)	6066	Favorable: 16 No Effect: 91 Unfavorable: 2
Adult well-being: Parent/caregiver criminal behavior	-0.01 0	2 (7)	1610	Favorable: 0 No Effect: 7 Unfavorable: 0
Adult well-being: Family functioning	0.10 4	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Parent/caregiver physical health	0.02 0	4 (10)	2158	Favorable: 0 No Effect: 10 Unfavorable: 0
Adult well-being: Economic and housing stability	-0.02 0	1 (1)	777	Favorable: 0 No Effect: 1 Unfavorable: 0

Note. For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Clearinghouse.

The findings reported for this program or service are derived from eligible, prioritized studies rated as moderate or high on study design and execution and do not represent the findings from all eligible studies of the program or service.

⁶³ According to the Title IV – E Prevention Services Handbook of Standards and Procedures, impact estimates that are favorable (statistically significant and in the desired direction).

⁶⁴ Title IV-E Prevention Services Clearinghouse. (n.d.). *Motivational Interviewing*. <https://preventionservices.abtsites.com/programs/214/show>.

The California Evidence-Based Clearinghouse for Child Welfare rated MI as having well-supported research evidence with medium relevance for child welfare in the topic areas of motivation and engagement programs and substance abuse treatment (adult).⁶⁵

Finally, the American Psychological Association, Division 12 Task Force, rated MI as having strong research support for the treatment of substance abuse/dependence.⁶⁶

Motivational Interviewing (MI) (in the context of substance abuse services): Effectiveness for FFH Target Population and Evaluation Waiver Request

There is compelling evidence that MI is effective in motivating parents and caregivers to engage and participate in substance abuse services and to complete those services. In SFY 2019, Parental Substance Abuse was indicated as either a factor precipitating the incident or as a circumstance of removal for 56 percent of children in foster care statewide. Substance use is consistently in the top three highest family stressors in founded allegations of abuse in Hawai'i. Therefore, MI is an important intervention for the state's target population of candidates whose parent's or caregiver's substance abuse is related to the child's imminent risk of entering foster care. The evidence further supports the use of MI for candidates because of the ethnically and culturally diverse population in Hawai'i. MI has been successfully delivered in a wide variety of locations and settings, and there is significant evidence it is also adaptable across different cultures, ethnicities, and languages. This request for a waiver of the evaluation requirement for MI is based on the following information.

MI is effective at increasing engagement in and completion of substance abuse services. MI has also been rated by the California Evidence-Based Clearinghouse for Child Welfare as well-supported with a medium relevance for child welfare in the categories of motivational engagement programs and substance abuse treatment of adults.⁶⁷ MI is defined as “a client-centered method...for enhancing intrinsic motivation to change by exploring and resolving client ambivalence.”⁶⁸ When utilized as a precursor to or in conjunction with substance abuse services, MI has demonstrated positive effects on increasing client engagement and successful completion of services. A 2001 review by Dunn, Deroo, and Rivara indicated that the best evidence for the effectiveness of MI was when it was used as an enhancement to more intensive substance abuse treatment.⁶⁹ The authors found that effects on treatment

⁶⁵ California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Motivational Interviewing*. <https://www.cebc4cw.org/program/motivational-interviewing/>.

⁶⁶ APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285, <https://div12.org/treatment/motivational-interviewing-motivational-enhancement-therapy-met-plus-cbt-for-mixed-substance-abuse-dependence/>.

⁶⁷ California Evidence-Based Clearinghouse for Child Welfare. (n.d.). *Motivational Interviewing*. <https://www.cebc4cw.org/program/motivational-interviewing/>.

⁶⁸ Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*, 71(5), 843-861.

⁶⁹ Dunn, C., Deroo, L., & Rivara, F. P. (2001). The use of brief interventions adapted from motivational interviewing across behavioral domains: a systematic review. *Addiction*, 96(12), 1725-1742.

participation were consistent in direction and size across several studies reviewed. A 2018 study examining the effects of voluntary MI participation prior to drug addiction treatment also found that those who received MI were more likely to complete the treatment program successfully.⁷⁰

MI has a positive impact on a range of behaviors and is effectively combined with other services and interventions. MI has demonstrated efficacy in addressing an array of behaviors and underlying conditions, from evoking cognitive and behavioral change among domestic violence offenders⁷¹ to improving self-management behaviors for patients with type II diabetes.⁷² Further, a 2018 literature review of MI use in child welfare found evidence in twelve studies that MI effectively improved a variety of outcomes, including parenting skills, parent/child mental health, retention in services, substance use, and child welfare recidivism.⁷³ MI can be provided independently but is commonly provided in combination with another intervention to motivate change.

MI has demonstrated favorable outcomes in individuals from different cultural and ethnic backgrounds. MI has shown positive outcomes across different ethnicities,⁷⁴ including non-white populations⁷⁵ and in multiple countries including Sweden,⁷⁶ South Africa,⁷⁷ and Brazil.⁷⁸

⁷⁰ Rasekh, B., Saw, Y., Azimi, S., Kariya, T., Yamamoto, E., & Hamajima, N. (2018). Associations of treatment completion against drug addiction with motivational interviewing and related factors in Afghanistan. *Nagoya Journal of Medical Science*, 80(3), 329–340.

⁷¹ Kistenmacher, B. R., & Weiss, R. L. (2008). Motivational Interviewing as a mechanism for change in men who batter: A randomized controlled trial. *Violence and Victims*, 23(5), 558-570.

⁷² Song, D., Xu, T. Z., & Sun, Q. H. (2014). Effect of Motivational Interviewing on self-management in patients with type 2 diabetes mellitus: A meta-analysis. *International Journal of Nursing Sciences*, 1(3), 291-97.

⁷³ Shah, A., Jeffries, S., Cheatham, L. P., Hasenbein, W., Creel, M., Nelson-Gardell, D., & White-Chapman, N. (2019). Partnering With Parents: Reviewing the Evidence for Motivational Interviewing in Child Welfare. *Families in Society*, 100(1), 52-67.

⁷⁴ Field, C., Walters, S., Marti, C. N., Jun, J., Foreman, M., & Brown, C. (2014). A multisite randomized controlled trial of brief intervention to reduce drinking in the trauma care setting: How brief is brief? *Annals of Surgery*, 259(5), 873-80.

⁷⁵ Roudsari, B., Caetano, R., Frankowski, R., & Field, C. (2009). Do minority or white patients respond to brief alcohol interventions in trauma centers? A randomized trial. *Annals of Emergency Medicine*, 54(2), 285-93. doi:10.1016/j.annemergmed.2009.01.033

⁷⁶ Palm, A., Olofsson, N., Danielsson, I., Skalkidou, A., Wennberg, P., & Höglberg, U. (2016). Motivational interviewing does not affect risk drinking among young women: A randomised, controlled intervention study in Swedish youth health centres. *Scandinavian Journal of Public Health*, 44(6), 611-18.

⁷⁷ Rendall-Mkosi, K., Morojele, N., London, L., Moodley, S., Singh, C., & Girdler-Brown, B. (2013). A randomized controlled trial of Motivational Interviewing to prevent risk for an alcohol- exposed pregnancy in the Western Cape, South Africa. *Addiction*, 108(4), 725-32.

⁷⁸ Segatto, M. L., Andreoni, S., de Souza e Silva, R., Diehl, A., & Pinsky, I. (2011). Brief motivational interview and educational brochure in emergency room settings for adolescents and young adults with alcohol-related problems: A randomized single-blind clinical trial. *Revista Brasileira de Psiquiatria*, 33(3), 225-33.

Studies have also shown positive effects of MI with young adults of Mexican origin^{79,80} and American Indian/Alaska Native adolescents.⁸¹

Given the evidence demonstrating MI's favorable outcomes for parents and caregivers with substance use disorders and other maladaptive behaviors, its ability to be effectively combined with other interventions, and its adaptability to diverse populations, Hawai'i is requesting that the Children's Bureau waive the evaluation requirements for MI.

Parents as Teachers (PAT): Overall Effectiveness

The effectiveness of PAT has been demonstrated through multiple studies and reports, which, when considered together, led CWSB to conclude that the program's effectiveness is compelling for candidates, EPYP, and the Hawai'i child welfare system population. This conclusion is supported by the Clearinghouse's Summary of Findings, which reflects findings from six studies that were eligible for review, from studies cited by PAT, and also from a comprehensive literature review contained in the Home Visiting Evidence of Effectiveness (HomVEE) review.

A review of PAT research by the Clearinghouse shows that PAT had favorable impacts⁸² on child safety as well as child social and cognitive functions, which are key outcomes CWSB is seeking to attain through the FFH service array. Also of importance, according to the Clearinghouse review, PAT has produced very limited unfavorable impacts on outcomes. A summary of this review's findings can be found in Table 11.⁸³

In addition, current studies of PAT show a significant impact on a number of outcomes vital to the child welfare system. In March of 2019, PAT published a Fact Sheet, *Prevention of Child Abuse and Neglect*⁸⁴, reporting the following impacts of PAT on child abuse and neglect:

⁷⁹ Cherpitel, C. J., Ye, Y., Bond, J., Woolard, R., Woolard, R., Villalobos, S., Bernstein, J., Bernstein, E., & Ramos, R. (2016). Brief intervention in the emergency department among Mexican-origin young adults at the US-Mexico border: Outcomes of a randomized clinical trial using promotores. *Alcohol and Alcoholism*, 51(2), 154-63.

⁸⁰ Bernstein, J., Bernstein, E., Hudson, D., Belanoff, C., Cabral, H. J., Cherpitel, C. J., . . . Ramos, R. (2017). Differences by gender at twelve months in a brief intervention trial among Mexican-origin young adults in the emergency department. *Journal of Ethnicity in Substance Abuse*, 16(1), 91-108.

⁸¹ Gilder, D. A., Geisler, J. R., Luna, J. A., Calac, D., Monti, P. M., Spillane, N. S., . . . Ehlers, C. L. (2017). A pilot randomized trial of Motivational Interviewing compared to psycho-education for reducing and preventing underage drinking in American Indian adolescents. *Journal of Substance Abuse Treatment*, 82, 74-81.

⁸² According to the Title IV – E Prevention Services Handbook of Standards and Procedures, impact estimates that are favorable (statistically significant and in the desired direction).

⁸³ Title IV-E Prevention Services Clearinghouse. (n.d.). *Parents as Teachers*. <https://preventionservices.abtsites.com/programs/214/show>.

⁸⁴ Parents as Teachers (March 2019). *Prevention of Child Abuse and Neglect, Parents as Teachers: Stopping Child Abuse Before it Starts* [Fact Sheet]. https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/5c9d2c9deb39313e7359ded9/1553804446421/Fact-Sheet_ChildAbuseandNeglectPrevention.pdf

- In one of the largest research studies in the U.S. conducted to investigate the impact of home visiting on child maltreatment, researchers found a 22 percent decreased likelihood of substantiated cases of child maltreatment (as reported by Child Protective Services (CPS)) for PAT families compared to the non-PAT families.
- In a randomized-controlled trial of PAT for former CPS-involved families, the program was associated with a significantly lower likelihood of a new CPS case for non-depressed mothers.

Table 11. Parents as Teachers Summary of Clearinghouse Findings

Outcome	Effective Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety	0.11 4	2 (6)	4825	Favorable: 2 No Effect: 3 Unfavorable: 0
Child permanency	0.16 6	1 (1)	4560	Favorable: 0 No Effect: 1 Unfavorable: 0
Child well-being: Social functioning	0.12 4	1 (6)	375	Favorable: 3 No Effect: 2 Unfavorable: 1
Child well-being: Cognitive functions and abilities	0.13 5	2 (12)	575	Favorable: 2 No Effect: 10 Unfavorable: 0
Child well-being: Physical development and health	0.08 3	1 (3)	375	Favorable: 0 No Effect: 3 Unfavorable: 0
Adult well-being: Positive parenting practices	0.27 10	1 (1)	203	Favorable: 0 No Effect: 1 Unfavorable: 0
Adult well-being: Family functioning	-0.07 -2	2 (11)	640	Favorable: 0 No Effect: 10 Unfavorable: 1
Adult well-being: Economic and housing stability	-0.09 -3	1 (10)	366	Favorable: 0 No Effect: 9 Unfavorable

Note. For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Clearinghouse.

The findings reported for this program or service are derived from eligible, prioritized studies rated as moderate or high on study design and execution and do not represent the findings from all eligible studies of the program or service.

- PAT participation was related to fifty percent fewer cases of suspected abuse and/or neglect. PAT in Maine, focusing on families with involvement with CPS, found that once entered into a Parents as Teachers program, ninety-five percent of families had no further substantiated reports or allegations of child abuse.⁸⁵

Complementing the Clearinghouse's findings showing PAT's effectiveness are results from the HomVEE review of home visiting models that serve families with pregnant women and children from birth to kindergarten entry (that is, up through age 5).⁸⁶ As of December 2019, HomVEE has reviewed the evidence of effectiveness of fifty home visiting programs, twenty-one of which met the U.S. Department of Health and Human Services (HHS) criteria for "evidence-based early childhood visiting service delivery model."

HomVEE reviews indicate that most home visiting models, including PAT, had favorable impacts on primary and secondary measures of child development and school readiness and positive parenting practices. The study also showed that PAT participants sustained favorable impacts for at least one year after beginning the program. In addition, the HomVEE report provides evidence that minimum standards for fidelity have been met in the areas of supervision, frequency of visits, pre-service training, use of fidelity tools, and an established system for fidelity monitoring.

Parents as Teachers (PAT): Effectiveness for FFH Target Population and Evaluation Waiver Request

There is compelling evidence that PAT prevents child maltreatment by teaching new and expectant parents the skills necessary to improve healthy child social and cognitive development and improve parenting practices. PAT is a good fit for Hawai'i because it was designed to be delivered to a diverse population of families with diverse needs. As stated in the Clearinghouse, "PAT is designed so that it can be delivered to diverse families with diverse needs," so it is well-suited for the diversity of racial, ethnic, and cultural backgrounds of Hawai'i families.

PAT is an evidence-based home-visiting parent education program with proven effectiveness in serving the needs of new and expectant parents and their young, pre-kindergarten children at risk of maltreatment. FFH aims to serve families that have identified stressors of heavy continuous childcare responsibility, loss of control during discipline, lack of tolerance to child's behavior, inability to cope with parental responsibility, and unacceptable child-rearing method, as well as EPYP, for which PAT is a well-aligned intervention. PAT has a high relevance to the Hawai'i population of children newborn to five years which is the largest group of children in

⁸⁵ Ibid.

⁸⁶ Mathematica (2019). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. (OPRE Report #2019-93). Retrieved from file:///Z:/FFPSA%20Evaluation%20Plan/Strategy%20drafts/homevee_effectiveness_executive_summary_dec_2019.pdf.

foster care. This request for a waiver of the evaluation requirement for PAT is based on the following information.

PAT fosters improved parenting practices. The HomVEE, in a published review in September 2019, reported that PAT, along with other home visiting models, had favorable impacts on positive parenting practices⁸⁷. A 2019 study by Lahti, Evans, Goodman, Schmidt, and LeCroy found that PAT participation was associated with statistically significantly higher parenting quality, family functioning, social support, and concrete support.⁸⁸ The effect sizes were moderate but quite impressive for intervention research and demonstrate the success of the PAT curriculum in improving parenting skills, knowledge, and confidence, which are foundations of the PAT program. The authors hypothesize that the “PAT curriculum provides parents with the necessary skills and knowledge to actually improve their parenting and the overall family Microsystem.”⁸⁹

PAT reduces child maltreatment and likelihood of removal. PAT has demonstrated significant effects in reducing the likelihood of founded allegations of abuse. The Title IV-E Prevention Services Clearinghouse has rated PAT as well-supported following review of six eligible studies that indicated favorable effects in the target outcomes of child safety and well-being.⁹⁰ Specifically, there were two favorable effect findings for reducing child maltreatment. In one of the largest research studies in the U.S. conducted to evaluate the impact of home visiting on child maltreatment, researchers found a 22 percent decreased likelihood of substantiated cases of child maltreatment as reported by CPS for PAT families compared to non-PAT families.⁹¹ The same study found a trend of decreased out-of-home placements for families participating in PAT. Further support for the notion that PAT reduces child maltreatment can be found in a 2002 study indicating that PAT participation was related to 50 percent fewer cases of suspected abuse and/or neglect.⁹² Based on a review of the published research on this outcome, the Washington State Institute for Public Policy estimates an average effect size of 6.1 percent reduction in child maltreatment in real-world implementation of PAT by age 17.⁹³ Finally, a 2014 Home Visiting Summary Report from the Maine Department of Health and Human

⁸⁷ Sama-Miller, E., Akers, L., Mraz-Esposito, A., Coughlin, R., & Zukiewicz, M. (2017). *Home visiting evidence of effectiveness review: Executive summary*. Mathematica Policy Research.

⁸⁸ Lahti, M., Evans, C. B., Goodman, G., Schmidt, M. C., & LeCroy, C. W. (2019). Parents as Teachers (PAT) home-visiting intervention: A path to improved academic outcomes, school behavior, and parenting skills. *Children and Youth Services Review*, 99, 451-460.

⁸⁹ Ibid., p.458

⁹⁰ Title IV-E Prevention Services Clearinghouse. (n.d.). Parents as Teachers.

<https://preventionservices.abtsites.com/programs/214/show>.

⁹¹ Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child Abuse & Neglect*, 79, 476-484.

⁹² Wagner, M., Spiker, D., & Linn, M. I. (2002). The effectiveness of the Parents as Teachers program with low-income parents and children. *Topics in Early Childhood Special Education*, 22(2), 67–81.

⁹³ 2019. Washington State Institute for Public Policy. Benefit-Cost Results: Parents as Teachers.
<http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/118/Parents-as-Teachers>

Services that focused on families with CPS involvement found that of the families that entered a PAT program, 95 percent had no further substantiated reports or allegations of child abuse.⁹⁴

PAT has demonstrated favorable outcomes in families from diverse backgrounds. As noted by the Title IV-E Prevention Services Clearinghouse, “PAT is designed so that it can be delivered to diverse families with diverse needs.”⁹⁵ PAT meets the criteria for an “evidence-based early childhood home visiting service delivery model” in the HomVEE review⁹⁶ which justifies its selection as a MIECHV program approved service delivery model. As such, PAT is currently provided in 35 states and 13 tribal communities through the MIECHV Program.⁹⁷ PAT is also established world-wide; the model is currently utilized in Canada, Germany, Switzerland and the United Kingdom.⁹⁸ Of particular relevance to the Hawai‘i context, an evaluation of the Bureau of Indian Affairs Family and Child Education (FACE) program, which utilizes the PAT model, notes both self-reported improvements in parenting skills and high levels of cultural and language integration in program services.⁹⁹

PAT is currently utilized in Hawai‘i as part of the DOH Home Visiting service array. Its current use in Hawai‘i and the immense body of literature demonstrating PAT’s efficacy provide compelling evidence of effectiveness to warrant a waiver of evaluation.

Healthy Families America (HFA): Overall Effectiveness

The effectiveness of HFA has been demonstrated through multiple studies and reports, which, when considered together, led CWSB to conclude that the program’s effectiveness is compelling for candidates, EPYP, and the Hawai‘i child welfare population. This conclusion is supported by the Clearinghouse’s Summary of Findings, which reflects findings from twenty-two studies that were eligible for review, and a comprehensive literature review contained in the HomVEE review.

A review of HFA research by the Clearinghouse shows that HFA had favorable impacts¹⁰⁰ on child safety; child well-being in the areas of behavioral and emotional functioning, cognitive

⁹⁴ (n.d.). 2014 Maine Home Visiting Summary Report. Augusta, MN: Maine Department of Health and Human Services.

⁹⁵ Title IV-E Prevention Services Clearinghouse. (n.d.). Parents as Teachers.

⁹⁶ Home Visiting Evidence of Effectiveness (n.d.) Parents as Teachers (PAT).

<https://homvee.acf.hhs.gov/effectiveness/Parents%20as%20Teachers%20%28PAT%29%C2%AE/In%20Brief>

⁹⁷ Parents as Teachers (2017). Parents as Teachers and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. St. Louis, MO.

https://static1.squarespace.com/static/56be46a6b6aa60dbb45e41a5/t/599b34b9b8a79be0d0619b95/1503343802161/PAT_MIECHV_Flyer_081717_EXRE-1030.pdf

⁹⁸ Our Global Impact (n.d.) Parents as Teachers (PAT). <https://parentsasteachers.org/global-footprint>

⁹⁹ Research and Training Associates, Inc. (2005). BIA Family and Child Education Program: 2005 Executive Summary. Overland Park, KS. https://3i1s4i1yamlm2g36ex31nz4y-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/FACE_Eval_Report_Executive_Summary_05.pdf

¹⁰⁰ According to the Title IV – E Prevention Services Handbook of Standards and Procedures, impact estimates that are favorable (statistically significant and in the desired direction).

functioning and abilities, delinquent behavior, and educational achievement and attainment; and adult well-being in the areas of positive parenting practices, parent/caregiver mental or emotional health and family functioning which are key outcomes CWSB is seeking to attain through FFH services. Also of importance, according to the Clearinghouse review, HFA has produced very limited unfavorable impacts on outcomes. A summary of this review's findings can be found in Table 12.¹⁰¹

Table 12. *Healthy Families America Summary of Clearinghouse Findings*

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child safety: Child welfare administrative reports	0.05 1	5 (43)	5522	Favorable: 0 No Effect: 43 Unfavorable: 0
Child safety: Self-reports of maltreatment	0.10 3	4 (44)	2044	Favorable: 4 No Effect: 40 Unfavorable: 0
Child safety: Maltreatment risk assessment	0.00 0	1 (7)	180	Favorable: 0 No Effect: 7 Unfavorable: 0
Child safety: Medical indicators of maltreatment risk	-0.03 -1	3 (11)	1895	Favorable: 0 No Effect: 11 Unfavorable: 0
Child permanency: Out-of-home placement	-0.04 -1	4 (6)	4752	Favorable: 0 No Effect: 6 Unfavorable: 0
Child well-being: Behavioral and emotional functioning	0.10 3	2 (7)	1146	Favorable: 5 No Effect: 2 Unfavorable: 0
Child well-being: Social functioning	0.04 1	1 (2)	897	Favorable: 0 No Effect: 2 Unfavorable: 0
Child well-being: Cognitive functions and abilities	0.08 3	3 (9)	1555	Favorable: 2 No Effect: 6 Unfavorable: 1
Child well-being: Physical development and health	0.09 3	2 (6)	816	Favorable: 0 No Effect: 6 Unfavorable: 0

¹⁰¹ Title IV-E Prevention Services Clearinghouse. (n.d.). *Healthy Families America*. <https://preventionservices.abtsites.com/programs/214/show>.

Table 12. *Healthy Families America Summary of Clearinghouse Findings*

Outcome	Effect Size and Implied Percentile Effect	N of Studies (Findings)	N of Participants	Summary of Findings
Child well-being: Delinquent behavior	0.64 23	1 (1)	793	Favorable: 1 No Effect: 0 Unfavorable: 0
Child well-being: Educational achievement and attainment	0.20 7	1 (3)	577	Favorable: 1 No Effect: 2 Unfavorable: 0
Adult well-being: Positive parenting practices	0.11 4	4 (27)	1518	Favorable: 3 No Effect: 24 Unfavorable: 0
Adult well-being: Parent/caregiver mental or emotional health	0.10 3	4 (19)	2053	Favorable: 3 No Effect: 16 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.06 2	3 (15)	1876	Favorable: 0 No Effect: 15 Unfavorable: 0
Adult well-being: Family functioning	-0.02 0	4 (32)	2132	Favorable: 3 No Effect: 29 Unfavorable: 0
Adult well-being: Economic and housing stability	-0.08 -3	3 (6)	1876	Favorable: 0 No Effect: 6 Unfavorable: 0

Note. For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Prevention Services Clearinghouse.

The findings reported for this program or service are derived from eligible, prioritized studies rated as moderate or high on study design and execution and do not represent the findings from all eligible studies of the program or service.

Complementing the Clearinghouse's findings showing HFA's effectiveness are results from the HomVEE review of home visiting models that serve families with pregnant women and children from birth to kindergarten entry (that is, up through age 5).¹⁰² As of December 2019, HomVEE has reviewed the evidence of effectiveness of fifty home visiting programs, twenty-one of which met the HHS criteria for "evidence-based early childhood visiting service delivery model." HomVEE reviews indicate that most home visiting models had favorable impacts on primary and secondary measures of child development and school readiness and positive parenting

¹⁰² Mathematica (2019). *Home Visiting Evidence of Effectiveness Review: Executive Summary*. (OPRE Report #2019-93). Retrieved from file:///Z:/FFPSA%20Evaluation%20Plan/Strategy%20drafts/homevee_effectiveness_executive_summary_dec_2019.pdf.

practices. The review also showed that, of all the models reviewed, HFA showed “greatest breadth of favorable total findings,” with one or more favorable effects in all eight domains reviewed. HFA participants sustained favorable impacts for at least one year after beginning the program. In addition, the HomVEE report provides evidence that minimum standards for fidelity have been met in the areas of supervision, frequency of visits, pre-service training, use of fidelity tools, and an established system for fidelity monitoring.

Healthy Families America (HFA): Effectiveness for FFH Target Population and Evaluation Waiver Request

HFA is currently utilized in Hawai‘i as part of the DOH Home Visiting service array. Its current use in Hawai‘i, local program roots, and the immense body of literature demonstrating HFA’s efficacy in Hawai‘i and beyond in promoting positive parenting practices, nurturing parent-child relationships, and reducing the risk of maltreatment and foster care placements provide compelling evidence of effectiveness to warrant a waiver of evaluation. This request for a waiver of the evaluation requirement for HFA is based on the following information.

HFA fosters improved parenting practices and increased nurturing parent-child relationships. HFA has demonstrated significant effects in improving parenting practices and increasing nurturing relationships. For example, Rodriguez, Dumont, Mitchell-Herzfled, Walden, and Greene¹⁰³ found that HFA is effective in fostering positive parenting, such as maternal responsiveness and cognitive engagement. With respect to negative parenting, HFA mothers in the High Prevention Opportunity subgroup were less likely than their control group counterparts to use harsh parenting.

HFA reduces child maltreatment. HFA has demonstrated significant effects in reducing the likelihood of founded allegations of abuse. For example, researchers evaluating the impact of Healthy Families NY (now called HFA) on parenting behaviors found positive outcomes. The researchers utilized a telephone survey to investigate the program’s effectiveness over time. At one year after completing services, mothers in the Healthy Families NY program reported fewer acts of very serious abuse, minor physical aggression, and psychological aggression in the prior year, as well as fewer acts of harsh parenting in the prior week.¹⁰⁴ After two years, Healthy Families NY mothers reported significantly fewer acts of serious physical abuse.¹⁰⁵ By the child’s seventh birthday, mothers in the home-visited group were half as likely as mothers in the control group to have confirmed allegations of physical abuse or neglect.

¹⁰³ Rodriguez, M. L., Dumont, K., Mitchell-Herzfled, S. D., Walden, N. J., & Greene, R. (2010). Effects of Healthy Families New York on the promotion of maternal parenting competencies and the prevention of harsh parenting. *Child Abuse & Neglect*, 34, 711-723.

¹⁰⁴ DuMont, K., Mitchell-Herzfled, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., & Dorabawila, V. (2008). Healthy Families New York (HFNY) randomized trial: Effects on early child abuse and neglect. *Child Abuse & Neglect*, 32, 295-315.

¹⁰⁵ Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect*, 86, 55-66.

HFA has been shown to be efficacious in the state of Hawai'i and a wide variety of geographical locations. As discussed by Duggan, et al., HFA is an adaptation of the Hawai'i Healthy Start Program (HSP) that originated in 1975 at a single site on the island of O'ahu.¹⁰⁶ This study was reviewed by the Clearinghouse and included as evidence to support the efficacy of HFA. Although HFA is an adaptation of the Hawai'i program, it shares common roots with the Hawai'i Healthy Start program. The efficacy of the original HSP led to its expansion across the state and a pilot study in 1985 that confirmed the program's effectiveness in reducing child abuse and neglect as measured by CPS reports and changes in risk of abuse in participating families. The results of the pilot study were so compelling that the U.S. Advisory Board on Child Abuse and Neglect issued a report in 1991 concluding that home visiting (similar to the Hawai'i model) was the most promising strategy for child abuse prevention. In 1992, the National Committee to Prevent Child Abuse (since renamed Prevent Child Abuse America) established HFA to help localities develop home visiting programs of their own. Because the roots of HFA originate in Hawai'i, it has already demonstrated effectiveness in the specific cultural context of the islands and with the specific populations served by the Hawai'i DHS.

In addition, the Prevention Services Clearinghouse identifies a number of well-designed studies demonstrating the efficacy of HFA to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors in Hawai'i^{107,108,109} and across a variety of other geographical locations including Alaska, New York,^{110,111} and Oregon.^{112,113,114}

¹⁰⁶ Duggan, A. K., McFarlane, E. C., Windham, A. M., Rohde, C. A., Salkever, D. S., Fuddy, L., . . . Sia, C. C. J. (1999). Evaluation of Hawaii's Healthy Start program. *Future of Children*, 9(1), 66-90.

¹⁰⁷ El-Kamary, S. S., Higman, S. M., Fuddy, L., McFarlane, E., Sia, C., & Duggan, A. K. (2004). Hawaii's Healthy Start home visiting program: Determinants and impact of rapid repeat birth. *Pediatrics*, 114(3), e317-326.

¹⁰⁸ Bair-Merritt, M. H., Jennings, J. M., Chen, R., Burrell, L., McFarlane, E., Fuddy, L., & Duggan, A. K. (2010). Reducing maternal intimate partner violence after the birth of a child: A randomized controlled trial of the Hawaii Healthy Start home visitation program. *Archives of Pediatrics & Adolescent Medicine*, 164(1), 16-23.

¹⁰⁹ McFarlane, E., Burrell, L., Crowne, S., Cluxton-Keller, F., Fuddy, L., Leaf, P., & Duggan, A. (2013). Maternal relationship security as a moderator of home visiting impacts on maternal psychosocial functioning. *Prevention Science*, 14(1), 25-39.

¹¹⁰ Rodriguez, M. L., Dumont, K., Mitchell-Herzfeld, S. D., Walden, N. J., & Greene, R. (2010). Effects of Healthy Families New York on the promotion of maternal parenting competencies and the prevention of harsh parenting. *Child Abuse & Neglect*, 34, 711-723.

¹¹¹ Lee, E., Kirkland, K., Miranda-Julian, C., & Greene, R. (2018). Reducing maltreatment recurrence through home visitation: A promising intervention for child welfare involved families. *Child Abuse & Neglect*, 86, 55-66.

¹¹² Green, B. L., Tarte, J. M., Harrison, P. M., Nygren, M., & Sanders, M. B. (2014). Results from a randomized trial of the Healthy Families Oregon accredited statewide program: Early program impacts on parenting. *Children and Youth Services Review*, 44, 288-298.

¹¹³ Green, B. L., Sanders, M. B., & Tarte, J. (2017). Using administrative data to evaluate the effectiveness of the Healthy Families Oregon home visiting program: 2-year impacts on child maltreatment & service utilization. *Children and Youth Services Review*, 75, 77-86.

¹¹⁴ Green, B., Sanders, M. B., & Tarte, J. M. (2018). Effects of home visiting program implementation on preventive health care access and utilization: Results from a randomized trial of Healthy Families Oregon. *Prevention Science*. (Online Advance).

The HFA Child Welfare Protocol reduces the recurrence of maltreatment. Implementation of the child welfare protocol allows sites to enroll families referred by child welfare up to age 24 months, which remains consistent with the original model designed to support families with children through age five. Supporting the use of this adaptation, a study looking at outcomes up to age seven, school-age children of young, first time moms who enrolled in HFA early in pregnancy were 49% less likely to experience an indicated Child Protective Services (CPS) report.¹¹⁵ A 2019 study of Healthy Families Massachusetts (now called HFA) found that HFA reduced child maltreatment recurrence in CPS reports for primiparous (first-time) adolescent mothers.¹¹⁶ Results found that of the 52 percent of families who experienced initial CPS reports, 53 percent experienced additional CPS reports. Children of mothers in the home visiting group were less likely to receive a second report and had a longer period between initial and second reports.

HFA is currently utilized in Hawai‘i as part of the DOH Home Visiting service array and has been part of the in-home parent skill-based program array in Hawai‘i for 45 years. Its current use in Hawai‘i and the immense body of literature demonstrating HFA’s efficacy provide compelling evidence of effectiveness to warrant a waiver of evaluation.

VI. Child Welfare Workforce Training and Support (Pre-print Section 5-7)

Supporting Child Welfare Professionals (Pre-Print Section 5)

CWSB’s strong commitment to supporting the child welfare workforce is evident in its implementation of three complementary plans to strengthen and support the workforce: the CFSP, DHS Strategic Plan, and PIP3. One of the three overarching goals in the CFSP is “Workforce: actively nurture a robust, healthy workforce of CWS staff and partner agencies and organizations through training, resources, and support.” This goal aligns with one of the top goals in the DHS department-wide Strategic Plan—to “improve staff health and development.” It also aligns with the PIP3 cross-cutting theme of supporting and empowering supervisors to strengthen caseworker practice to improve safety, permanency, and well-being outcomes for children.

¹¹⁵ DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M. L., Lee, E., ... & Greene, R. (2010). A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment? Rensselaer, NY: New York State Office of Children & Family Services and Albany, NY: University of Albany, State University of New York.

¹¹⁶ Easterbrooks , M. A., Kotake, C., & Fauth, R. (2019). Recurrence of maltreatment after newborn home visiting: A randomized controlled trial. American Journal of Public Health, 109(5), 729-735. doi:10.2105/AJPH.2019.304957.

Implementation of these plans demonstrates how CWSB supports and enhances a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services. FFH implementation will build on and benefit from the ongoing CWSB initiatives around workforce development and support.

Prevention Caseloads (Pre-print Section 7)

A foundational strategy for supporting child welfare professionals is to ensure that caseworkers have the time and energy to properly assess and serve families. This is done by allocating appropriate, manageable caseloads. Caseload assignments and adjustments occur at the Section level and staffing varies across the CWSB Sections. In smaller sections and in offices that are not fully staffed, workers may carry a mixed caseload. Therefore, all CWSB caseworkers will be trained to identify candidates, create prevention plans, and monitor risk and safety for candidates. CWSB staffing ratios will apply to FFH cases. CWSB aims for the following average staffing ratios for active, open cases:

- 15-17 families per caseworker
- 5-7 caseworkers per supervisor
- 16-20 families per VCM worker

Caseload adjustments are made in each Section and Unit based on staff vacancies, backlogs of inactive cases that have not been closed timely, complexity of cases carried by workers, and other factors. Caseload ratios are monitored and managed by Unit Supervisors and Section Administrators who are responsible for ensuring manageable caseloads and parity in caseload across workers. CQI reviews and PIP3 activities provide additional information to Section and Branch Administrators to help them monitor caseloads and identify when additional resources are needed.

Child Welfare Workforce Training (Pre-print Section 7)

CWSB offers a robust array of training for new workers, existing workers, supervisors, resource caregivers, partner social services agencies, the Department of Education, and community groups. The Staff Development Office (SDO) provides Core Training for all new CWSB employees as well as ongoing in-service trainings on new programs, policies, and practice. These trainings are supplemented with additional training and support tied to new initiatives and practice areas needing improvement. For example, when the Waiver began, CWSB provided training on the new Waiver services, practice changes related to utilizing those services, and changes in the CPSS and SHAKA systems. The initial Waiver training was augmented with ongoing coaching and training as part of the Waiver CQI and evaluation process. Separately, through the PIP3, CWSB has identified areas where additional training and support is needed, such as in the areas of supervisors coaching new workers, proper use of risk and safety assessments in decision-making and case planning, and family engagement.

The Waiver bolstered CWSB's understanding of the role that proper workforce training and support plays in successfully implementing new approaches to serving families. Therefore, CWSB is designing a series of initial and ongoing trainings and supports related to FFH. These trainings will build on the existing core training curricula as well as specialized training that is being provided to meet the PIP3 goals.

In addition to training CWSB workers, SDO provides training to community providers who serve families through CWSB contracts. Community providers of FFH programs and services will be invited to participate in the FFH training series. Successful completion of some of the training modules will be contractually required.

Existing training and support for CWSB workers

SDO provides the majority of training for CWSB employees. CWSB workers also participate in professional development opportunities offered by partners such as the Family Court and the Hawai'i Court Improvement Project. Staff development, consultants, and partners work together to provide specialized training and support for workers involved in special initiatives like the Waiver and the PIP3.

A list of the training topics covered by CWSB in a typical year is attached as Appendix D. These trainings are included in the approved CWSB IV-E Training Plan. Appendix D also includes the FFH training being rolled out in 2021.

New Hire Training

SDO maintains a standard training schedule for new hire training. All CWSB employees participate in New Hire Training, with tracks for specific staff positions such as social worker, support staff, licensing, clerical, voluntary case manager, family support services, and supervisor. For most positions, Part 1 training includes classroom time and on-the-job shadowing. Part 2 training is provided several months after the employee has completed Part 1 training and a few months of working on the job.

Ongoing Training

CWSB staff can participate in a wide range of trainings throughout the year. Some are offered through SDO, some are provided through annual professional development conferences, and others are provided by the many organizations serving families across Hawai'i. Employee participation in professional development activities is tracked in the training section of SHAKA, which is maintained by SDO. If an employee misses any required trainings, SDO notifies that employee's supervisor, and the supervisor works with the employee to reschedule the training. SDO guarantees that all workers will receive required trainings.

Most of the CWSB ongoing trainings are open to providers with contracts to serve CWSB families. In addition to providing useful information, professional development opportunities offered by CWSB and community partners help strengthen relationships that lead to partnerships and collaborations.

Specialized Training

The list of ongoing training in Appendix D includes a few specialized offerings such as Forensic Interviewing of Child Sex Abuse Victims and Investigative Interviews in Child Abuse. These training topics are designed for a small group of workers who specialize in a particular area.

For the Waiver, CWSB created several specialized trainings for workers who would serve on CRTs or refer families to the Waiver services. Through the Waiver evaluation process, CWSB learned that frequent reminders, refreshers, and updates were essential components of the training process. Training on a new approach cannot be a “one-and-done” or a single class—training is a professional development process that occurs over time.

The PIP3 goals and strategies reflect this longer-term approach of providing specialized training along with ongoing support, mentoring, and coaching. Because the PIP3 training strategies align with the training needs related to FFH, when CWSB implements FFH, workers will already have the specialized training they need around risk and safety assessments, case planning, and family engagement. Both the Capacity Building Center for States and Action for Child Protection (ACTION) have provided CWSB with technical assistance to create and deliver specialized training in these three areas. Especially beneficial for FFH implementation is the training ACTION designed for CWSB caseworkers, supervisors, Section Administrators, and VCM caseworkers in these areas:

- Information gathering;
- Safety threshold—safety vs. risk;
- Safety decision-making at critical junctures—removal, reunification, and case closure;
- In-home safety planning and safety services;
- Assessment—use of risk and safety tools, in-home safety analysis;
- Conditions for return; and
- Safety services matching.

Another area of specialized training that ACTION helped CWSB develop is supervisor professional development. CWSB has embraced a coaching model for supervisors and has incorporated that model into new and ongoing supervisor training. ACTION trained two CWSB staff members to deliver the coaching curriculum and sustain the coaching model through ongoing training and consultation. A list of the specific topics covered through this strengths-based supervision and coaching model is included in Appendix D. Principles and practices of MI and Trauma and Healing Informed Care (THIC) are woven into every component this model.

Finally, CWSB workers at all levels regularly receive information through supervision, coaching, mentoring, and formal training on incorporating THIC principles into working with families. CWSB has been shifting to a trauma-informed practice for several years, and in 2018, through a partnership with Casey Family Programs, CWSB provided mandatory THIC training to the entire agency. Since then, THIC has been infused throughout the New Hire and Ongoing Trainings and the THIC modules have been incorporated into the Strengths-Based Supervision and Coaching modules.

Hawai‘i recognizes the value and importance of using a trauma-informed approach in engaging with families. Principles of a trauma-informed approach have been incorporated into existing trainings and will continue to be included in future training, as Hawai‘i is committed to better understanding and engaging with families. Hawai‘i plans to offer contracted VCM, PSS, and FSS staff ongoing training on trauma-informed care through collaborative training opportunities. CWSB will also invite all contracted staff to all future CWSB new hire trainings.

Existing training and support for contracted service providers and other partners

In Hawai‘i, most services to support CWSB-involved families are provided by nonprofit organizations through contracts with CWSB. Such services include home visiting for families with an open CWS case, DR services, parenting education and supports, mental health treatment, and SUD treatment.

Providers of EBP must be certified to deliver services with fidelity to the model, and programs must be accredited by an authorized organization. All EBP will be provided by qualified staff. Each EBP has its own training requirements, staff qualifications, and accreditation specific to that model. CWSB will require all EBP providers working with families to meet the EBP’s training and staff qualification requirements to provide services with fidelity. Providers must maintain compliance with EBP accreditation and training requirements throughout the life of the CWSB contract. This is already required for providers with existing contracts with CWSB and it will continue to be a requirement for any future FFH program contracts. The requirements for training, certification, and accreditation are discussed in section IV. “IV-E Prevention Services,” subsection “Hawai‘i IV-E Reimbursable Programs and Services Description,” beginning on page 44.

CWSB Purchase of Service (POS) staff and HCWCQI ensure compliance with these requirements. POS staff review providers’ Quarterly Activity Reports and provide contract monitoring and verification activities. HCWCQI reviews contract compliance through the CQI process. If a provider does not meet the EBP’s staff training, qualification, and/or accreditation requirements, the existing process for addressing concerns will be followed. When POS staff identify a concern, POS brings that to the attention of Program Development staff, where the concern is then addressed by the assigned Assistant Program Administrator, with involvement of POS as needed.

In addition to training associated with the models, service providers are encouraged or required to participate in further professional development activities. First, they may be required to participate in training related to their contracts with CWSB or DOH. Second, they are invited to participate in most of the ongoing training offered by CWSB and are encouraged to do so. Finally, the organizations delivering the services may provide training to their staff and invite partners such as CWSB, or they might participate in professional development activities offered by other partners.

FFH training and support

Proper training and support are foundational elements for successful FFH implementation. Therefore, CWSB is creating specialized training to facilitate success for CWSB caseworkers, service providers, and families and children. The training topics are included in the CWSB IV-E Amended Training Plan and in Appendix D. Appendix D includes timeframes for the trainings, with introductory FFH trainings beginning in the first quarter of 2021. More specialized trainings will be rolled out through the third quarter of 2021.

The training workgroup also analyzed the initial and ongoing trainings SDO offers to identify modules that address knowledge and skills needed for FFH implementation. SDO is working with consultants from ACTION to revise and improve these modules and incorporate FFH information and implications, such as assessment for FFH candidacy and eligibility, and safety decision-making. These will be offered alongside the newly developed FFH-specific trainings and are included in the table in Appendix D. In addition, SDO is ensuring that FFH-specific information is included wherever relevant throughout the training array.

The FFH training will be designed for the needs of adult learners, and like other SDO offerings, will be interactive; include problem-solving scenarios and skill-based training using assessment tools, CPSS, and SHAKA; and utilize other applicable applied and experiential learning strategies to ensure that participants master the identified learning objectives. SDO collects feedback on training content and delivery through participant focus groups and other methods and uses that to improve future trainings.

Topics to be addressed include the following:

- How to identify candidates;
- How to create a child-specific prevention plan;
- How to identify and provide appropriate FFH services to candidates;
- Understanding the FFH case pathway and process for referring to services and providing ongoing oversight;
- How to conduct ongoing safety and risk assessments;
- How to use existing assessment tools in the FFH context, and how to use any new assessment tools created for the new FFH case pathway;

- How to properly document casework and services provided for a FFH candidate to maximize IV-E claiming;
- How to provide case management and evidence-based services in a trauma- and healing-informed manner;
- Understanding the referral criteria for EBP and how to match a family's needs with the most appropriate services;
- Utilizing MI for early family engagement;
- How to smoothly transition a family from FFH services to other supportive services when they lose eligibility for FFH;
- Changes in CPSS Service Action Codes related to FFH;
- Changes in SHAKA related to FFH; and
- Proper billing and financial tracking related to FFH.

CWSB workers will be required to complete FFH training. Some training will be for everyone in the agency, and some topics will be connected to the worker's role as it relates to FFH cases. Many of these training opportunities will be offered to contracted service providers and some will be mandated in the CWSB contracts for FFH services. FFH-specific trainings will be delivered via virtual training sessions which will be recorded and maintained in SHAKA. These trainings will be readily accessible to staff to be used whenever a caseworker needs refreshers, clarification, or additional information on FFH provisions.

To help caseworkers put their training into practice, CWSB is exploring innovative approaches used during the Waiver, including providing the following to caseworkers and possibly to contracted providers:

- Frequent updates from the CQI process;
- Individual coaching and support;
- Regular email and telephone reminders about documentation, SHAKA, and CPSS coding; and
- Regular email and telephone reminders about the referral criteria and process for programs and services.

Early family engagement is critical for FFH success. Therefore, CWSB will capitalize on the PIP3 focus on Family Engagement for FFH implementation. The PIP3 strategies include training and coaching staff to authentically engage parents and improving the use of 'Ohana Conferences. These strategies are being implemented throughout the agency and are supported by specialized training and coaching. SDO is planning now for how it will sustain the training and support for Family Engagement even after CWSB successfully achieves the PIP3 goals.

MI is a proven approach for engaging parents and motivating them to participate in services. While all CWSB staff are trained in MI, CWSB is exploring additional training and supports to ensure that MI is delivered according to the model and is appropriately and consistently used with all FFH families.

In addition to training provided by SDO, CWSB is exploring collaborative training opportunities with other state agencies and providers of EBP. For example, DOH contracts with several providers for PAT and HFA, and CWSB will also be contracting for those home visiting services. So, it makes sense for CWSB and DOH to work together to ensure that providers of these models are certified, accredited, and use a trauma-informed framework for service delivery. Similarly, ADAD contracts with many SUD treatment providers. Although MI is the only evidence-based SUD treatment service that CWSB is including in the Title IV-E Prevention Plan at this time, other services may be added in the future. Working together on MI training and fidelity monitoring is an achievable first step that may lead to more collaboration around training in the future.

VII. Assurance on prevention program reporting

The Hawai'i Department of Human Services provides an assurance in Attachment I that CWSB will report to the Secretary of HHS required information and data with respect to the provision of services and programs included in The Hawai'i Title IV-E Prevention Plan. This will include data necessary to determine performance measures for the state and compliance. Data will be reported as specified in Technical Bulletin #1, Title IV-E Prevention Data Elements, dated August 19, 2019. See Attachment I, State Title IV-E Prevention Program Reporting Assurance.

Appendix A: Hawai‘i Family First Committee, Exploration Group, and Workgroup Membership

Hawai‘i FFPSA Executive Committee

Participating agencies, divisions, organizations

DHS-SSD Administrator
DHS-CWSB Administrator
DHS-CWSB Assistant Administrator
DHS-CWS Program Development Office Administrators
DOH Behavioral Health Administration, Child and Adolescent Mental Health Division
DHS Med-QUEST Assistant Division Administrator, Deputy Medicaid Director
DHS-SSD Support Services Office Administrator

Hawai‘i Operational Committee

Participating agencies, divisions, organizations

DHS-SSD Administrator
DHS-CWS Program Development Office Administrators
DHS-CWSB Assistant Administrator
DHS-CWS Program Development Office, Family First Hawai‘i Project Lead
DHS-CWSB Unit Supervisor
DHS Med-QUEST Assistant Division Administrator, Deputy Medicaid Director
DHS Med-QUEST Policy and Program Development Office Administrator
DHS Med-QUEST Customer Service Branch Administrator
DHS Med-QUEST Other Representatives
DHS Office of Information Technology
DHS Office of Youth Services
DHS Comprehensive Child Welfare Information System (CCWIS)
DHS Office of Information Technology CPSS Contractor
University of Hawai‘i Maui College Software Development Center
University of Hawai‘i at Mānoa, Center on the Family
DOH Family Health Services Division, Community-Based Child Abuse Prevention Coordinator
DOH Family Health Services Division, Children with Special Health Needs Branch
Hawai‘i State Coalition Against Domestic Violence
Hawai‘i State Commission on Fatherhood

CWSB Social Worker with lived experience in the CWSB foster care system
Exploration Group Leads
Work Group Leads

Prevention Plan Development

Participating agencies, divisions, organizations

DHS-SSD Administrator
DHS-CWS Program Development Office Administrators
DHS-CWSB Administrator
DHS-CWSB Assistant Administrator
DHS-CWS Program Development Office, Family First Hawai‘i Project Lead
Contracted Consultant/Writer

IT/Data Workgroup

Participating agencies, divisions, organizations

DHS-CWS Program Development Office, Assistant Program Administrators
DHS-CWS Program Development Office, Family First Hawai‘i Project Lead
DHS-CWSB Unit Supervisors
DHS-SSD Staff Development Office
DHS Office of Information Technology
DHS Information Technology Services
DHS Comprehensive Child Welfare Information System (CCWIS)
DHS Audit, Quality Control, and Research Office
University of Hawai‘i Maui College Software Development Center
CPSS Contractor
University of Hawai‘i at Mānoa, Center on the Family

Evaluation & CQI Workgroup

Participating agencies, divisions, organizations

DHS-CWS Program Development Office, Assistant Program Administrators
DHS-CWS Program Development Office, Family First Hawai‘i Project Lead
DHS-CWS Program Development Office Administrator
University of Hawai‘i at Mānoa, Center on the Family

Hawai'i Child Welfare Continuous Quality Improvement (HCWCQI) Project of the University of Hawai'i, Maui College
DHS Research
Hawai'i Community Foundation

Fiscal Workgroup

Participating agencies, divisions, organizations

DHS-CWS Program Development Office, Assistant Program Administrators
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWS Program Development Office Administrator
DHS-CWS IV-E Eligibility
DHS-SSD Support Services Office
DHS Budget Planning Management Office
DHS Purchase of Services
DHS Fiscal Management Office
University of Hawai'i at Mānoa, Center on the Family
Hawai'i Child Welfare Continuous Quality Improvement (HCWCQI) Project of the University of Hawai'i, Maui College

Training, Communication, Change Management Workgroup

Participating agencies, divisions, organizations

DHS-CWS Program Development Office, Assistant Program Administrators
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWSB Section Administrator
DHS-CWSB Unit Supervisors
DHS-SSD Staff Development Office
DHS-DIR Policy Director, Office of the Director
DHS-DIR Public Information Officer
DHS Community and Project Development Director
University of Hawai'i at Mānoa, Center on the Family
Hawai'i Child Welfare Continuous Quality Improvement (HCWCQI) Project of the University of Hawai'i, Maui College

Case Pathway Workgroup

Participating agencies, divisions, organizations

DHS-CWS Program Development Office
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWS Program Development Office Administrators
DHS-CWSB Administrator
DHS-CWSB Section Administrators
DHS-CWSB Unit Supervisors
DHS-SSD Staff Development Office
University of Hawai'i Maui College Software Development Center

Substance Abuse Services Exploration Group

Participating agencies, divisions, organizations

DHS-CWS Program Development Office
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWSB Section Administrators
DHS-CWSB Unit Supervisors
DOH Behavioral Health Administration Alcohol and Drug Abuse Division Chief Clinical Officer
DOH Family Health Services Division Chief
DOH Office of the Director Board of Health Administrator
Hawai'i Maternal Infant Health Collaborative
Lili'uokalani Trust
Papa Ola Lokahi
Bobby Benson Center
Salvation Army Family Treatment Services
Hina Mauka Adult Services
Aloha House
Ka Hale Pomaika'i, Moloka'i
Malama Family Recovery Center, Maui
Parent Partners, Family WRAP Hawai'i
EPIC 'Ohana, Inc.
Fort Shafter Police Station
Catholic Charities Hawai'i

Parenting/Support Services Exploration Group

Participating agencies, divisions, organizations

DHS-CWS Program Development Office
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWSB Section Administrators
DOH Family Health Services Division, Community-Based Child Abuse Prevention Coordinator
DOH Family Health Services Division, Maternal and Child Health Branch, MIECHV Home Visiting Program
DOH Family Health Services Division, Maternal and Child Health Branch, Adolescent Health Coordinator
Healthy Mother Healthy Babies
Family Programs Hawai'i
Lili'uokalani Trust
Big Brothers Big Sisters
Birth Parent / Parent Partner, EPIC 'Ohana, Inc.
Youth Partner, EPIC 'Ohana, Inc.
Early Childhood Action Strategy
Hawai'i State Judiciary, First Circuit Family Court
Hawai'i Court Improvement Project
Stop the Violence
Catholic Charities Hawai'i
Legal Aid Society of Hawai'i
Parents And Children Together
Maui Family Support Services

Mental Health Services Exploration Group

Participating agencies, divisions, organizations

DHS-CWS Program Development Office
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS Office of Youth Services
DOH Family Health Services Division, Violence Prevention Coordinator
DOH Behavioral Health Administration, Child and Adolescent Mental Health Division
DOH Behavioral Health Administration, Adult Mental Health Division
Bobby Benson Center
Sounding Joy
Family Programs Hawai'i
Lili'uokalani Trust
Early Childhood Action Strategy

Youth Partner, EPIC 'Ohana, Inc.
Catholic Charities Hawai'i
Ho'omaluhia, Hawai'i Pacific Branch of the Institute on Violence, Abuse and Trauma
Legal Aid Society of Hawai'i

Expectant and Parenting Youth Exploration Group

Participating agencies, divisions, organizations

DHS-CWS Program Development Office
DHS-CWS Program Development Office, Family First Hawai'i Project Lead
DHS-CWSB Section Administrators
DOH Family Health Services Section, Maui District Health Office
Youth Partner, EPIC 'Ohana, Inc.
EPIC 'Ohana Youth Programs
EPIC 'Ohana HI H.O.P.E.S.
Residential Youth Services and Empowerment (RYSE)
Lili'uokalani Trust
Family Programs Hawai'i
Sounding Joy
University of Hawai'i at Mānoa, Center on the Family
Parents And Children Together
Salvation Army Big Island
Hawai'i Youth Services Network
Catholic Charities Hawai'i Mary Jane House
Maui Family Support Services
SAS Services Hawai'i
Keiki O Ka 'Āina
Hale Kipa
Hawai'i State Judiciary, First Circuit Family Court
Hawai'i Community Foundation

Appendix B: CWSB Assessment Tools

Intake Assessment Tool

An intake worker receiving a hotline call uses the Intake Assessment Tool to determine whether a call meets criteria for further action. The Intake Assessment Tool consists of a Child Safety Assessment and a Comprehensive Strengths and Risk Assessment, if applicable. Based on the assessment, if further action is required, intake can refer the family to DRS provider, a Crisis Response Team, or CWSB for further assessment. Any of these referrals could result in CWSB identifying a child as a candidate.

Comprehensive Strengths and Risk Assessment (CSRA)

The Comprehensive Strengths and Risk Assessment Rating Tool helps workers apply the information gathered during family-centered interviews to:

- Make a determination of overall risk to children in the family;
- Make appropriate decisions about the level and type of intervention, and services needed by a family; and
- Document that these decisions are based on a research-based process, using factual and observable indicators of risk and strengths and protective factors.

During the assessment process, caseworkers gather comprehensive information to assess child safety and risk of future harm using techniques that engage the family and nurture trust, self-assessment, motivation, and positive change. Family-centered assessment engages children and caregivers in the assessment process through open-ended, non-confrontational questions and active listening techniques. This assessment approach is recognized as a best practice guide by child welfare professionals because of the following benefits to children, families, workers, and other team members:

- By developing trust and reducing defensiveness, family-centered assessments produce more comprehensive and accurate information about the family's history and functioning;
- As a result of the more thorough and accurate information gathered, caseworkers are able to more accurately assess child safety and risk of future harm;
- More accurate assessments improve the teams' decision-making around the level and type of intervention needed;
- Family-centered assessments encourage children and caregivers to identify their own strengths and needs, leading to intervention plans that are individualized and relevant to the child and family; and

- By gathering information on strengths as well as needs, family members gain hopefulness and motivation, increasing the likelihood that goals will be achieved and achieved more quickly.

Information also comes from other sources including police and medical reports, information gathered during interviews with collateral sources, etc. Engaging families in family-centered assessment and case planning improves child safety, promotes early achievement of permanency, and increases child and family well-being.

For Voluntary Family Supervision and Court-Involved Family Supervision cases, the CSRA is completed when the assessment concludes (within sixty days of receipt from intake), when circumstances change, and prior to case closure or transfer to DRS. VCM caseworkers complete the CSRA within thirty days of their first visit with a family, at six months, and prior to case closure. Caseworkers overseeing a FFH-OS case will complete a CRSA at six months and when circumstances change.

Child Safety Assessment (CSA)

The Child Safety Assessment helps workers identify and document the presence of a Safety Factor based on the information gathered from the family and collateral contacts. It is designed to guide assessment and decision-making. The CSA includes an analysis for in-home services which assesses the supports needed to keep the child safely in the home. The caseworker then creates an In-Home Safety Plan with the family if appropriate. The CSA helps workers consistently assess safety for all families involved with CWSB. The assessment process also helps engage the family by clarifying reasons for CWSB involvement, what the agency looks at regarding safety, and why a child may be removed.

The CSA is completed during the initial in-person meeting with the family and when the assessment concludes (within sixty days of receipt from intake). For CRT, Voluntary Family Supervision and Court-Involved Family Supervision cases, the CSA is also completed when new safety concerns arise and prior to case closure. VCM caseworkers complete the CSA within five days of their first visit with a family and prior to case closure. Caseworkers overseeing a FFH-OS case will complete a CSA at six months and when circumstances change.

Safety of Placement

The Safety of Placement helps workers assess child and adult functioning related to safety factors and characteristics. The following list of questions guides workers to assess characteristics as positive, an area of concern, or something negative in the home.

1. Child Functioning: How are the children functioning cognitively, emotionally, behaviorally, physically, and socially?

2. Adult Functioning: How are the resource family members' functioning cognitively, emotionally, behaviorally, physically, and socially?
3. Resource Family Supervision: How are resource family members actively caring for, supervising, and protecting the children in the home?
4. Discipline: How are discipline strategies used with the children in the home?
5. Acceptance: How do the resource family members demonstrate in observable ways that they accept the identified child into the home?
6. Community Supports: How do the resource family members access/use community supports to help assure this child's safety?
7. Current Status: How do the resource family members respond to the current issues, demands, stressors within the home that affect the child's safety?
8. Foster Child's Birth Family– Resource Family Relationship: How does the relationship between the family of origin and the resource family support the safety of the child?
9. Oversight: How does the resource family demonstrate that they are agreeable to and cooperative with CWS and other formal resources?
10. Planning: How do the resource caregiver(s) demonstrate that they are capable of and actively engaged in planning?

The Safety of Placement is completed within thirty days of placing a child in an out-of-home setting and every quarter thereafter.

‘Ohana Conference

An ‘Ohana Conference is “a family-focused, strength-based meeting conducted by trained community facilitators that is designed to build and enhance the network of protection for a child who is subject to a proceeding under this chapter. ‘Ohana Conferences include extended family members and other important people in the child’s life and rely on them to participate in making plans and decisions. The purpose of the ‘Ohana Conference is to establish a plan that provides for the safety and permanency needs of the child.” The ‘Ohana Conference is grounded in the core goals and values of child safety, preserving family relationships, and timely permanent placement of children.

Families participate in an ‘Ohana Conference within sixty days of a case opening, every four months, and prior to case closure. CWSB makes the referrals for ‘Ohana Conferences, which are organized and facilitated by a contracted provider.

Interviews and engagement with family members

The goal of family-centered intervention is to empower the family to remedy the safety issues present in the home. The family assessment is crucial to this approach.

It is important that as an agency we share common beliefs and attitudes toward the assessment of families. Some of these basic beliefs are:

- Problems that affect individuals are usually symptomatic of underlying family problems;
- A family's problems are not created by a single individual, they originate within the family system;
- Family participation in the assessment process allows them to identify their own strengths and needs and enhances the likelihood of case success; and
- The assessment should focus on the strengths of the family, which will guide the treatment planning and identify opportunities for the family and the social worker.

The family assessment is integral in determining the appropriate response to a report of abuse or neglect and the subsequent delivery of timely and appropriate services to children and families.

Competent, accurate assessments lead to an intervention that appropriately addresses the family's needs and resolves the safety issues in the family. Family assessment is an ongoing process which evaluates and identifies:

- The current level of family functioning;
- The current risk to the child(ren); and
- Family strengths and service needs.

The assessment is used to determine an agency response to a report of abuse or neglect, ensure the safety of the child or children at risk, and develop a plan that will address the safety issues that brought the family to the attention of the department.

CWSB has incorporated Trauma and Healing Informed Care into all aspects of practice to understand and partner with families using a trauma-informed lens.

A thorough assessment helps caseworkers understand the family's strengths and needs and informs other assessment tools and reports including the Child Safety Assessment and Comprehensive Strengths and Risk Assessment.

Citations

- Hawai'i DHS Child Welfare Services Procedures Manual, Part II: Assessment, Section 2. Assessment Tools
- ICF: THREATENED HARM GUIDELINES, CHILD SAFETY ASSESSMENT and IN-HOME SAFETY PLAN, COMPREHENSIVE STRENGTHS AND RISK ASSESSMENT TOOL, AND SAFETY OF PLACEMENT ASSESSMENT 07.25.20
- Hawai'i DHS Child Welfare Services Procedures Manual, Part III: Casework Services, Section 4. Services to Families and Children
- ICF: PIP IMPLEMENTATION: OHANA CONFERENCE PRIOR TO REUNIFICATION AND CLOSING FOR ALL VCM CASES 07.20.05
- ICF: Revised Intake Procedures 05.11.18

Appendix C: CWSB Policies, Procedures and ICF's Related to FFH Implementation

The following list names the CWSB directives to staff that guide effective practice and ensure that children are safe, and families receive high-quality, trauma-informed supports and services.

Hawai'i DHS CWS Procedures Manual, Part II: Assessment

Hawai'i DHS CWS Procedures Manual, Part III: Casework Service

Hawai'i DHS CWS Procedures ICF: Threatened Harm Guidelines, Child Safety Assessment and In-Home Safety Plan, Comprehensive Strengths and Risk Assessment Tool, and Safety of Placement Assessment 07.25.20

Hawai'i DHS CWS Procedures ICF: Revised Intake Procedures 05.11.18

Hawai'i DHS CWS Procedures ICF: Crisis Response Team (CRT) 04.09.15

Hawai'i DHS CWS Procedures ICF: Intensive Home-Based Services (IHBS) 08.14.17

Hawai'i DHS CWS Procedures ICF: Reissued: Intensive Home-Based Services (IHBS) with Procedures Attached 08.14.17

Hawai'i DHS CWS Procedures ICF: Revisions to the Differential Response Procedures Manual 12.22.17

ICF: PIP Implementation: 'Ohana Conference Prior to Reunification and Closing for All VCM Cases 07.20.05

Hawai'i DHS CWS Procedures ICF: Revised CWS Procedures – Part III, Section 4.7.1 Direct Contacts/Frequency of Visits 12.30.11

Hawai'i DHS CWS Procedures ICF: Entering CPSS Logs of Contact Via SHAKA 02.09.15

Hawai'i DHS CWS Procedures ICF: New Process for Outgoing ICPC Requests and Permanency Strengthening Services 08.07.17

Hawai'i DHS CWS Procedures ICF: Child Welfare CFSR Program Improvement Plan (PIP) Revised Guidelines for Supervision 07.22.20

Appendix D: CWSB Training Offerings

New Hire Trainings

The following list shows the topics covered in the New Hire Training Modules.

Pre-New Hire Training

- Microsoft Word and Excel
- Orientation to SSD
- Notices
- Administrative Hearings
- Worker Safety
- Overview of Protective Statute
- Foundations to CWS
- HIPAA Security
- Case planning 1 & 2
- Cultural Sensitivity
- Documentation
- Domestic Violence 1 & 2
- Investigation 1A – 3B
- Reasonable Efforts
- Risk Assessment 1 & 2
- Substance Abuse
- Worker Safety
- Violence in the Workplace

New Hire Training Part 1, Week 1

- Introduction to CWS
- Family Law
- CQI
- Prudent Parenting
- SHAKA
- ‘Ohana Time
- LGBTQ
- Substance Abuse
- Mental Health & MDT
- Physical and Behavioral Indicators of CA/N
- EPIC Services

- Domestic Violence 101
- Family Engagement

New Hire Training Part 1, Week 2

- On the job training and community site visit(s)

New Hire Training Part 1, Week 3

- Self-care
- Human Trafficking
- Substance Abuse
- CPSS IQ
- CWS Intake
- Skill Enhancement
- Motivational Interviewing

New Hire Training Part 1, Week 4

- Job Shadowing in at least three different units and observation of multi-disciplinary team meeting

New Hire Training Part 1, Week 5

- CWS Intake
- IA: Fact Finding & Assessment Tools
- SFHR & petition process
- Case Planning and Family Service Plan
- Permanency
- PP/ILTP
- Permanency: Forms and Filing

New Hire Training Part 2

- Cultural Competencies: Day 1& 2
- Elements of Teamwork
- Time Management
- Motivational Interviewing Pt. 1 & 2

Additional training modules, depending on job track

- CBT Trainings
- Harassment Training
- Substance Abuse
- Service Array
- MDT & KCPC Services
- EPIC Services
- CPP: Kinship & Family Engagement
- CWS Intake
- Rules & Practice Skills
- Fact Finding and Assessment Tools
- Initial SFHR, petition process
- Motivational Interviewing
- Monitoring and Evaluations
- Elements of Teamwork
- Time Management

Strengths-Based Supervision and Coaching in CWS

The coaching component for supervisors has been developed to help reinforce learning with practice in real life situations so new supervisors, in combination with CWS supervisory training covering administrative, educational and supportive modules, can work alongside an experienced and skilled supervisor coach.

For new CWS supervisors, following each training module there will be an individual in-person coaching session with at least one follow-up, to support the supervisor in applying the skills and knowledge learned in each session. The coaching will be specific to the goals or issues of the individual supervisor and relate to the direct work that supervisors face. This may include but not limited to personnel support, policy, improving outcomes and coaching staff.

- Module 1- Strengths-Based Supervision & Coaching
 - Explore Strengths-Based Supervision & Coaching
 - Consider the Functions of Supervision
 - Explore and Practice Coaching in Supervision using the Coaching Process
- Module 2-The Challenge of Change "Social worker to Supervisor"
 - Explore the parallel process in CWS
 - Consider the transition from worker to supervisor
 - Practice Coaching in Supervision using the Coaching Process
- Module 3-Best Practices in Child Welfare
 - Explore the process of readiness to change
 - Family Partnership and Engagement Practice Model

- Motivational Interviewing and Solution Focused Approach
 - Consider the impact of stress & Self-Care
 - Practice Coaching in Supervision using the Coaching Process
- Module 4- Courageous Conversations
 - Acknowledging roadblocks to communication
 - Types of Communication and Conflict Management Styles
 - Identify and practice using MI to help staff resolve ambivalence and build motivation to change
 - Practice Coaching in Supervision using the Coaching Process
- Module 5 – Individual Supervision and Coaching
 - Exploring the use of regular/ongoing individual supervision and coaching
 - Supervision and coaching in crisis and program emergencies
 - Stress and time management
 - Practice Coaching in Supervision using the Coaching Process
- Module 6- Diversity and Ethics in Supervision
 - Diversity and Unconscious Bias
 - Cultural Humility
 - Self-Care
 - Practice Coaching in Supervision using the Coaching Process
 - Identifying ethical concerns
 - Recognize the essence of ethics
 - Apply NASW ethical standards to CWS concerns
 - Explore stress and its impact on ethical actions
 - Practice Coaching in Supervision using the Coaching Process
- Module 7- Coaching and Supervising to Practice (Safety, Engagement & Permanency)
 - Anything to include here?
- Module 8- Using CQI Data and the PAS for Improvement
 - Explore motivations to use the CQI data to foster improvement
 - Utilize group coaching for improvement
 - Integrate coaching with the PAS process
 - Identify personal and leadership responsibilities related to stress
 - Practice Coaching in Supervision using the Coaching Process
- Module 9 – Transfer of Learning, Conclusion and Wrap-up
 - Recognize components of effective transfer of learning
 - The use of SMART Objectives for goal setting
 - Assess training gains
 - Practice Coaching in Supervision using the Coaching Process

Ongoing Training for CWSB Workers

The following list of training classes or curricula illustrates the range of offerings in a typical year that are available to CWSB workers and partners. Some are provided by CWSB and many are provided by community partners.

- MS Word
- MS Excel
- Infant CPR
- Standard First Aid
- Blood Borne Pathogen
- CWS New Hire Training Part 1 & 2, Refresher as determined appropriate by supervisor
- CPSS System Training, Refresher
- CWS Procedures, On-going Training
- Hawai'i Administrative Rules, On-going Training
- Attachment Trainings
- Transition Trainings
- Institute on Violence, Abuse, and Trauma (IVAT) Conference
- Foster Parent Trainings, On-going Training
- Foster Care Training Committee (FCTC)
- Independent Living Plan (ILP), On-going Training
- Licensing Resource Files (LRF), On-going Training
- General Dynamics of Child Sex Abuse (CJC), On-going Training
- Forensic Interviewing of Child Sex Abuse Victims (CJC), On-going Training
- Annual 'Ohana Is Forever Conference
- Domestic Violence 101
- Understanding Intimate Partner Violence
- Working with Young Adults Who Have Experienced Trauma
- Substance Abuse
- Physical and Behavioral Indicators of CAN
- Investigative Interviews in Child Abuse
- Trauma and Healing Informed Care
- Annual Child Welfare Law Update
- Annual Crimes Against Children Conference
- Human Trafficking and Child Sex Trafficking
- Bruise, Bones, and Brains: The medical Evaluation of Physical Abuse Children
- Annual Fatherhood Conference
- Annual Ho'okaika Partnership Conference on Using the Protective Factors to Strengthen Families
- Another Planned Permanent Living Arrangement (APPLA) training
- Vicarious Trauma and Self Care
- Safe Family Home Report and Permanent Plan Training

FFH Training

The following table identifies the specialized FFH training designed to ensure CWSB staff are prepared to successfully implement FFH. This content is included in the CWSB IV-E Amended

Training Plan. The Table includes current trainings that provide a necessary foundation for caseworkers to successfully implement FFH.

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Current Trainings							
Overview of Protective Statute		X	X		Review and understanding Hawaii Revised Status, Chapter 350 Child Abuse and Neglect, and Chapter 587A Child Protective Act. Informs family assessment process, strengths and needs of families, adult and child functioning, and child safety.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Foundations to CWS	X	X			Overview of the DHS mission, CWS practice model, family centered practice, the role, purpose and structure of intake, information that must be collected at intake, and appropriate pathway to Differential Response System (DRS) based on risk and safety.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Case planning 1 & 2	X	X	X	X	Process of developing a case plan, documenting case assessment and progress. Family engagement, family assessment process, strengths and needs, and connecting to need for services.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Cultural Sensitivity	X	X	X	X	Understand cultural identity in the case planning process, understand how cultural competency and sensitivity apply to engaging families, developing self-awareness skills, understand implicit and explicit bias in decision-making.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Documentation	X	X	X	X	Importance of documenting case information, decision making process. Valuing fidelity, accuracy, and timeliness of documentation. Understanding bias and remaining objective in documentation.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Domestic Violence 1 & 2	X	X	X	X	Understanding Domestic Violence in the context of family dynamics, its impact on children, power and control, survivor protective capacity when conducting assessments.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Investigation 1A – 3B	X	X	X	X	Policy and procedure of investigation and assessment. Including safety and risk, family dynamics, caregiver protective capacity, strengths and needs, adult and child functioning, child safety, assessing for in-home safety, prevention services.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Reasonable Efforts	X	X	X	X	Understanding reasonable efforts to prevent placement in foster care, relative placement and support, engage the family in services and case planning, and to safely reunify families. Including safety planning, visitation, community resources, sibling connections, and ongoing assessment of strengths and needs.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Risk Assessment 1 & 2	X	X	X	X	Understanding how to conduct and document Comprehensive Strengths and Risks Assessment (CSRA) and Child Safety Assessment (CSA). Including gathering information, understanding family history and dynamics that impacts current situation.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Substance Abuse	X	X	X	X	Overview of spectrum of substance use, dependency/addiction, signs of use and misuse, and its impact on parenting, protective capacity, and safety.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Introduction to CWS	X	X	X	X	Overview of the DHS mission, CWS practice model, family centered practice, the role, purpose and structure of intake, information that must be collected at intake, and appropriate pathway to Differential Response System (DRS) based on risk and safety.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
CQI	X	X	X	X	Overview of the CWS CQI process, the importance of documentation, best practice, complete assessments, and family engagement. Provides information on strengths and areas needing improvement in CWS practice. Informs how to improve CWS processes, services, and outcomes for families.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Prudent Parenting	X	X	X	X	Covers making careful parental decisions maintaining a child's health, safety, and best interest, while promoting normalcy. Informs CWS assessment on appropriateness of placement and child well-being.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
SHAKA	X	X	X	X	Importance of documenting case information, decision making process. Valuing fidelity, accuracy, and timeliness of documentation. Understanding bias and remaining objective in documentation. Navigating the SHAKA system.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
LGBTQ	X	X	X	X	Improve awareness of LGBTQ-specific issues, needs, and dynamics. Creating safe spaces, affirming practice, respecting rights, and understanding bias. Provides information on community resources and supports.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Mental Health	X	X	X	X	Overview of mental health needs in children and parents/caregivers, how mental health relates to family dynamics, risk, and safety. Informs assessments and provision of services. Provides information on community resources and supports.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Physical and Behavioral Indicators of CA/N	X	X	X	X	Covers factors that contribute to the effects of child maltreatment and how they inform the assessment of child safety. Including family dynamics, risk and safety, protective capacity, and history.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
EPIC Services	X	X	X	X	Review of EPIC services including 'Ohana Conferencing, Youth Circle, Family Wrap Hawaii, 'Ohana Finding, etc. Information on eligibility criteria, family engagement, the referral process, transition planning, case planning, relative placement, strengths and needs of the family.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Domestic Violence 101	X	X	X	X	Understanding Domestic Violence in the context of family dynamics, its impact on children, power and control, survivor protective capacity when conducting assessments.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Family Engagement	X	X	X	X	Engaging families with a strengths-based approach, demonstrates respect, genuineness, and promotes a helping, professional partnership in assessment and case planning.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Self-care	X	X	X	X	Understanding burnout, compassion fatigue, self-care, vicarious trauma, burnout, and compassion fatigue; developing a self-care plan. How understanding caseworker's own mental health impacts assessment, safety decision-making, case planning, and family engagement.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Human Trafficking	X	X	X	X	CWS response to human trafficking cases, assessment at intake and appropriate pathway to investigation or community resource. Foundational knowledge of needs, statistics, power, control, and identifying behaviors.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
CPSS Inquiry	X	X	X	X	Importance of documenting case information, decision making process. Valuing fidelity, accuracy, and timeliness of documentation. Understanding bias and remaining objective in documentation. How inquiry informs assessment, case planning, and appropriateness of services.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
CWS Intake	X	X	X	X	Overview of the role, purpose, and structure of CWS intake, understanding the process of assessment including using assessment tools, response time. Identifying risk and safety, strengths and needs, appropriate level of intervention, Differential Response System. Providing consultation to Differential Response providers.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Motivational Interviewing	X	X	X	X	Introduction to Motivational Interviewing as a family engagement skill in ongoing case planning, collaborative effort to assess and strengthen motivation and commitment to change. Informs assessment of appropriateness of services.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Institutional Abuse: Fact Finding & Assessment Tools		X	X	X	Understand the purpose and definition of response time, the process of assessment, and the process and procedures of handling institutional abuse. Reinforces process of assessing risk and safety.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Safe Family Home Report (SFHR) & petition process		X	X	X	Reviewing the process of petitioning family court and understanding the components of a SFHR.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b,	Details	Who/Audience (ACF 5.c applicable to providers)	Time/Frequency
Case Planning and Family Service Plan (FSP)	X	X	X	X	Assessment of family dynamics, caregiver protective factors, strengths and needs, child safety, adult functioning, and creating a FSP based on identified needs. Reinforces the information needed to assess the needs of the family, identify appropriate services to address needs, and the ongoing appropriateness of services.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Permanency	X	X	X	X	Process and timeline for identifying and achieving permanency goals (reunification, legal guardianship, adoption, or Another Planned Permanent Living Arrangement). Importance of trauma-informed approach in engaging with families, timely assessing and identifying needs, timely identifying and offering appropriate services, working towards permanency and stability for families.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/Audience (ACF 5.c applicable to providers)	Time/Frequency
Permanency Planning/Independent Living Transition Plan (PP/ILTP)	X	X	X	X	Developing a Permanent Plan for children and youth when parental rights have been/are expected to be terminated, assessing for ongoing appropriateness of services to address needs of children and youth. Covers development of ILTP for teens, assessing and identifying appropriate services to support youth towards independent adulthood.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Cultural Competencies: Day 1& 2	X	X	X	X	Understand cultural identity in the case planning process, understand how cultural competency and sensitivity apply to engaging families, developing self-awareness skills, understand implicit and explicit bias in decision-making.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Elements of Teamwork	X	X	X	X	Understanding family engagement, Pono, apply Hawaii Practice Model and values, engaging families with a strengths-based approach demonstrating respect, genuineness, and partnership which promotes decision making with families to ensure safety, permanency, and well-being for their children.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Service Array	X	X	X	X	An overview of services available to CWS families, identifying the needs that each address, referral process, etc.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Multi-Disciplinary Team (MDT)		X	X	X	Understanding MDT meetings, using them as an additional tool for assessing risk and safety, strengths and needs, decision making, and identifying appropriate services to address needs.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once
Concurrent Permanency Planning (CPP): Kinship & Family Engagement	X	X	X	X	CPP procedures, emphasis on family engagement and partnership, assessing the ongoing appropriateness of services to support the family, working towards securing stability and permanency for families.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher	Offered 4x a year staff take it once

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Trauma and Healing Informed Care (THIC)	X	X	X	X	Informing the approach and engagement with families by understanding trauma and the effects of trauma, the need for healing, maintaining compassion while working collaboratively with families, building partnerships. Informs assessments of strengths and needs, child and adult functioning, identifying appropriate services to address needs.	All new hires, VCM, and PSS staff. Offered to current workers as a refresher.	Offered 4x a year staff take it once
Planned Trainings (FFH Specific)							
Orientation	X	X	X	X	Overview of FFPSA and FFH.	CWSB staff including Section Administrators (SAs), Social Services Assistants (SSAs), Supervisors, Social Workers, and	Ongoing beginning 1 st Quarter of 2021

						Secretaries, and VCM, PSS, and FSS staff	
Case Pathways	X	X	X	X	Overview of the various pathways in identifying and providing prevention services for FFH candidates (CWS, VCM, PSS, EPYP). Includes assessment, candidacy, appropriateness of services, referrals, and continuity of care.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning 2 nd Quarter of 2021
Candidacy	X	X	X	X	Overview of requirements and clearly defining FFH candidacy. Includes comprehensive assessment of the family, appropriate levels of intervention, strengths and needs.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning 1 st Quarter of 2021

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Assessment Tools	X	X	X	X	Training focused on understanding safety and risk assessment tools, how to complete them, and how they inform decision-making. Include cultural awareness in safety decision-making.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning from New Hire Training, in alignment with Case Pathways training
Referral Process	X	X	X	X	Covers the referral process for each of the FFH prevention services. Includes purpose/details on each prevention service, family engagement, ensuring the services meets needs and plan is developed in partnership with the family.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning from New Hire Training, in alignment with Case Pathways training

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
Case Management	X	X	X	X	Overview of who provides ongoing monitoring of FFH families, practice guides for case management, ongoing assessments for safety, risk, and appropriateness of services.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning from New Hire Training, in alignment with Case Pathways training
FFH Evidence-based Services	X	X	X	X	Review of each of the FFH prevention services: HOMEBUILDERS®, PAT, HFA, and MI for Substance Use. Includes determining eligibility, the referral process, monitoring services, continuity of care, documentation, ongoing assessment of appropriateness of services.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Ongoing beginning 1 st Quarter of 2021, more detailed trainings to begin 3 rd -4 th Quarter of 2021

Training	Trauma & Healing Informed Care (THIC) Lens (ACF 5.a)	Determining Eligibility (5.a, 5.b, 6)	Identifying & providing appropriate services (ACF 5.a, 5.b, 6)	Overseeing & evaluating ongoing appropriateness of services (ACF 5.a, 5.b, 6)	Details	Who/ Audience (ACF 5.c-applicable to providers)	Time/Frequency
System and Data Elements Input		X	X	X	Overview of FFH required data elements, understanding and inputting FFH SAC codes, creating and inputting Child-Specific Prevention Plan into SHAKA, entering closing dates in CPSS. Valuing fidelity, accuracy, and timeliness of documentation. Understanding bias and remaining objective in documentation.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Beginning 1 st Quarter of 2021
Documentation	X	X	X	X	Importance of documenting case information and the decision-making process. Valuing fidelity, accuracy, and timeliness of documentation. Highlighting FFH implications. Understanding bias and remaining objective in documentation. Navigating the SHAKA system.	CWSB staff including SAs, SSAs, Supervisors, Social Workers, and Secretaries, and VCM, PSS, and FSS staff	Beginning 1 st Quarter of 2021

Appendix E: Hawai‘i Statewide Needs Charts

SFY 2019

The state of Hawai‘i CWSB utilized the following data to inform decision making around candidates and interventions to include in the state’s FFPSA Plan. In state fiscal year 2019, 2,790 children (unduplicated) were placed into foster care in the state of Hawai‘i. Using data collected at intake indicating the factors precipitating the incident and reason for removal, these children were further separated into three needs categories: Parental Substance Abuse, Parental Mental Health and Parenting Skills. These data are multiple response variables and the resulting categories are overlapping; children may be duplicated across the three categories. Parental Substance Abuse was indicated as either a factor precipitating incident or as a circumstance of removal for 1,562 (56 percent) children statewide. Parental Mental Health was indicated as a factor precipitating incident for 362 (13 percent) children statewide. Lack of Parenting Skills were indicated as a factor precipitating incident for 1,863 (67 percent) children statewide. The “Lack of Parenting Skills” category includes the following factors precipitating the incident: Heavy Continuous Child Care Responsibility, Loss of Control During Discipline, Lack of Tolerance to Child’s Behavior, Inability to Cope with Parental Responsibility, and Unacceptable Child Rearing Method.

The three tables in this appendix present the frequency distribution for age at placement and sex (Table 1), primary ethnicity (Table 2), and type of maltreatment (Table 3) for all children placed into foster care statewide and children in the following categories: (1) Parental Substance Abuse, (2) Parental Mental Health and (3) Lack of Parenting Skills.

Table 1. *Age and Sex of Children in Foster Care in SFY 2019*

	ALL (N=2790)	Substance Abuse (N=1562)	Mental Health (N=362)	Parenting Skills (N=1863)				
Age at Placement								
0 - 5 years	1274	46%	836	53%	197	54%	820	44%
6 - 11 years	805	29%	418	27%	91	25%	551	30%
12 - 18 years	711	25%	308	20%	74	21%	492	26%
Sex								
Male	1,385	50%	773	49%	179	49%	954	51%
Female	1,405	50%	789	51%	183	51%	909	49%

Table 2. Primary Ethnicity of Children in Foster Care in SFY 2019

	ALL (N=2790)		Substance Abuse (N=1562)		Mental Health (N=362)		Parenting Skills (N=1863)	
Hawaiian	1243	45%	759	49%	137	38%	808	43%
White	472	17%	250	16%	74	20%	315	17%
Mixed	295	11%	163	10%	39	11%	188	10%
Filipino	193	7%	100	6%	31	9%	141	8%
Black/African American	71	3%	28	2%	21	6%	44	2%
Other Ethnicities	516	17%	262	16%	60	16%	367	18%

Note. Ethnicity is a multiple response variable. All types that were indicated in > 5% of cases are included. Twenty-two different ethnicities are possible.

^aAll ethnicities indicated in 1-5% of cases are included here as "Other Ethnicities."

Table 3. Type of Maltreatment reported at Intake for Children in Foster Care in SFY 2019

	ALL (N=2790)		Substance Abuse (N=1562)		Mental Health (N=362)		Parenting Skills (N=1863)	
Threatened Neglect	1723	62%	1175	75%	278	77%	1267	68%
Threatened Abuse	1619	58%	1078	69%	259	72%	1187	64%
Physical Neglect	355	13%	183	12%	50	14%	291	16%
Physical Abuse	174	6%	47	3%	15	4%	146	8%
Other ^a	212	6%	83	5%	27	7%	162	8%

Note. Type of maltreatment is a multiple response variable. All types that were indicated in > 5% of cases are included. Eleven types of maltreatment are possible.

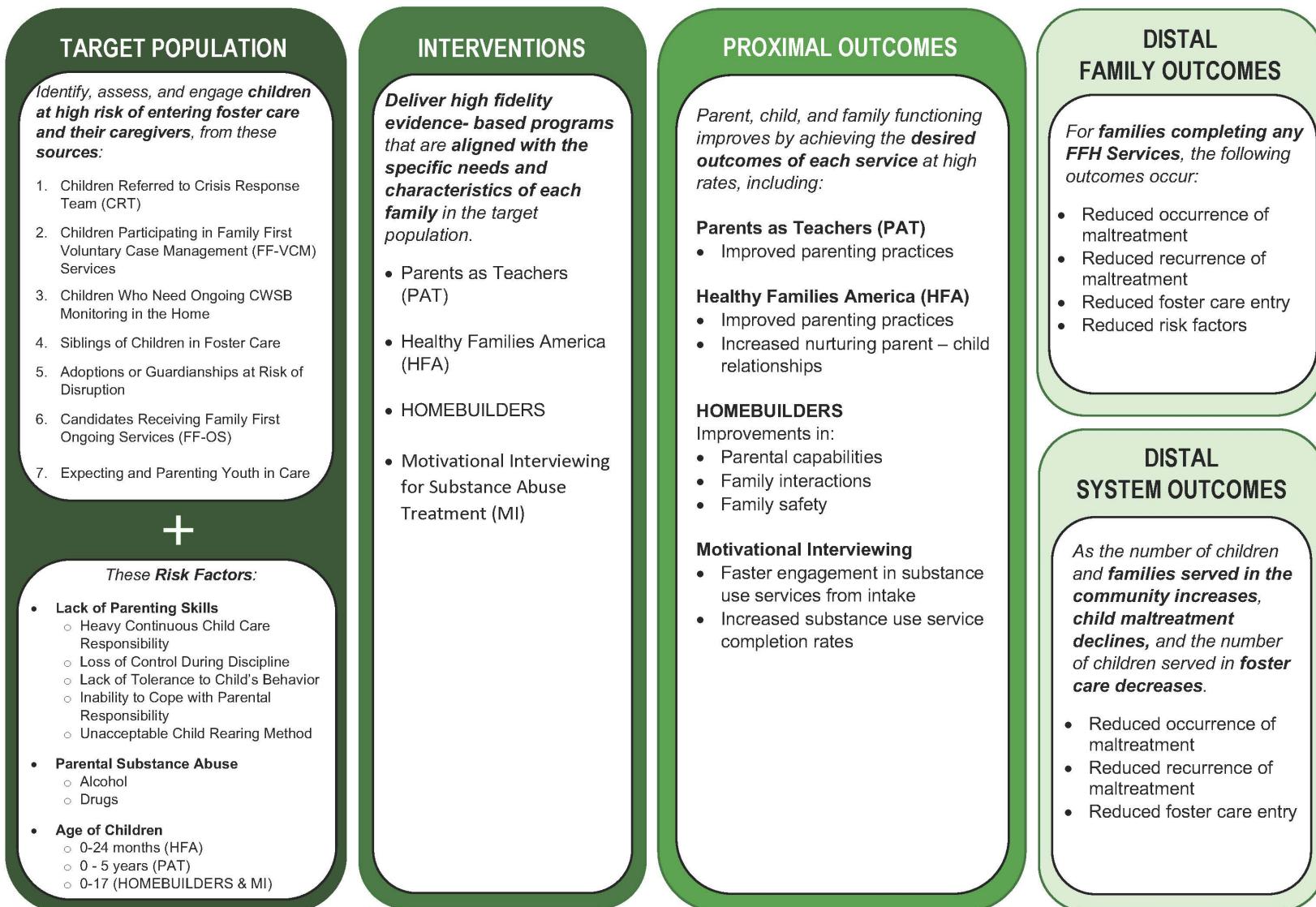
^aAll categories indicated in 1-5% of cases are included here as "Other."

Appendix F: Logic Model

Hawai‘i CWSB is committed to addressing inequities within the child welfare system and has a long-term goal of reducing disparities experienced by Native Hawaiian children and families. FFH is one of many strategies CWSB is leveraging to address these inequities. CWSB believes that placing this commitment to advancing equity at the forefront of planning and implementation will help the state achieve the distal family and system outcomes within this logic model as it will significantly support keeping children, who are currently disproportionately placed in foster care, in their families and communities.

CWSB will address identified risk factors by investing in and supporting prevention services that are provided in a culturally responsive manner and use a holistic approach that supports children and families and affirms their racial, ethnic, and cultural identities. By doing so, Hawai‘i will make meaningful progress toward addressing inequities and achieving the distal outcomes.

FAMILIES FIRST HAWAII: LOGIC MODEL



University of Hawai'i Evaluation Team – DRAFT 4