

4. Services to Families and Children

4.0 PURPOSE: The following procedures apply to the follow-up or on-going services for families and children when a child(ren) has been harmed or threatened with harm and is in need of continued departmental intervention.

4.1 AUTHORITY:

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| A. CFR 1340.14 (d-i) | Investigations, institutional child abuse and neglect, emergency services, guardian ad Litem, prevention and treatment services, confidentiality |
| B. CFR 1340.15 | Services and treatment to disabled infants |
| C. P.L. 105-89 | Adoption and Safe Families Act of 1997 |
| D. P.L. 96-272 | Adoption Assistance and Child Welfare Act (1980) |
| E. CHAP 346-14 (1),
HRS | Establish and administer programs and standards, and adopt rules as deemed necessary for all public assistance programs |
| F. CHAP 346-14 (2),
HRS | Establish, extend and strengthen services for the protection and care of neglected children and children in danger of becoming delinquent |
| G. CHAP 346-14 (3),
HIRS | Assist in preventing family breakdown |
| H. CHAP 346-14 (4),
HRS | Place, or cooperate in placing, neglected children in suitable private homes or institutions and place, or cooperate in placing, children in suitable adoptive homes |
| I. CHAP 346-14 (5),
HRS | Have authority to establish, maintain, and operate receiving homes for the temporary care and custody of neglected children until suitable plans are made for their care; and accept from the police |

	and other agencies, for temporary care and custody, any neglected child until satisfactory plans are made for the child.
J. CHAP 346-17, HRS	Child Placing Organizations, Child Caring Institutions, and Foster Boarding Homes
K. CHAP 350, HRS	Child Abuse
L. CHAP 587, HRS	Child Protective Act
M. CHAP 578, HRS	Adoption
N. HAR 17-805	Adoption Services
O. HAR 17-920.1	Child Protective Services
P. HAR 17-945	Services to Children In or Needing Substitute Care
Q. HAR 17-828	Foster Care Services to Children

4.2 FAMILY-CENTERED SERVICES DELIVERY OVERVIEW

When a disposition is made that continued monitoring by the department is necessary to insure the safety of the child, proper services to strengthen the family need to be identified and initiated. The process of identifying and delivering services begins immediately and is focused on the family system, rather than on the individual within the family. The CWS social worker recognizes that change will occur in context of the family as a whole.

The CWS social worker, after completing a family psycho-social assessment, as outlined in Part II, Section 1, **FAMILY ASSESSMENT**, will have a clearer understanding of the family's strengths and needs. The CWS social worker will then assist the family in 1) identifying the issues that brought them to the attention of child protective services; 2) establishing goals and objectives that will resolve the identified issues; and 3) seeking and obtaining the appropriate services. Family participation in the planning process is vital in order to convey respect and to empower the family to be self-sufficient.

The CWS social worker recognizes that implementing family-centered services does not mean that all families will be able to be kept together. By understanding the family as a unit, however, the CWS social worker will be better able to make the major decisions that must be made which

are: 1) whether the child can safely remain in the family home; 2) whether the child can safely be returned to the family home; and 3) if the child cannot safely be returned to the family home, what the appropriate permanency goal will be for the child.

4.3 CONCURRENT PERMANENCY PLANNING

Safety, well being and timely permanency for a child are the goals of child welfare services and these goals are addressed with the family from the start of the case.

Concurrent permanency planning is to facilitate permanency for a child by concentrating efforts to ensure that a child moves timely from the uncertainty of foster care placement to the stability and security of a permanent family. Emphasizing efforts to achieve timely permanency for a child is reflective of the child's sense of time, and in accordance with the intent of the Adoption and Safe Family Act (ASFA) and the Child Abuse Prevention and Treatment Act (CAPTA). Permanency is reunification of the child with his/her family or permanency with his/her relatives, kin, or with another family.

Concurrent permanency planning begins with as soon as CWS becomes involved with a family.

4.3.1 'Ohana Conference :

'Ohana Conference is one of the most powerful and effective tools available to the Department in the planning and implementation of concurrent planning. Participation in Ohana Conferences at all key points during the concurrent planning process will enhance the worker's and family's ability to include all necessary family members in developing a permanent plan for the child to be maintained in the home; to return to the home if the child is in foster; or to plan for the child's permanent out-of-home placement if the parents are unable and/or unwilling to establish and maintain a safe home for the child.

It is also a critical component of our casework practice that can be used to facilitate the Departmental priority for permanent placement with relatives or kin by assisting in the early identification of appropriate family members that can be enlisted as resource families, potential permanent placements and connections for children within their extended family system.

4.3.2 Definitions:

- A. Legal Permanency means maintenance in a safe family home with services, reunification in a safe family home, adoption by relatives or non-relatives, legal guardianship with relatives, legal guardianship with non-relatives, or another planned permanent living arrangement.
- B. Permanency Planning Family means a family that is, or can be, licensed and who has the intention of offering permanency; and that is also willing and able to commit to both support reunification and provide legal permanency if the child cannot be reunified with the family.

4.3.3 Outcomes – Permanency Options:

The permanency goals for the children include the provision of timely legal permanence through:

1. Maintenance with birth families [with services] in a safe family home;
2. Reunification with birth parents in a safe family home within 12 months;
3. Adoption by relatives within 24 months;
4. Legal guardianship to relatives within 24 months;
5. Adoption by non-relatives within 24 months.
6. Legal guardianship to non-relatives within 24 months
7. Another Planned Permanent Living Arrangement [APPLA]

4.3.4 Components of concurrent planning:

All services are provided within the strengths based, culturally competent framework of the Child Welfare Services Practice Model, with the belief that a child needs a stable committed family and supportive relationships for healthy growth and development.

- A. Full Disclosure: This is an essential component of successful concurrent planning that facilitates open and honest communication between the social worker and the biological parents, the extended family, and the permanency planning family. Full disclosure discussions help all parties to understand their role, what is expected of them and what they can expect of each of the other parties in the case.
 1. Discussions with the Parents/legal custodians must include:
 - a. Full information about the reason for CPS involvement, the social worker's assessment of the situation, and of

services and changes necessary for their home to be deemed a safe family home.

- b. The parents' rights and responsibilities, with an emphasis on their understanding that their actions will determine the outcome of the case which can be a timely reunification of the family, or the permanent placement of the child out of the home.
- c. State and federal timelines regarding out-of-home placement and permanency.
- d. Helping the family to understand the child's needs for safety, well being and permanency, and the importance of the parents active participation in services, planning, and follow through with services.
- e. Advising the parents that the child will be placed with a permanency planning family with whom the child will stay on a permanent basis if there is a poor potential for reunification and the parents are unable to successfully complete the service plan within 12 months.

2. Discussions with the permanency planning family include:

- a. All available information about the child, including, but not limited to, sharing the medical, physical and emotional factors about the child's history, and the abuse or neglect. See section [4.3.9 Permanency Planning Families](#)
- b. Assisting the family with processing this information as it relates to the child and to their family in making an informed decision about their interest and ability to accept and successfully integrate the child into their family.

B. Early and Thorough Assessment: A thorough assessment of the family and the family's situation is the basis for developing the hypotheses about family functioning, needed services and the likelihood of maintenance of the child in a safe family home, reunification or establishing permanency for the child in another home.

1. Use established departmental procedures and tools (see CWS procedures: Part II, Sections 1 and 2) to complete an

assessment of the safety or risk of harm to the child, including the feasibility of maintaining the child in the family home or the need for temporary or long-term out-of-home placement.

2. If the child is removed from the family home, assess the family's likelihood of being reunified in a timely manner, within 12 months.
 - a. Areas to be addressed include, but are not limited to, the severity of harm, family's history, caregiver's relationship with the child, family's demonstrated progress with the family service plan.
 - b. A key component is determining the family's likelihood of obtaining necessary knowledge, skills and resources, including participating in and benefiting from services. Does the family have a good or poor potential for maintenance or reunification?
- C. Crisis management: CWS intervention, especially the removal of a child from the family home, is a crisis that can immobilize the family. A crisis can also be a very effective tool in mobilizing a family. Involve other family members and significant community members to support the parents and confront their ambivalence or inactivity and facilitate case planning and decision making.
- D. Intensive casework with families:
 1. This process facilitates the development of an honest relationship among the social worker, family, and the permanency planning family. The social worker develops an understanding of the family and is able to provide honest, open and consistent feedback to the family about their progress with services.
 2. Active involvement of the family may increase the likelihood of the child remaining in the family or returning to the family home.
 3. Support the family as they progress in services and confront them when their actions do not demonstrate their commitment is important.
 4. Provide honest comparison between the parents' promises about agreed upon services and demonstrated performance.

This will show the compliance and progress, or it may reveal the inconsistencies that indicate lack of commitment, or ambivalence.

- E. Search for relatives and parents:
1. Diligent search for relative placement resources starts with the full disclosure process. While the parents are being advised of the possibility of out-of-home care, ask them to identify relatives who would be willing and able to care for the child. These individuals must be able to meet departmental licensing standards.
 3. Identify alleged fathers and initiate proceedings to establish paternity. Follow procedures for identification and engagement of fathers.
 4. Diligent search for absent and non-custodial parents immediately, and throughout the life of the case.
 5. Refer to Family Finding services for intensive efforts to find and involve extended family members.
 6. Follow established procedures for identifying, locating, contacting and engaging parents, children and relatives.
 - a. CWS procedures Part III, Section 2, Social Work Investigation, 2.2.4 Response Time.
 - b. CWS procedures Part III, Section 3, Family Case Plan, Section 3.2 Case Plan
- F. Appropriate placement: Each placement, or change in placement, is a traumatic break in continuity and attachment for the child that can lead to delays in development. The selection of an appropriate placement is critical to a successful outcome for the child. Refer to subsections 4.3.5 Placements, 4.3.8 Child's Background, and 4.3.10 Identifying a permanency planning family for considerations in placement options.
- G. Frequent meaningful 'Ohana time with the parents and child: Frequent 'Ohana time (visitation) between the child and parent, with the assurance of the child's safety, is critical to maintaining the mutual attachment and support reunification. (See CWS procedures Part III, Section 4.6.4 Visitation/'Ohana Time)

1. 'Ohana time with parents is a right and need of the **child**, not a reward for the parents. Parent-child visitation must be considered in all service plans when the child is in out-of-home care.
2. Monitor consistency in 'Ohana time. Consistency in 'Ohana time has been shown to be one of the most reliable indicators of the family's interest in and potential for reunification. Inconsistency in visits, especially when paired with inconsistent follow through on services, is often an indicator of the parent's ambivalence about reunification.
3. The 'Ohana time process can be difficult for the child and all involved. Even when children have difficulties with the visits, kept or missed, successful or problematic, it is better in the long run for the child to learn to cope with the imperfections of real parents than to create fantasies of perfect parents.
4. Arrange 'Ohana time, in accordance with departmental procedures, in natural, neutral settings with opportunities for comfortable parent-child interaction.
5. When appropriate, the permanency planning family should be involved with the 'Ohana time. This involvement could include transportation or supervision of the visit.

H. Options counseling:

1. When it is determined that the family has a poor potential for reunification, careful discussion of the permanency options for the child can help to resolve the family's ambivalence and move them toward an agreement on the child's need for permanence and stability.
2. Discuss the permanency options that are in the child's best interest. (See above, Section 4.3.3 Outcomes – Permanency Options)
3. Provide the parents with the birth parent forms needed for adoption, including the medical information forms and the acknowledgement of receipt of information on their rights if their child is adopted. (See specific procedures in Part III, sub-section 4.11.7.)

4.3.5 Placements

Initial Placement:

- A. When it is determined that a child cannot remain in the family home, placement shall be with a licensed resource caregiver home or a permanency planning family. Selection of the home will be based on the best interests of the child and prognosis for a successful reunification with the birth family. (Also refer to CWS Procedures Part III, Section 4.4.2 Placement of the child out of the family home.)
 1. Interview relatives or other individuals identified by the family, as possible placement resources regarding their interest and ability in providing care. Components to be addressed include:
 - a. Ability of this placement to meet the needs of the child;
 - b. Ability of the family to be licensed as resource caregivers and approved as adoptive parents;
 - c. Willingness and ability of the family to commit to providing short term foster care and support reunification efforts; and
 - d. Willingness and ability of the family to provide a permanent home for the child as adoptive parents or legal guardians.
 2. When the family is unable to identify other individuals who are willing and able to provide care for the child the social worker will explore non-relative placement resources.
 3. When the family has a good potential for reunification and the placement is projected to be for no more than three (3) months a resource caregiver home may be considered.
 4. When the family has a poor or guarded potential for reunification a permanency planning family will be selected as the placement option.
- B. Review of an Existing Short Term Foster Family Boarding Home Placement:

When it is determined that the child's family has a poor potential for reunification, after a child has already been placed with a relative or a short-term foster family boarding home placement:

1. Determine if this home would be an appropriate permanency planning family.
 - a. If appropriate, explore the relative's or resource caregiver's interest and ability to be considered as a permanency planning family, in accordance with section 4.3.10.
 - b. If the relative or foster family boarding home is not determined to be appropriate permanent home for the child, seek an appropriate permanency planning family for the child.
2. If the existing resource caregiver home is able to meet the needs of the child, but is not willing or able to be considered as a permanency planning family for the child:
 - a. Assess the benefit to the child of continuing this placement, compared to placement with a permanency planning family.
 - b. Consider the child's age, length of placement, degree of attachment between child and caregivers, integration of child into family unit.
 - c. Explore alternative placement with a permanency planning family unless it is in the child's best interest to continue this placement.

4.3.6 Use of Assessment Forms:

- A. Use the appropriate existing assessment tools in accordance with established procedures to assess safety, risk, and strengths:
 - Comprehensive Strengths and Risk Assessment
 - Child Safety Assessment
 - Safety of Placement Assessment
 - Safety Assessment Child Caring Institutions
- B. Take appropriate action based on assessment and established procedures.

4.3.7 Action Taken Based on Assessment:

- A. If there is a good potential for reunification within 12 months, continue with reunification services.

- B. If there is poor potential for reunification within 12 months, place the child in a permanency planning family home, and continue reunification services until the court has determined that reasonable efforts have been provided, that the family is unable to provide a safe family home now or in the foreseeable future, and has ordered permanency.
- C. If the child is already in placement with caregivers who have not been identified as a permanency planning family, discuss with the caregivers their willingness and ability to make a legal permanency commitment to the child. If this seems to be an appropriate placement try to develop that home as a permanency planning home. Use sections 4.3.5 B, Review of an Existing Short Term Foster Family Boarding Home Placement and 4.3.10, Identifying a Permanency Planning Family as guides in this process.

4.3.8 Child's Background

- A. When a family has expressed interest in being considered as a child's permanency planning family, all available information concerning the child is to be discussed with the family. This is to ensure that the family understands and is able to promote the child's medical, developmental, emotional and social well-being, and to enable the family to make an informed decision if it is in the child's and the family's best interests to make a commitment to become the permanency planning family for the child.
- B. The Department will provide the prospective permanency planning family with available information regarding the child, including but not limited to:
 - 1. Developmental and psychological evaluations, including the prognoses about the child's future development.
 - 2. Medical and treatment records
 - 3. Case plan (Safe Family Home Report and Service Plan) as it pertains to the child
 - 4. Immunization records
 - 5. Educational reports, and Individualized Educational Plans (IEPs)
 - 6. School documents

7. Information regarding behavioral ramification of possible sexual abuse, and /or drug exposure
- C. New information regarding the child is to be shared with the permanency planning family, as it becomes available.
- D. The worker providing the information must inform the prospective permanency planning family the information is confidential and may not be re-disclosed without a court order or consent of the department for the child's information, or the parent or legal custodian for information relating to them. The department may not give the prospective permanency planning family information regarding the parents or caregivers without written consent or a court order.

4.3.9 Permanency Planning Families

- A. Permanency planning families are licensed as a resource family boarding homes and also approved as adoptive parents. They are willing and able to commit to the needs of the child on a short term basis while working on reunification and also as a permanent family if reunification is not successful. Placement with a committed permanency planning family promotes emotional health, normal attachment, placement stability and relationship continuity. The use of permanency planning families is key to the success of concurrent planning and timely permanency for children.
- B. When a case has poor potential for reunification, the child should be placed with a permanency planning family.
 1. Relatives are the first choice for temporary placement and as a permanency planning family. Explore becoming a permanency planning family with each relative caring for a child.
 2. When safe and appropriate relative who are willing and able to be the child's permanent placement cannot be identified, the search for a home is broadened to non-related resource caregivers.
 3. Assess existing resource caregivers for their willingness to make the dual commitment to support reunification and to become the child's legal permanent placement if reunification is not successful.

4.3.10 Identifying a Permanency Planning Family:

A permanency planning family for children in placement must be identified

within six (6) months when the parents have a poor potential for reunification. Relatives are to be considered first as potential placements. Only after the family and the social worker have been unable to identify any appropriate relatives who are willing to be permanency planning family, will the social worker begin discussion with the foster family about becoming a permanency planning family.

- A. Areas to be addressed with caregivers to be considered for permanency planning family.
 - 1. The family's willingness and ability to facilitate reunification
 - 2. The family's willingness to adopt the child,
 - 3. The family's willingness to take legal guardianship.
 - 4. The family's willingness to maintain connections with the child's birth and extended family, if reunification is not successful.
 - 5. Rights and responsibilities associated with adoption and legal guardianship.
 - 6. Availability and criteria for adoption assistance and permanency assistance. Refer to chapter 944.1 HAR and Part V, Section 6 of the CWSB procedures for information on adoption assistance and chapter 835 HAR and Part V, Section 5, *Permanency Assistance* for information on permanency assistance.
- B. If there is mutual agreement that the current placement is the most appropriate permanent placement for the child, this family can be designated as the permanency planning family for this child.
- C. Proceed with adoption services pursuant to CWS procedures in Part III, Section 4.12 and Part IV, Licensing, Section 2.4 Adoption Services.
- D. If the foster family is not willing to adopt, consider the child's age, the amount of time the child has been in this placement, the degree of mutual attachment and the degree of the resource caregivers' commitment to the child. Legal guardianship may be an alternative appropriate goal. However, it may be necessary to locate another family willing to adopt the child.
- E. If the family cannot commit to support reunification efforts, and commit to being the permanent legal home for the child, inform the family that

the child shall be moved when a suitable permanency planning family is located.

4.3.11 Timeline for determining the permanency planning family.

Timely permanency is essential to the well-being of the child. Essential components include the determination of the permanency goal and the determination of the appropriate placement.

- A. Conduct an initial assessment of the child's and the family's potential for successful reunification within 60 days of placement.
- B. If the potential for successful reunification is questionable, the caseworker is to determine the resource caregiver's interest in becoming the permanent family for the child.
 - 1. The caregiver must make a decision whether or not to become a permanency planning family within one month of initiation of the conversation.
 - 2. Sometimes families decide not to become a permanency planning family but then recant when it is time to move the child. Before accepting a change in the family's status, explore the difference between grief at the loss of the child and the desire to make the child a permanent member of the family.
- C. No later than the sixth month following placement into out-of-home care, a decision must be made regarding the potential of a successful reunification of the child in a safe family home.
 - 1. If it is determined that the family has a good potential for reunification, continue with appropriate reunification services.
 - 2. If it is determined that there is poor potential for a successful reunification, discuss the outcomes of the assessments with the parents, and advise them of the decision to move forward with a permanency goal other than reunification.
 - 3. Move toward the appropriate alternative permanency option.

4.3.12 Documentation

Permanency planning family discussions and their outcomes are to be documented in:

- A. CPSS on the log of contact of contacts screen (CA52), using "CPA – Concurrent Planning Activity" as the type of contact; and
- B. The Safe Family Home Guidelines.

4.4 SERVICE DIRECTION

After a determination is made to provide services, the CWS social worker, after reviewing all the information gathered in the initial investigation as well as the assessment of the family, will make a determination as to how the family will receive their ongoing services.

At all times, the CWS social worker needs to consider whether the child can safely be a member of his/her family without services. As long as the child and his/her family need services, the CWS social worker must determine and facilitate appropriate services.

Service direction is divided into two areas: maintaining a child in his/her own home; or placing a child out of the family home while ensuring to make the family home safe for the child's return.

4.4.1 Maintain the child in the family home

The department is required to make reasonable efforts to maintain a child in his/her own family home and prevent out-of-home placement as long as the child's safety is not compromised.

Services should be designed to help the family address the safety concerns that brought them to the attention of CWS without removing the child.

A. Preventing the removal of a child:

When allegations of harm to a child have been confirmed, the family home may be determined to be unsafe for the child to remain in the home at that time. However, before the CWS social worker initiates any removal of a child from the family home, he/she must first assess whether the risk factors in the family home can be stabilized with the infusion of services, which will then prevent the removal of the child. If so, protective services should be immediately offered and provided which would prevent the removal of the child.

Services could include in-home crisis counseling or other counseling services, involvement of extended family or having the maltreater leave the home.

B. Maintaining the child in the family home:

When a child and his/her family become known to CWS and the allegations of harm are confirmed, the CWS social worker may determine that the risk factors would still allow the child

to remain in the family home if services were provided. In those cases, the child is not at risk of imminent removal and the CWS social worker facilitates services to reduce the risk to the child and to help the family continue as a family unit, without compromising the safety of the child.

Services should be utilized as soon as possible to strengthen the family and help them become self sufficient and make the family home safe.

4.4.2 Placement of the child out of the family home

If, after the CWS social worker completes a safety assessment, the child is determined to be in danger of being re-harmed or threatened with immediate harm if he/she remains in the family home, even if services could be provided immediately; the CWS social worker must remove the child. While the child is in out-of-home placement, continuing assessments are made of the family system as well as a determination as to when, if ever, the child may safely be returned to the family home with continuing services.

A. Types of Placements:

1. **Voluntary:** (The department is in the process of reviewing the continuation of voluntary services, however, until otherwise notified, the following procedures regarding voluntary placements ARE to be followed)

The use of a voluntary consent to place a child out of the family home can be a positive too in working with a family. Consensual, time-limited, temporary placements provide safety for the child, while allowing the family respite as well as time to reflect on the issues within the family home that led to CWS involvement. Families who feel empowered to address their issues are more motivated to participate in services in a non-defensive manner.

Voluntary placements are not to be used in place of petitioning the Family Court in cases where court action is needed to ensure the safety of the child. If a family is willing to voluntarily place a child, but the risk factors in the home are serious, the CWS social worker must proceed with petitioning the court as outlined in Part III,

Section 6, **LEGAL INTERVENTION.**

- a. When the CWS social worker has determined that the child cannot remain in the family home, he/she should ask the family to agree to the placement of the child out of the family home. If the family is willing, the DHS 1568, "Voluntary Foster Custody Agreement" needs to be completed.

The CWS unit supervision must approve of the decision to use voluntary placement. The CWS unit supervisor is to also sign the Voluntary Foster Custody Agreement.

- b. Voluntary placements are to be considered time-limited, of short term duration, with a return of the child to the home planned within 90 days. If the placement is initially expected to last longer, then a petition for Foster Custody must be filed with the Family Court. (Refer to Part III, Section 6, **LEGAL INTERVENTION**).

The above criteria do not apply to voluntary placements thru Ohana Conferencing.

Although federal funding allows voluntary placements to continue up to 180 days, the department requires that voluntary placements end within 90 days.

Voluntary placements are NOT to be renewed.

- c. Each DHS 1568, "Voluntary Foster Custody Agreement" MUST be signed **and dated** by the legal, custodial parent or caregiver. A copy of the consent is to be given to the parent or caregiver. The original consent is to be filed in the case folder, in Part I. (Refer to Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING**.)
- d. Voluntary out-of-home placement of the child still requires the CWS social worker to complete a case

plan which will outline the risk factors in the home as well as the reunification services and the time frame for completion. (Refer to Part III, Section 3, **FAMILY CASE PLAN**)

- e. The following CPSS screens need to be completed.

CU22 Indicate the proper living arrangements

CU24 Change or insure the proper goal

List the placement address

CA28 Use a "VC" voluntary consent as legal event/action, use the date of placement as stated on the agreement. Legal status is "VO". Complete the placement responsibility data, use "V" for voluntary for manner of removal.

RU10 Complete screen

RU15 Complete all relevant information

CA50 Enter the appropriate placement line of service

PC30 Authorize payment

CA52 Reasons/other information on Log of Contacts

2. **Involuntary**

a. **Need to remove:**

Involuntary placements are made without the consent of the parents/caregivers. When the department's assessment is that the child has been harmed; is threatened with harm; is no longer safe in the home; or cannot be maintained safely in the home even with the provision of services; the child must be removed. This action can occur at any time during the life time of the case.

- i. The CWS social worker **MUST** consult with the CWS unit supervisor before initiating the removal of the child from the home.

Exception: When the intake CWS social worker is responding to an emergency after-hours referral and determines that the child

is in imminent harm if not removed from the home. The next work day, the removal decision is to be shared with the CWS intake social worker supervisor.

- ii. The CWS social worker should be able to explain to the CWS unit supervisor why the child needs to be immediately removed and why other options, such as support services or other family support, cannot be used to prevent the removal.
- b. **Police removal:**
- i. When the department does not have any legal status over the child, removal of the child from the family home can ONLY be done by the police who take protective custody of the child.
 - (a) The CWS social worker must call 911 (or police dispatch on the neighbor islands) for police assistance in the removal of the child.
 - (b) The police must make their own independent assessment of the risk to the child. They will consider the request of the department, but are not obligated to remove, based solely on the word of the department.
 - (c) When there is a disagreement between the CWS social worker and the beat officer, the CWS social worker should request that the beat officer's supervisor become involved. At the same time, the CWS unit supervisor needs to be contacted in order to assist the CWS social worker.
 - (d) In such cases, the CWS social worker is to request a copy of the report from the police which will document the call and response.

As the CWS social worker has assessed the child to be at risk, he/she should continue to look at other options for the child, such as asking the family to consider allowing the child to stay with other relatives until services are in place that will reduce the risk factors in the home, or asking the maltreater to leave the home.

- (e) After the police remove a child from the home, they transfer custody of the child to the department for placement and assessment services.
- ii. For children who are under the legal status of Family Supervision to the department, the CWS social worker is legally able to remove the child pursuant to their responsibilities in 587, Hawaii Revised Statutes. If the family refuses to allow the removal of the child, the CWS social worker is to call the police for ASSISTANCE in the removal and provide the police a copy of the court order that establishes jurisdiction.
- c. **Follow up action**
 - i. Children known to court:

When the CWS social worker has assessed the need to assume Foster Custody for children under the legal status of Family Supervision, he/she needs to follow the procedures as outlined in Part III, Section 6, **LEGAL INTERVENTION** as to required court action.
 - ii. Children NOT known to court:

When the family of a child not known to court refuses to cooperate with the department to ensure the safety of the child, the CWS social worker shall petition the

Family Court for Temporary Foster Custody. This action must be completed within 3 working days of when the police turn over the child to DHS. (Refer to Part III, Section 6, **LEGAL INTERVENTION**).

d. **CPSS screens:**

Upon removal of the child, the CWS social worker needs to enter the proper information in the CPSS.

CU22 Indicate the proper living arrangements

CU24 Change or insure the proper goal

List the placement address

CA28 Use a "PP" police protective custody as the legal event/action, use the date of placement, Legal status is "TC". Complete the placement responsibility date, use "C" for court action (the police action is similar to court) as the manner of removal.

RU10 Complete screen

RU15 Complete all relevant information

CA50 Enter the appropriate placement line of service

PC30 Authorize payment

3. **Revocation of a voluntary consent to place:**

When a parent decides that he/she no longer wish to have his/her child in placement on a voluntary basis, he/she has the right to demand that the child be returned to the family home.

1. If the child can be returned, with continued services, the CWS social worker needs to amend the voluntary service plan to reflect the changes in service direction and services.
2. If the child cannot safely be returned home, the CWS social worker needs to call the police and request police protective custody. A petition for Temporary Foster Custody needs to be filed within 72 hours. (Refer to Part III, Section 6, **LEGAL INTERVENTION**)

B. Placement Process:

When it has been determined that a child must be removed from the family home, the CWS social worker must locate an appropriate placement for the child. Although all efforts should be made to place the child in the least restrictive and most family-like setting, such resources are not always available. The CWS social worker needs to provide immediate safety for the child while looking for more appropriate options as the case progresses.

1. **Immediate (Emergent) need:**

When the CWS social worker has not been able to assess the safety of an extended family member for temporary placement which would minimize the disruption to the child, the CWS social worker is to:

- a. Contact the foster home licensing unit/worker for a referral for placement of the child. Share with the licensing unit/worker any known problems with the child or any special care the child may need.
- b. If no DHS licensed family foster homes are available, request a DHS emergency shelter.
- c. The child, when placed in a DHS placement resource, must have a pre-placement physical. (Refer to Section 4.9 for specifics.)
- d. Request a regular foster home placement by completing a DHS 1503, "Placement Request Card" within 24 hours if the child is placed in an emergency shelter.
- e. Within 30 days of child's removal, worker is to identify and notify all adult relatives of their option to be placement resources.

2. **Selection of home:**

After the child has been temporarily placed in a safe setting, the CWS social worker needs to find the most appropriate placement. The facts of the case, assessment of the child's needs and availability of appropriate placement resources to meet each child's physical and emotional needs are factors in assessing every placement resource. Consideration must also be

given to finding a possible long term, permanent placement. Attempts should be made to find a placement in the same neighborhood or school district unless such placement would place the child at risk.

The department shall not delay or deny the placement of a child, or otherwise discriminate in making placement decisions solely based on the race, color, or national origin of the foster parent or the child involved.

However, the cultural, ethnic, or racial background of the child and the capacity of the adoptive parent(s) to meet the needs of the child of such background may be considered as factors when making a determination of placement that is in the best interest of the child.

Any person with whom a child is placed must meet ALL the departmental licensing requirements. Refer to Part IV, Section 1, **CERTIFICATION OF FOSTER FAMILY BOARDING AND RELATIVE HOMES.**

- a. The placement options below are listed in order of preference.
 - i. Placement in a home that can accommodate the child and any siblings, with family if possible, unless the case situation indicates that such placement should not be effected.
 - ii. Placement with an appropriate member of the child's extended family.
 - iii. Placement with an appropriate adult or family who is known to the child, and has a positive relationship with the family, such as those persons who are considered by the child and family to be "hanai" relatives.
 - iv. A family foster home licensed, approved or certified by the department, in close proximity to the family home and where the child may be maintained, if possible, in the same school setting. (To minimize disruptions in the child's life.)
 - v. An Institution for children, such as a group

home, licensed and approved by the department which has a program that will meet the child's needs.

- vi. An emergency shelter home, while a determination whether the child will require continued placement is made or while a more permanent and appropriate placement is being sought. (Considered the less appropriate placement option as shelters are temporary and short term, thus not allowing a sense of placement.)

b. **Special licensing procedures:**

Whenever a child is removed from the family home and placed with a substitute caregiver, the first placement option to be considered should be with an appropriate extended family member or interested individual who has an acknowledged emotional, but not blood related, relationship with the child.

Prior to placement of the child, (or within 24 hours of placement if placement was done on an emergency basis) the CWS social worker needs to determine, through a **face to face** contact **in their home** that the interested family member or individual:

- is willing to provide safety for the child;
- believes that the child is at risk or was harmed;
- is able to accommodate the needs of the child;
- can keep the parents away from the child, if necessary;
- is willing to cooperate with the department in providing protective services to the child;
- meets all **12** licensing requirements, which includes not having a history of CPS involvement or conviction of a felony as outlined in Part IV, Section 1,
CERTIFICATION OF FOSTER FAMILY

BOARDING AND RELATIVE HOMES.

If the family member does not meet with ALL the factors listed above, then placement in that home is not considered safe or appropriate for that child.

If the prospective caregiver appears appropriate, the CWS social worker will do the following:

- i. During the home visit, the CWS social worker will give the prospective caregiver the packet of application forms listed In Part IV, Section 1 **CERTIFICATION OF FOSTER FAMILY BOARDING AND RELATIVE HOMES.**
- ii. During the home visits, the CWS social worker will have the prospective caregiver complete the DHS 1583, "Foster Home Application." The CWS social worker will also complete the DHS 1585, "Supplement to Foster/Adoption Home Application."
- iii. On the day of placement, but **no later than 5 days after placement**, the CWS social worker is to complete the DHS 1586, "Provisional Approval of Homes for Specific Children" and the DHS 1554, "Referral of Prospective Foster Home for Specific Child." The CWS unit supervisor is to sign the DHS 1586.

Both forms are to be copied, stapled together and placed In Part VI of the case folder. The **originals** of the DHS 1554 and DHS 1586, are to be submitted to the Foster Home licensing unit/social worker.
- iv. The CWS social worker is to inform the prospective caregiver that they are provisionally licensed for only 60 days and that a licensing social worker will be making a home visit to complete the licensing process.

- v. Remind the prospective caregiver that it is his/her responsibility to complete the fingerprinting requirement as well as to complete the medical examination or have a scheduled appointment with his/her physician within **2 weeks**.
- vi. The CWS social worker is to inform the prospective caregiver that if ALL the licensing requirements are not met, **that the child will be removed from the home**.

c. Placement with siblings:

Unless the case situation warrants otherwise, separation of siblings is not recommended. Placement of siblings in the same home presents the following advantages, among others:

- i. Siblings provide support for each other and decrease the anxiety children may experience as a result of the removal from the family home.
- ii. Arranging medical care is easier, and a common medical provider may be obtained.
- iii. Visitation is easier to arrange for all the children, and visitation between siblings need not be facilitated.

3. **Title IV-E requirements:**

All children, regardless of whether they are placed in substitute care voluntarily or involuntarily, **MUST** be evaluated as to their eligibility for Title IV-E payments.

- a. W
Within 2 work days of placement, the worker is to submit to the DHS staff worker assigned to the Title IV-E program a completed DHS 1567, "Notification of Foster Care Placement and Removal".
- b. When the child's situation is **FIRST** heard in Family

Court, which must occur **prior** to the 180th day of placement, the CWS social worker needs to insure that the court makes the proper findings;

- Continuation In the family home would be contrary to the well being of the child and
- Reasonable efforts were made by the DHS to prevent removal of the child from the home.

If these findings are not made at the Initial hearing, the child no longer is eligible for Title IV-E funding.

- c. When the child's situation is reviewed in Family Court and it is determined that the child cannot return to the family home, the CWS social worker needs to ensure that the court makes "Reasonable efforts" findings in order for the child to remain Title IV-E eligible.

4. **Placement information:**

When a child is placed in substitute care, the CWS social worker is to insure that the caregiver has the necessary immediate information as to the child as well as the CWS social worker.

a. **The child**

The CWS social worker needs to complete the DHS 1642, "Child Information and Visitation Plan" which will include information as to the child's medical plan, dental plan, name of the child's doctor and dentist. School information as to grade, last school attended and any special educational needs are also listed. Any therapy needs are included as well as Information concerning the child's parents and the child's GAL, if one has been assigned.

b. **CWS social worker**

The DHS 1642, "Child Information and Visitation Plan" also has an area that needs to be completed by the CWS social worker. The CWS social worker is to indicate his/her direct office phone number, as well as his/her home phone number or pager number, for emergency contact. The same contact information must be provided

for the CWS unit supervisor and section administrator.

All this information is necessary in ensuring that the caregiver will be able to meet the needs of the child. Refer to Section 4/10/3 as to other types of information that can be shared with the foster parent.

4.5 REASONABLE EFFORTS

In 1980, Congress enacted the Adoption Assistance and Child Welfare Act, commonly referred to as "Public Law 96-272". A key provision of this law requires child welfare agencies to make reasonable efforts to maintain children with their families or, if that option is not possible, to make reasonable efforts to reunify the child with their family. The term **reasonable efforts** was not specifically defined as the federal law left such definition to each state. In Hawaii, "reasonable efforts" has been defined as services that are appropriate and available.

The CWS social worker, in consultation with the CWS unit supervisor, is to make informed decisions as to what services are most appropriate for each family.

4.5.1 Types of Reasonable Efforts

A. To prevent removal of a child from his/her family home:

Preventing removal of children from their family home is one element in assessing whether reasonable efforts were made.

1. The CWS social worker needs to assess whether the child can **safely** remain in the family home with services.
2. If the family is willing to work with the department and participate in services, the CWS social worker needs to immediately refer the family to the proper services or set up in-home services.
3. Reasonable efforts requires more than referring the family to or arranging services. The CWS social worker must make efforts to encourage the family to access and utilize the services being offered/recommended.
4. The CWS social worker needs to monitor and document the progress of the family and always assess the safety

of the child in the family home. If, even with services, the child cannot be safely maintained in the family home, then the child is to be removed and the department needs to produce documentation of their efforts to prevent the child's removal.

5. There are emergency situations or circumstances, based on the harm to or fear of the child that prevents a full assessment that will not allow services to the family prior to the removal of the child from the family home. These reasons justify the reasonable efforts element in that a child is not to be maintained in the family home unless the CWS social worker has evaluated the safety level for that child.

B. To reunify the child with his/her family:

Once a child has been removed from the family home, the CWS social worker needs to determine appropriate services that will allow the child to return home.

1. After a CWS social worker has removed a child from the family home due to safety issues, services to effectuate reunification need to be immediately determined and offered to the family.
2. The CWS social worker needs to refer the family to services and actively encourage the family to access and utilize the services.
3. The CWS social worker needs to understand that a visitation schedule is critical to reasonable efforts. Unless there is a danger to the child, visits need to be set up immediately.
4. The CWS social worker needs to constantly assess the safety of the home and recommend return of the child when changes have been made that would allow the child's return with continued services.
5. The CWS social worker needs to facilitate the reunification of the child safely and appropriately within a timely manner with consideration to the date of entry into foster care.

The date of entry into foster care means the date a child was first placed in foster custody by the court or sixty days after the child's actual removal from the home, whichever is earlier (587A-4).

4.5.2 When Reasonable Efforts are **NOT** needed

The Adoption and Safe Families Act of 1997, also known as Public Law 105-89, has clarified that reasonable efforts are not needed if the court determines that the parent has subjected the child to aggravated circumstances as defined by state law. "Aggravated circumstances" has been defined, per 587A-4 Hawaii Revised Statutes, as:

1. The parent has murdered, or has solicited, aided, abetted, attempted, or conspired to commit the murder or voluntary manslaughter of, another child of the parent;
2. The parent has committed a felony assault that results in serious bodily injury to the child or another child of the parent;
3. The parent's rights regarding a sibling of the child have been judicially terminated or divested;
4. The parent has tortured the child; or
5. The child is an abandoned infant.

This determination is a judicial, not a social work, decision. Whenever the CWS social worker has facts to support the aggravated circumstances ruling, the facts are to be incorporated into the Safe Family Home Report under the proper guideline headings. In the "Recommendations" section of the report, the CWS social worker can request the court consider an "aggravated circumstances" ruling, based on the facts in the report. The Court will make a determination when reasonable efforts to prevent removal and reunify family are not required due to aggravated circumstances. This request/determination can be made throughout the life of the case, based on when the pertinent information becomes known.

4.5.3 The court's role In Reasonable Efforts

In order to prevent children remaining in foster care without a set plan for their permanency, P.L. 96-272 also included the need for court oversight of children in out-of-home care to evaluate the service goals for the child. The court needs to make an independent assessment as to whether reasonable efforts were made to prevent removal of the child and to return the child to a safe family home.

At the court hearings, the burden of proof regarding reasonable efforts is on the department. The court cannot just approve the proposed service plan; it must make a judicial determination that reasonable efforts were made. When proper findings [as listed above in Section 4.4.2] are included in the court order, the department is also eligible for federal funding.

The court may take the following factors into consideration when making the findings:

A. Relevance of services:

There should be a correlation between the services being recommended, offered and utilized by the family and the presenting problem that brought the family to the attention of the court.

B. Adequacy of services:

There should be proof that the quality of the services as well as the amount of each service offered was adequate for the family to use. In order to make the needed changes in the family home. This factor includes the skill level of the CWS social worker and the type and frequency of contact between the CWS social worker and the family.

The adequacy of services also includes whether the services recommended are the least intrusive in meeting the needs of the family.

C. Coordination of services:

The court should determine that the family had a chance to succeed because the services were offered in a manner that was not overwhelming or confusing. There also needs to be proof of adequate monitoring of utilization of the services by the family.

D. Accessibility of services:

The department needs to demonstrate that all efforts were made to encourage the family to participate in services, and that all efforts were made to find and refer a family to appropriate services.

E. Diligence of effort by the department:

The efforts by the CWS social worker to engage the family in services is also considered as part of reasonable efforts. The CWS social worker needs to document their efforts in their written reports to the court.

4.5.4 Reasonable Efforts documentation

Documentation is vital to insuring that "reasonable efforts" findings are made as well as insuring that the child and his/her family have had the opportunity to make the needed changes to provide a safe family home.

Documentation of efforts to engage a family in services is an ongoing process, one that should not be limited to the month or week prior to preparation of a case plan for court review. Documentation is done by case dictation as well as incorporating DHS efforts in the case plan. (Refer to Part III, Section 3, **FAMILY CASE PLAN**).

The types of efforts/services/DHS actions to be documented include:

- Face-to-face contact with the child and family
- contacts with all service providers
- correspondence to clients to remind them of their service plan responsibilities, consequences of non-compliance. Copy of correspondence to be sent to any attorney representing the client in question.
- team meetings to assess progress of family
- family meetings, Including extended family, if appropriate
- telephone contact with family
- dates of all contacts logged in case dictation, accessible when needed.

4.6 FAMILY SERVICE PLAN DEVELOPMENT

The family service plan (required for all cases that have been active for 60 days or longer) is a written working agreement between the family and the department. It documents what each participant in the plan needs to accomplish in order to make the family home safe for the child. The family service plan has four purposes:

- It provides overall structure and direction to the casework process.
- It documents required reasonable efforts on behalf of the department to prevent out-of-home removal of the child or reasonable efforts to reunify the child with the family.
- It provides a written format that outlines the tasks that each participant needs to undertake on behalf of the child.
- It provides a method to measure the compliance and progress in services.

The family service plan should be developed with the family, obtaining input from the family as to what they consider necessary services in order to provide a safe home for their child. It also allows the family the opportunity to demonstrate whether they understand the risks factors and how each factor needs to be addressed. The CWS social worker, however, makes the final decision, in consultation with the CWS unit supervisor, as to what tasks are to be included in the family service plan.

Refer to (Part III, Section 3, **FAMILY CASE PLAN**) as to the format of the family service plan and how to address each element in the plan.

4.6.1 Establishing tasks/services for the parents

- A. Recommended tasks/services to parents should be focused on the issues that brought the family to the attention of child protective services. Child protective services is not mandated to address all the issues within a family system, thus the CWS social worker needs to understand and know all the safety and risk factors for the child in question, needs to complete an in-depth family psycho-social assessment, and needs to know the resources in the community.
- B. The CWS social worker needs to inform the family of the reasons for and expected outcome from participation in each recommended task/service.
- C. Recommended tasks/services to the parents should be culturally sensitive, language appropriate, intellectually compatible and not overwhelming.

4.6.2 Establishing tasks regarding the child

- A. The CWS social worker needs to recommend for the child all services related to the risk factors, whether the child is in the home or in out-of-the-home placement.

- B. When a child is in the home, the CWS social worker recommends tasks which will empower the parents in ensuring that the child receives recommended services.
- C. When the child is out of the home, the CWS social worker, as the representative of the department, functions as a custodial parent. The CWS social worker is responsible that the child is provided the proper medical, educational and social services necessary.

All children who have attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the IV-E State plan must be a full-time elementary or secondary school student or has completed secondary school. The term "elementary or secondary school student" with respect to a child means:

- i. Enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education,
- ii. Instructed in elementary or secondary education at home in accordance with a home school laws;
- iii. In an independent study elementary or secondary education program in accordance with State laws, which is administered by the local school or school district; or,
- iv. Incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.

When possible, the parents of a child in out-of-home placement should be involved in the planning of the child's services. They also need to be kept up to date as to the progress and participation of the child in services. Parents should also be part of the service, when the provider feels such participation is appropriate.

4.6.3 Establishing tasks/services for foster parents

- A. When a child is in placement out of the family home, even with relatives, the CWS social worker needs to offer and provide services to help the foster family meet the needs of the child.

- B. The CWS social worker needs to keep the foster parent involved in parts of the family service plan for the child and encourage the family's involvement in services as part of meeting the child's needs.

4.6.4 Visitation/`Ohana Time

OVERVIEW—CONTENT AREAS FOR 4.6.4

- A. Definition and Purpose of Visitation/`Ohana Time
- B. Guiding Principles
- C. Determining The Level of Supervision Needed
- D. Creating `Ohana Time Plans
- E. Closure of `Ohana Time
- F. Transition in Supervision Levels
- G. Documentation & Tracking
- H. Specific Situations

***APPENDIX:**

- 1. `Ohana Time Plan
- 2. `Ohana Time Agreement
- 3. `Ohana Time Observation Form
- 4. `Ohana Time Progress Meeting
- 5. `Ohana Time Activities
- 6. `Ohana Time-Specific Situations
 - a. Parents with Cognitive Delays
 - b. Parents with Mental Health Challenges
 - c. Domestic Violence
 - d. Parents who are Incarcerated
 - e. Parents who are institutionalized
 - f. Termination of parental rights
 - g. Children who are in Residential Care Settings
 - h. Children with special needs

A. DEFINITION AND PURPOSE OF VISITATION/`OHANA TIME

1. Definition

Visitation/`Ohana Time (herein referred to as `Ohana Time) has been referred to as the "Heart of Permanency Planning". It is an interactive face-to-face contact between a child and his/her parents, siblings or other family members to support reunification and connections. `Ohana Time involves parents in routine activities of parenting such as homework, school and extracurricular functions, medical check-ups and direct child care

responsibilities such as hygiene, feeding and diapering. It is separate from counseling, therapy, assessments, case reviews, family meetings or court hearings. The face-to-face contact can be supplemented with other types and means of contact such as phone calls, letters, email, virtual/social media, pictures, tapes and gifts.

2. Purpose:

`Ohana Time:

- a. Provides a key strategy for reunifying families and achieving timely permanency;
- b. Strengthens and maintains `Ohana relationships;
- c. Reduces the trauma and time in care;
- d. Enhances child's well-being;
- e. Affirms the importance of parents in the child's life;
- f. Provides an opportunity for parents to learn and practice new parenting skills and demonstrate safe parenting skills;
- g. Gives CWS and the Court an opportunity to observe and assess families and their progress;
- h. Supports and satisfies reasonable efforts requirements (Adoption and Safe Families Act, 1997); and
- i. Promotes child welfare system goals of safety, well-being and permanency.

3. Research (Weintraub, 2008) shows that regular, frequent `Ohana Time:

- a. Increases the likelihood of successful reunification;
- b. Reduces time in out-of-home care;
- c. Increased the chances that reunification will be lasting;
- d. Promotes healthy attachment and development, overall improved emotional well-being and positive adjustment to placement; and
- e. Reduces the trauma and negative effects of separation for the child and the parents.

B. GUIDING PRINCIPLES

`Ohana Time is:

1. **Positive and Safe:** `Ohana Time is intended to encourage positive and safe contacts between the child and his/her parents.
2. **Strength-Based:** The family will be engaged with respect and aloha and will be provided support for success. The entire family will be embraced to provide the best outcome for the child using strength-based approaches and assessments.

3. **Culturally Responsive:** Culture will be considered in every aspect of the case—engagement, assessment, safety, services, permanency, support systems, resources, etc. Family culture will be respected and encouraged. Language/interpretation access will be provided if there are language barriers.
4. **Safe, Appropriate and Family-Friendly:** 'Ohana Time will be in a safe and appropriate setting that provides the opportunity for the parents to demonstrate their parenting abilities; that is family friendly, natural and homelike; and, that is purposeful and supportive of the reunification efforts.
5. **A Time Where Skills are Practiced:** Child development needs and parenting skill building will be practiced and supported in 'Ohana Time.
6. **Inclusion of Siblings:** Including siblings in 'Ohana Time with parents is essential to maintain sibling connections as well as to assess parent interactions. Per federal law (Fostering Connections Act of 2008), 'Ohana Time with siblings shall be arranged for siblings who are placed in different resource families to maintain important sibling connections.
7. **Structured at the Appropriate Supervision Level:** The type of abuse and specific safety concerns will inform the level of supervision needed for 'Ohana Time. 'Ohana Time supervision, frequency and length will change as safety concerns are eliminated or reduced.
8. **Part of the Family Service Plan:** For a child under court supervision or voluntary placement agreement, 'Ohana Time is part of the Family Service Plan. In Court-involved cases, the Family Service Plan is ordered by the Family Court.
9. **Created with Stakeholder Input:** Parents will be involved in the planning of the 'Ohana Time schedule. Consideration will be given to parents' and family's schedules, multiple demands and financial challenges. Accommodations will be provided to facilitate the parent's ability to read and understand, including any language or cultural needs. Input from the child/youth will be considered. Also, the resource family and relatives' schedules and input will be considered, especially if they are helping with 'Ohana Time supervision.

10. **About Relationships and Teamwork:** Resource families and relatives are critical for the support and success of the 'Ohana Time and overall progress and need communication and teamwork from CWS and others. "First Meetings" between birth parents and resource caregivers are extremely helpful to build a positive relationship and will be utilized when possible. Resource caregivers may work with the parents and provide the 'Ohana Time supervision, provide the transportation to the 'Ohana Time, and/or maintain sibling connections in different placements. They may also provide support to prepare the children and to nurture their transition after the 'Ohana Time.
11. **Multifaceted:** Other factors will be considered when planning for 'Ohana Time, including parent's mental illness, substance abuse, incarceration, domestic violence, etc.
12. **A Right, Not a Privilege:** Each child in foster care will be provided 'Ohana Time. 'Ohana Time is a child and parent's right and will not be denied unless contact poses a threat to the child's safety or places the child at risk of further physical or emotional harm, that cannot be managed. Suspension or termination of 'Ohana Time will occur only when there are no other means by which the child may be made safe in the context of the 'Ohana Time visit.

C. DETERMINING THE LEVEL OF SUPERVISION NEEDED

All cases require that the level of supervision needed during 'Ohana Time be addressed. The supervision level of 'Ohana Time shall be developed and individualized for each child based on the safety concerns and goals for the family. It should be thought of as a continuum that ensures safety while allowing healthy family interactions. 'Ohana Time plans are meant to be fluid and shall become less or more restrictive as safety concerns are eliminated or arise. As the parent demonstrates increased protective capacities and decreased diminished capacities, the level of supervision shall decrease as a natural transition to the return home process.

The caseworker shall set the level of supervision in consultation with his/her supervisor, the CASA/GAL, and service providers for the parents and child. The assessment shall be discussed with the parents, child and person supervising the 'Ohana Time.

1. **The caseworker shall address the following factors, as applicable, when determining the level of supervision:**
 - a. Safety factors that were identified in the Child Safety Assessment;
 - b. Type of abuse the child experienced and the nature of the abuse/neglect that triggered removal;
 - c. Vulnerability of the child;
 - d. Emotional and psychological reaction of the child to 'Ohana Time;
 - i. Is child afraid of being alone with parents?
 - ii. Is the child demonstrating increased anxiety? (eg. nightmares, self-harm, aggression, etc.)
 - e. Parents' history of family violence;
 - f. Parents' issues such as untreated addiction, mental health, etc.;
 - g. Potential for abduction of child;
 - h. Parents' incarceration or pending sentencing or charges for physical abuse or other harm;
 - i. Parents' demonstration of inappropriate parenting skills or lack of parenting knowledge;
 - j. Parents' responsiveness to child's behaviors, including developmental age appropriate expectations;
 - i. Has the parent made unrealistic or inappropriate promises to the child?
 - k. Location of 'Ohana Time
 - l. Persons approved to be present at the 'Ohana Time

2. SUPERVISED LEVELS

- a. **Highly Structured Supervision:** 'Ohana Time shall be supervised in a child- and family-friendly 'Ohana Time environment that allows for targeted and structured activities, close monitoring and instruction of the parent, including their conversation and activity. 'Ohana time may occur in the parent's home or the child's current place of residence, as appropriate. The child may not be left alone with the parent and must be escorted by the person supervising at all times.
- b. **Moderate Supervision:** Supervised 'Ohana Time in the home of the parent or in a familiar environment of the child. 'Ohana Time may occur at a school function, doctor visit, child's sport or extra-curricular activity, or family gathering. The child needs to be within eye contact of the person supervising the 'Ohana Time.

- c. **Intermittent Supervision:** `Ohana Time is intermittently supervised at the home of the parent or in a familiar environment of the child. It should initially include a drop-off and pick-up plan for the child. The person supervising may only need to provide transportation to and from the `Ohana time, and may also need to check in periodically.

3. UNSUPERVISED LEVEL

- Unsupervised `Ohana Time shall be initiated only if there are NO safety issues for the child. The caseworker shall complete a Child Safety Assessment tool, which must support the decision to move to unsupervised `Ohana Time. The caseworker's supervisor shall approve the plan and agree that there are no safety issues.
- Unsupervised `Ohana Time occurs without an `Ohana Time supervisor. It may occur in the home for extended periods of time and may include sleepovers with the parent. It may also include other interactions/activities at locations other than the home.
- Unsupervised `Ohana Time usually occurs as the case transitions to reunification.

D. CREATING `OHANA TIME PLANS:

Refer to Appendix for "'Ohana Time Plan", "'Ohana Time Agreement" and "'Ohana Time Progress Meeting".

1. INITIAL AND ONGOING `OHANA TIME PLANS

- a. Initial/Temporary `Ohana Time Plan:
 - The caseworker shall schedule the first `Ohana Time within the 48 hours following the child's placement in foster care to reduce trauma of sudden separation. If this does not occur, document the reason for the non-occurrence in the CPS database.
 - This Initial/Temporary Plan will ensure maintenance of contacts between parent and child until the Ongoing `Ohana Time Plan is developed. This plan will likely begin at a Supervised level during the initial CPS assessment in determining the needs of the child, the safety issues and the protective capacity of the parents, and understanding parent-child dynamics. The caseworker shall move to a less restrictive level of supervision, at any point during the assessment period, once safety and well-being are assessed and assured.

- b. Ongoing `Ohana Time Plan:
- Develop an Ongoing `Ohana Time Plan within 30 days of the date the child enters foster care. The `Ohana Time Plan is part of the case plan and shall be developed by involving the child's parents, the child as appropriate, the relatives and resource caregivers who will provide support and/or supervise `Ohana Time.
 - The caseworker shall review the `Ohana Time Plan with the parents, child, and resource caregiver during monthly face-to-face contacts.
 - First Meetings with birth parents shall be considered as they can promote a positive relationship that would benefit the child.

2. DEVELOPING THE `OHANA TIME PLAN

Refer to Part III, Section 3, FAMILY CASE PLAN

In developing the `Ohana Time Plan, the caseworker shall engage the parent and child, as appropriate. The caseworker or designated CWS staff, shall prepare all involved parties by providing aloha, support and empathy; providing information on the arrangements, expectations and possible concerns; preparing for possible reactions to `Ohana Time; providing suggestions for activities; and, using empathic listening and support while attending to any input and feedback.

The caseworker shall address the following steps and include each in the `Ohana Time Plan, as applicable:

- a. Address in the development of the `Ohana Time Plan the safety factors that were identified in the Safety Assessment Tools. The safety assessment will be helpful to determine any safety issues needing to be addressed in the `Ohana Time Plan;
- b. Explain the reason and level for supervision, if supervision is required;
- c. Document who will supervise `Ohana Time;
- d. Assess any cultural and language barriers/needs (LEP);
- e. Assess any mental health, cognitive and developmental needs;
- f. Assess the needs and possible barriers for the parents and the children (e.g., activity schedules, working, distance, money for transportation, etc.). Plan for support and success and minimize barriers;

- g. If possible, arrange a First Meeting between the parents and resource caregiver to establish a positive working relationship soon after placement or at the 'Ohana Conference;
- h. Document the names of people with whom child may have contact;
- i. Document the time, frequency, length, and location of 'Ohana Time;
- j. Do not list addresses or telephone numbers in the 'Ohana Time plan, as it may put others at risk of harm (e.g., domestic violence);
- k. Arrange 'Ohana Time with siblings, if siblings are in separate placements; and
- l. Arrange a plan for how problems (related to cancellations, child safety concerns) will be handled if they arise. Include contacts with phone numbers for whom the 'Ohana Time supervisor may call in case of an emergency.

3. 'OHANA TIME SUPERVISION

a. WHO CAN SUPERVISE 'OHANA TIME

It may be appropriate for someone other than CWS staff and CWS-contracted providers to supervise or facilitate 'Ohana Time. These may include relatives, family friends, coaches, and resource caregivers. The caseworker shall assess non-CWS staff for appropriateness of 'Ohana Time supervision, by means including a criminal background check and C/AN check.

The caseworker shall assess the ability and willingness of the individuals to supervise and intervene in the 'Ohana Time, based on the following:

- If the person possesses protective capacity which includes cognitive, behavioral and emotional capacities;
- If the person is able to provide accurate and objective documentation about the parent-child interactions;
- If the person is supportive of the family's case goals and of the child and his/her needs; and
- Additional information may need to be gathered by the caseworker as to how the person has ameliorated previous circumstances.

b. ROLES/RESPONSIBILITIES OF 'OHANA TIME SUPERVISOR

The caseworker shall inform the 'Ohana Time supervisor of his/her role and responsibilities, including any special instructions for supervision, coaching and mentoring. If

relatives are chosen, the caseworker shall notify them of the benefits of 'Ohana Time and the various reactions and challenging behaviors that could result from 'Ohana Time.

- Support parent and children to have a safe and positive time together.
- Ensure safety, including transportation issues regarding proper car seat equipment and usage, seat belts, etc.
- Discuss ideas and possible activities for your 'Ohana Time.
- Support parent on acknowledging positives and progress, as well as talk about any challenges with the 'Ohana Time.
- Give feedback on 'Ohana Time to CWS—positives and challenges/concerns, including any safety concerns.

4. ROLE OF RESOURCE CAREGIVERS AND RELATIVES, IF NOT AN 'OHANA TIME SUPERVISOR

If they are not in the role of 'Ohana Time supervisor, resource caregivers, relatives, and other resources can still provide support to the child and parents for 'Ohana Time. The caseworker shall consider involving these persons in the following roles, as appropriate:

- a. Providing transportation;
- b. Preparing the child and helping with the transition after the 'Ohana Time, as the child may experience varied emotions and behaviors during that period;
- c. Having a positive and supportive relationship with the parent, mentoring, and facilitating ongoing communication to ease the anxieties of both child and parent; and
- d. Notifying the caseworker of parents' protective capacities and challenges, child's adjustment, etc.

5. LOCATION AND ACTIVITIES

In developing the 'Ohana Time Plan, the caseworker shall arrange for the least restrictive environment for the 'Ohana Time to take place. The preferred locations are in natural settings to allow for natural interactions. They may include homelike settings, churches, parks, and community and 'Ohana Time Centers. The location must allow for meeting the child's developmental and safety needs and for the parent and 'Ohana Time supervisor to meet and interact positively.

The caseworker, or CWS-designated staff, shall explore with the parent and resource caregiver activities for the 'Ohana Time, including: parenting duties/activities (feeding/diapering, grocery/clothing shopping, laundry, running errands, helping with homework, cooking, medical appointments, school meetings and

events, sports and extracurricular activities/events, etc.); cultural activities or events to help the child learn about their cultural heritage; books and recording device for parents to read and replay for the child later, if appropriate; picture taking and viewing; games or other age-appropriate toys; family celebrations; and food, if setting allows.

Refer to Appendix for “‘Ohana Time Activities” for more information.

6. FREQUENCY AND LENGTH: MINIMUM REQUIREMENTS

‘Ohana Time shall be provided at least twice a week for at least 1 1/2 hours each, or three times a week for 1 hour each, for a total minimum of 3 hours. The caseworker shall assess the resources available to the family to provide as frequent ‘Ohana Time as possible. If arrangements can be made, daily contact between the child and his/her parents is preferred.

7. CANCELLATIONS

Reasonable efforts should be made to ensure that safe ‘Ohana Time and connections are maintained. **Suspension or termination shall be based on safety, and not lack of compliance with services.** Ultimately, it is the child who suffers with the severance of connections. Cancellations ARE warranted when:

- the child/youth’s safety cannot be managed by supervision; and
- the court order prohibits ‘Ohana Time

If the parent is more than 15 minutes late, prior to cancelling the ‘Ohana Time, the person supervising the ‘Ohana Time shall call the parent to determine his/her whereabouts and estimated time of arrival. ‘Ohana Time shall be provided for the duration of the time, if the parent is still able to attend.

There shall not be a standard confirmation requirement for parents as a prerequisite to having ‘Ohana Time. The caseworker shall address any barriers that must be overcome for ‘Ohana Time to occur. The caseworker shall assess possible reasons for a lack of engagement, including socio-economic factors including transportation issues; work schedules; language barriers; misunderstandings; cognitive and physical limitations including limited reading ability; cultural considerations (e.g., regarding value and concepts of time and documentation as with some Micronesian cultures); and, emotional challenges (e.g., feeling

overwhelmed/judged, unsupported, guilty, failure, depressed, angry at the system, etc.).

The following are situations that are commonly encountered:

- a. If the parent appears under the influence of drugs at the 'Ohana Time, the caseworker shall determine if there is any safety issue present and if the 'Ohana Time can be managed by the 'Ohana Time Supervisor.
- b. If the child expresses that he/she does not want 'Ohana Time, the caseworker shall further explore this with the child to determine and address its source.
- c. 'Ohana Time shall not be cancelled in situations where the parent is difficult to work with. 'Ohana Time shall not to be seen as a reward or condition for compliance. The caseworker shall work through such issues with the parent as part of their ongoing working relationship.

If the parent does not show up for his/her 'Ohana Time without cancelling, the caseworker shall meet with the parent prior to the next scheduled visit within one week to address the reason and prevent reoccurrence.

If a parent is unable or unwilling to meet the conditions in the 'Ohana Time Plan, it may become necessary to temporarily institute a plan that supports the parent's regular attendance. In this situation, the caseworker shall explore supports that can be put in place. If, after assessment, the caseworker determines that there is a need to implement a process for confirmation, supervisor approval is needed. Also, the 'Ohana Time Plan must be updated to capture any changes.

Consideration of the suspension or termination of the 'Ohana Time Plan shall be discussed with the parents and all legal parties in the case, including GAL's, DAG's, and parents' attorneys. The decision to suspend 'Ohana Time shall be approved in writing by the caseworker's supervisor and Section Administrator. The Court and all parties shall then be notified in writing.

Termination of the 'Ohana Time plan shall be approved by the Court.

E. CLOSURE OF 'OHANA TIME

The end of an 'Ohana Time may be a difficult time for all involved, and particularly for children. Having rituals to help with this transition may be helpful. Rituals are routines that people follow regularly. For families, it identifies the values, interests, and

personalities of that family, helps them bond, and creates a sense of belonging. It can help a child during an 'Ohana Time predict what is going to happen next, offer comfort and security, and set the tone for what will happen next. The stability and routine or rituals are important to children because they learn that it is something they can count on. It can also create security for that child in knowing that this ritual will be followed again the next 'Ohana Time.

There are many ways to create rituals for the end of an 'Ohana Time.

- Ask the parents to think about things that their child enjoys.
- Think of values that they'd like to teach their child.
- Here are a few examples of rituals to help in the transition at the end of the 'Ohana Time:

Have snack together, read a book, special handshake or dance, sing a song, plan activities for next 'Ohana Time, play a favorite game, look at favorite pictures, draw pictures of fun things that happened during the 'Ohana Time, a cultural activity, share one good thing coming up before next 'Ohana Time, take a picture together, etc.

F. TRANSITION IN SUPERVISION LEVELS

1. The goal is to slowly increase the parent's responsibility and move towards unsupervised 'Ohana Time in the parent's home while safely assessing the parent's ability. When the parent and child are interacting successfully during 'Ohana Time, the plan should generally change one element of the 'Ohana Time at a time, such as increasing the length of the 'Ohana Time or changing the location to allow more liberal conditions. If there is a setback or repeated problems, the plan should go back to the last successful 'Ohana Time plan.
2. In order to have safe transitions in the level of supervision of the 'Ohana Time, observations and assessments of the parent, child and Ohana Time are needed. The following steps shall be taken:
 - a. Assess parent's ability to provide for their child's safety;
 - b. Assess parent's parenting capacity;
 - c. Assess parent's demonstration of new skills that improved their capacity to provide a safe home for their child; and,
 - d. Assess child and parent's bonding and attachment before, during and after 'Ohana Time.
3. Key questions shall be considered when determining transition between the supervision levels:

- Have there been positive changes in the child or parent's behavior?
- Have there been changes towards positive communication between parent and child?
- Have parents utilized their individual strengths to enhance the attachment and bond to their child?
- Is the child comfortable during 'Ohana Time?
- Have parents demonstrated they are able to safely care for their child?
- Have parents demonstrated that they have an enhanced capacity and skills to safely meet their child's day-to-day needs?
- Do safety threats still exist to warrant the current level of 'Ohana Time?
- Can safety threats be managed in a way that less restrictive 'Ohana Time would be safe and appropriate?
- Do parents have support systems in place?
- Have relatives been explored as 'Ohana Time supervisors?
- Does the level of 'Ohana Time match the permanency plan?
- Have the parents been consistent in following the current 'Ohana Time plan?
- Do the parents understand the 'Ohana Time expectations?
- Are appropriate accommodations made to help parents with differing abilities and cognitions to be successful at meeting all expectations, scheduling, etc.?
- If 'Ohana Time is in the office, have more normalized environments/natural settings been explored?
- Can 'Ohana Time be extended?
- Can the current 'Ohana Time schedule be supplemented in any way?

G. DOCUMENTATION & TRACKING

Refer to Appendix for "'Ohana Time Observation Form"

1. Each 'Ohana Time presents an opportunity to observe the child and family interaction. Documentation of each visit is critical to the assessment of the family. Assessment and documentation shall be strength-based while still addressing concerns and challenges. Any safety concerns that arise during an 'Ohana Time shall be documented to assure that complete information is available to the caseworker, reported to the caseworker, and addressed by the caseworker.
2. Documentation shall include:
 - a. Who participated and what activities

- b. The time the parent arrived
 - c. The length and location of the 'Ohana Time
 - d. Interactions between participants (level of affection, interaction, etc.)
 - e. Extent to which parent exercised role (setting limits, disciplining child, engagement with child)
 - f. Whether the 'Ohana Time supervisor needed to intervene
 - g. How parent and child separated
3. CWS staff shall complete 'Ohana Time observation reports or collect 'Ohana Time observation reports from providers and others who supervise or facilitate 'Ohana Time. The caseworker shall record the frequency of 'Ohana Time in the CPS database.

H. SPECIAL SITUATIONS:

1. Sexual Abuse—See Part III Casework Services, Section 8: Sex Abuse, 8.2.8 Visitation

4.7 MONITORING FAMILY PROGRESS (Casework)

“Monitoring”, otherwise known as “Casework services”, is the critical part of the case management process. Monitoring not only involves assessing the progress of the family's compliance with services, it also includes the ongoing assessment of the family and the appropriateness of the services being provided. The CWS social worker should continue to use the criteria for a family psycho-social assessment as outlined In PART II, Section 1, **FAMILY ASSESSMENT**, the "Child and Family Assessment Matrix" and the Safe Family Home Guidelines as tools in the ongoing assessment process.

Monitoring and ongoing assessment is through direct and indirect contact with the family.

4.7.1 Direct contacts

Direct monitoring is when the CWS social worker maintains personal contact with the client. The CWS social worker needs to consult with his/her supervisor in determining the type and frequency of face to face contacts each family will need In order to adequately assess the safety issues. Face to face contact can be done in the following ways;

A. Home Visits

Home visits are between the CWS social worker and the

family. The children are to be seen separately, either at the end of a visit in the home or at school or elsewhere.

1. **Frequency of visits:**

In order to assess the case on an ongoing, the CWS social worker shall meet with the child, parents and resource caregiver on a monthly basis. Face to Face visits should be conducted in the home where the child resides. However, there will be situations where the child may need to be visited at another location.

The CWS social worker, in consultation with his/her CWS supervisor, will determine how often the CWS social worker must have the actual face-to-face contacts, there may be situations that will require face to face visits more often than the required once a month face to face visit. Cases need to be prioritized to consider as to the risk issues to the child.

A child who is living in the family home is more at risk and may need to be seen more often than a child who is in a safe out-of-home placement.

Every child must spend time alone with the social worker during the visits and given the opportunity to discuss issues, problems etc, with the assigned worker without the presence of the parent or resource caregiver. Visits with the child can occur at the school or other place familiar to the child if needed.

2. **Dictation or recording the monthly visits with the child, parents and resource parents:**

The CWS social worker needs to complete the Monthly Face to Face Worker Contact Record by following the Instructions. These forms can be found in the R:drive/Forms/Worker Visits. The worker contact record is to be completed after the monthly visit has concluded and upload into SHAKA. The worker contact record can be uploaded from Shaka and downloaded back into SHAKA when completed and WIFI is available or back in the office.

3. **Who conducts the visits:**

The CWS social worker needs to be the main evaluator of the family home and situation. Face-to-face contacts may be made by another assigned CWS social worker to the case or the unit supervisor. Other CWS staff, such as social service aides and assistants; or by private service providers cannot be substituted for visits by the assigned social worker(s) or supervisor. When a home visit is made by an individual other than the CWS social worker, It is the CWS social worker's responsibility to get a written report or oral feedback of the visit. The CWS social worker will have the ultimate responsibility to evaluate the safety or risk factors in the home based on the reports of others and well as their personal contacts with the child, parents and foster family.

4. Duration of visits (guideline):

During home visits the CWS social worker needs to observe the interaction, the non-verbal behaviors, and the overall emotional atmosphere in the home. These are key elements in the ongoing assessment process.

Home visits for the purpose of monitoring the progress of the family and to observe any changes in the family system should last between 20-45 minutes. Longer home visits occur when there is a family crisis or at the beginning of a case when the CWS social worker, in the process of developing a case plan, needs to gather more personal information or when completing the Monthly Face to Face Worker Contact Record.

B. Office visits

The CWS social worker may decide to meet the client in the safety of the office setting instead of the home environment when risk factors, to the CWS social worker, are too great to make a home visit.

Office visits should be structured with a stated purpose. As with home visits, the office visit should no last more than 45 minutes. CWS social workers need to maintain an agenda and keep the interaction focused. Office visits that become too lengthy or become unstructured are not productive and can cause anxiety for the client. CWS social workers should set up a second office visit

C. Telephone calls

Although this type of contact is not a face-to-face contact, it is a personal contact and one that CWS social workers may use very frequently. Frequent phone contact also helps to develop a more stable working relationship between the CWS social worker and the client.

The telephone is a work tool and should be used as one. Phone calls should not last more than 10 minutes, preferably shorter. Longer phone calls indicate a need for a home or office visit. Phone calls are merely methods of maintaining contact and providing support.

D. Direct interventions by the CWS social worker

The following are some of the direct interventions provided by the CWS social worker.

1. Crisis counseling:

CWS social workers often need to help a family work through an immediate crisis until more long-term services can be initiated. CWS social workers must be able to assess the crisis to determine immediate risk to the child. Helping a family recognize the crisis and put safety measures in place until other services are available or appropriately dealing with the crisis (as a family) in a safe manner is a primary task of the CWS social worker.

2. Modeling:

CWS social workers must always be aware that how they interact with the family, with collaterals, with the children, is being observed. Modeling appropriate methods of interaction and conflict resolution has a lasting effect on the family.

3. Reinforcement:

During contacts with the family, the CWS social worker will be reviewing the family's methods of communication, parenting, or other self-support skills. Reinforcing and encouraging positive change as well as

offering additional methods or services helps a family become self-sufficient.

4. Leadership:

The CWS social worker's main responsibility to the family is to teach them how to become independent, how to access community support, how to make lasting changes, how to be protective and appropriate parents, and how to accept themselves. This task is accomplished by maintaining contact, developing trust, redefining responsibilities, being honest with the family and showing the family that being in control of a situation does not require dominance, but rather belief in oneself

4.7.2 Indirect contacts

CWS social workers are also responsible for ensuring that families receive and benefit from appropriate services. This task is accomplished by maintaining contact with service providers and collaterals.

A. Referral to services

CWS social workers must know the services in the community that will help a family make the changes necessary to provide a safe family home. Services can be through purchase of service contracts, other State agency providers, or independent providers.

CWS social workers are to refer families to the proper services, ensuring that the providers are experienced in the areas that are being addressed, and that goals of the family service plan are attainable. Families are not to choose their own providers, but may make suggestions to the CWS social worker who has the responsibility to decide if the recommended individual is qualified and appropriate.

CWS social workers also need to insure that all proper consents to release and share information are secured from the family.

1. Departmental services:

a. **Financial services:**

Departmental services should be used when appropriate. The CWS social worker should communicate with the Income Maintenance worker to evaluate whether the family is receiving all the financial or other benefits available to them.

b. **Family Services Assistant:** (if available)

Departmental services also include the possible referral for a Family Services Assistant (FSA), where available. The FSA provides in-home, hands-on services. He/she will help with parenting issues, budgeting, housekeeping, referral and use of community resources as well as being a supportive contact for the family. The FSA will also assist in supervising visits between the child and the parent as part of the parenting services. FSA services are time limited, to be used for six months, and are to be used when a child is at risk of immediate removal or the child is expected to be returned to the family home within six months. Extension of services is to be decided by the supervisor of the FSA.

c. **Medical services:**

Other departmental services include medical services for any child under the placement responsibility of the department.

d. **ICPC:**

When the child/family relocate to the mainland and protective services are still indicated or when a home study of a relative as a possible temporary or permanent placement resource for the child is needed, the CWS social worker can coordinate services with other states through the Interstate Compact for the Placement of Children (ICPC) [Refer to Part III, Section 9. **INTERSTATE**

COMPACTS]

5. Other State departments:

Other State departments should be utilized before seeking independent providers. The Department of Health, as well as the Department of Education, provide services. CWS social workers need to make referrals for all clients who meet the necessary criteria.

6. Purchase of Service (POS):

POS providers, under contract with the department, should be the first non-state provider option of the CWS social worker. These contractors meet standards set by the department to provide a service that meets the criteria of service delivery determined to be appropriate for CWS families.

After a CWS social worker refers a family to a POS provider, he/she needs to provide necessary factual information.

Once a family has been accepted for services by a POS provider, the CWS social worker needs to enter the proper SAC code into the CPSS, using screen CA50. Appropriate notice to the client and POS provider, using K504 on the CPSS, also needs to be generated. (Refer to Part V, Section 1, **FAMILY INTERVENTION SERVICE PAYMENTS.**)

7. Independent providers (NOT POS Providers):

Independent providers are those providers who are in private practice. Referrals to these providers should be when other state and POS providers are not an option or available. CWS social workers need to check the credentials of these providers and to check with other CWS social workers as to the provider's ability and cooperation before actually entering into a service agreement.

All referrals to independent providers should be done through phone contact followed by a written referral with attached appropriate documents. A copy of the referral

letter is to be filed in the case file, Part VI.

Payment for independent providers is based on the service being provided. Individual therapy can be paid through the client's medical insurance. Other services, such as domestic violence, parenting instruction or other treatment can be provided by other funds, such as Family Assistance Payments (FAP), formally known as WRAP Around funds, if eligibility criteria are met. (Please refer to Part V, Section 1, **FAMILY INTERVENTION SERVICE PAYMENTS.**)

8. Psychological evaluations:

Psychological evaluations are usually scheduled by using the procedures established for referrals to a multidisciplinary team or by direct referral to a psychologist by the CWS social worker, pursuant to section procedures. When the procedures state that referrals are made through the multidisciplinary team, workers must insure that all efforts are made to check the medical coverage of the client. As stated In PART V, Section 7, **MEDICAL COVERAGE**, workers need to attach to the referral form a coupon for all clients who have Med-QUEST coverage.

If the CWS social worker makes a direct referral to a psychologist, the social worker must be aware of the client's medical coverage. This knowledge **must be known at the time of the referral** as the independent psychologist must get PRIOR proper authorization from Medicaid in order to be paid. **It is the responsibility of the provider to get the approval, not the social worker.** The CWS social worker is responsible for giving the proper medical information at the time of the referral.

After the CWS social worker receives the written psychological evaluation, it will be shared with court and all counsel, if the case is an active court case. The **original** copy of the evaluation is to be retained by the CWS social worker and filed in Part VI of the case file. Only **copies** of the evaluation are to be shared with other parties.

For payment information, refer to Part V, Section 1, **FAMILY INTERVENTION SERVICE PAYMENTS.**

9. Drug testing:

Drug testing is a casework tool that the CWS social worker uses to assess sobriety. As with the psychological evaluations, the CWS social workers must follow procedures set up by their respective social services sections. All requests for a drug test must be made through a doctor who is certified as a medical review officer (MRO). The MRO is the only one authorized to receive the written results of the drug tests and then interpret them. Clients who want to know more about the results of their drug tests should be referred to the MRO, not the lab where the test was taken.

A written result of the drug test is to be sent to the MRO for review and a copy is to then be sent to the CWS social worker. The CWS social worker can share copies of these results with court and all counsel, if the case is active in court. The copy of the drug test sent to the CWS social worker is to be retained by the social worker and filed in Part VI of the case file.

Drug testing is usually provided by substance abuse treatment programs, therefore, when a client is in services, the CWS social worker needs to keep in contact with the program to be assured of the random testing. The CWS social worker, however, may also request additional tests. These tests should be paid through the program. If not, payment will be done by either the client's medical coverage or a purchase order.

When a client is not in a program, which includes being in aftercare, the CWS social worker can make the referral for a drug test, per the procedures outlined above. The purpose of a random drug test is to check on sobriety. **If a test is positive**, then the client needs **to be referred to a treatment program**. Continuing with drug tests when a client is actively using drugs is not beneficial and **should not occur**.

Refer to Part V, Section 1, **FAMILY INTERVENTION SERVICE PAYMENTS**, for details on how drug tests are

paid.

B. Progress reports from providers

After referrals have been made and families are engaged in services, the CWS social worker needs to keep in phone contact with all providers at least once a month. Maintaining frequent contact insures that the CWS social worker has the most current information as to the client's progress, participation and prognosis.

CWS social workers, by maintaining contact with the providers, will be able to ascertain whether a client has been responsive or needs a more intensive type of service. If the CWS social worker determines that the service being provided is not benefiting the client, it is important to get a written evaluation by the provider of the appropriateness of the service. CWS social workers need to request written progress reports from the providers, at least once every 90 days. Copies of these reports are to be shared with the court and all counsel by attaching them to the court reports. **Original** copies of the reports are to be retained by the CWS worker and filed In Part VI of the case file.

4.7.3 Conferencing

An important monitoring tool is the case conference. Case conferences can take on many forms and the CWS social worker needs to know which type of conference best suits the needs of the family and the case.

A. **MULTIDISCIPLINARY TEAM CONFERENCES**

It is essential that those children who are most vulnerable and at highest risk because of age, severity of injury and circumstances receive multidisciplinary team (MDT) consultative services. The team can assist the CWS social worker by making recommendations dealing with complex situations, serious cases of child abuse and neglect and those "gray" situations where the CWS social worker is uncertain as to what is going on with the family. Ultimately, the role of the team is consultative; the final decision as to case direction rests with the CWS social worker in consultation with his/her supervisor.

1. Priority ranked team referrals

First Priority (Serious harm cases):

The cases in this criteria MUST be teamed during the assessment phase of the child welfare process. (Within 10 days of the intake, if possible) These include cases assessed as "Severe" on the DHS 1517, "Child and Family Assessment Matrix." These include:

- a. Any child hospitalized as a direct result of abuse or neglect (excluding drug exposed infants);
- b. Any harm that involves fractures;
- c. Any child diagnosed with failure to thrive;
- d. Cases where medical neglect has been assessed by the treating physician and even after child welfare services' intervention, the family is resistive in complying with the recommendations of the treating physician.

Second priority (siblings of a child who dies):

Cases in which a child, active with child welfare services, has died as a result of abuse/neglect, and there are other children in the family. The team is to be called to help assess the treatment needs and goals of the surviving siblings.

This team is not to be called to determine the cause of death, or to evaluate the role of the CWS social worker, or to review the services offered to the family by the department prior to the death.

Third priority ("Gray" cases):

The cases in this priority range are considered the more "gray" cases.

The CWS social worker completes an informational memo which is then reviewed, signed and routed by the CWS unit supervisor to the MDT for review and consultation. The MDT reviews the information and indicates on the memo whether a team meeting is recommended. The memo is routed back to the CWS

social worker, through the CWS unit supervisor. The CWS unit supervisor, after consultation with the ongoing CWS social worker, will make the final decision to team or not to team.

"Gray" case examples include:

- a. A child with multiple (2 or more) injuries that are of different ages and origin;
- b. Differences of opinion between the physician and the social worker as to the explanation of the injury given by the family;

EXAMPLE: The CWS social worker feels that the injuries were accidental based on interviews with the family, victim, and witnesses, whereas, the physician may continue to feel that the injuries were non-accidental.

- c. When a case has been reopened due to confirmed abuse or neglect but the harm is not "Serious" as defined in the "First" priority criteria cited above;
- d. All children, under the age of 3 years, whose injuries do not fall into the "First" priority criteria cited above;
- e. Any sex abuse case.

Fourth priority (Reunification):

Reunification teams:

When children have been removed from their family home, the CWS social worker needs to constantly assess the ability of the family to make the changes necessary which would allow the children to be returned to the family home. When it appears the family home is safe, the CWS social worker should conference the case to discuss if reunification is appropriate. Although not all cases need to be teamed with the multidisciplinary

team, the team MUST be used for the following cases in order to assure the CWS social worker that all protective services have been put in place.

a. Reunification when the family has complied with services

When children who suffered the following injuries, are ready to be returned home, their case must be teamed, even if the family has been totally compliant with services.

- serious abuse/neglect
- any child who was hospitalized due to the reported injury
- any harm that involved fractures
- diagnosed with Failure-To-Thrive
- medical neglect due to the parents refusal to follow the recommendations of the treating physician, even after CWS intervention

b. Reunification when the family has only partially complied

The CWS social worker should team a case when the family has only partially complied with recommended services, but appears to have made changes in the home that appear to render it safe.

c. Reunification of siblings in a death case

When a CWS social worker determines that siblings of a child who died as a result of abuse or neglect can be returned to the family home, that case should be teamed to insure that the factors that led to the death of the child have been identified and treated.

2. **Case direction teams**

During the case monitoring phase of servicing a family, the CWS social worker may encounter some difficulty in trying to understand and service a family. When no progress has been made or when a family appears to have more issues than were initially presented or when there are continuing questions as to the initial harm, a multidisciplinary team may be

requested by the CWS social worker to assist in relooking at the family and determining what other options may be appropriate In order to help the family.

3. Referral process

Referrals to the multidisciplinary team are not limited to the above listing. However, referrals shall be considered for those cases where the CWS social worker has determined that serious abuse may occur or in which the likelihood of repeated abuse exists. Only the CWS social worker or the CWS supervisor may initiate a request for multidisciplinary services by contacting the Team Coordinator in his/her respective section. The CWS social worker shall release the following information to the team coordinator if available:

- a. Name and birthdates of the family members;
- b. Brief description of the abuse Incident;
- c. Identity of other professionals who have knowledge of the family and who should be invited to the team conference. Guests who can be invited to the team as identified by the CWS social worker include, but are not limited to, are:
 - i. Deputy Attorney General
 - ii. Guardian Ad Litem or Volunteer Guardian Ad Litem
 - iii. Therapist and Treatment Providers
 - iv. Purchase of Service Providers
 - v. Foster Home Licensing Worker
 - vi. Other state department service providers
 - vii. Parents/caregivers
 - viii. Foster parents

To enhance the development of appropriate case planning that meets the specific needs of the family, the child's parent and/or legal caregiver may be invited to the multidisciplinary team conference. Actively involving the parent and/or legal caregiver facilitates the development of the essential helping relationship, facilitates the family's investment in the

recommendations and ensures that the agency and the family are working toward the same end.

In addition, the multidisciplinary team shall have access to written reports (i.e., case plan, mental health evaluations, etc.) that provide information about the child and family constellation in all the areas mentioned above. The CWS social worker can either provide a copy of the documentation to the multidisciplinary team or allow the team to review the case record in the unit office.

4. **Information shared with the multidisciplinary team at the initial team conference**

The most critical factor in a case review is the comprehensive assessment and summary of the family's problems and strengths. For the multidisciplinary team to adequately provide recommendations for intervention, the CWS social worker shall provide available information to the team in each of the following categories:

- a. The specific incident that brought the child(ren) to the attention of the department and the characteristics of the abuse/neglect;
- b. Any history of prior department involvement including the disposition of the allegations, previous Family Court involvement and prior treatment interventions and its outcome;
- c. Information on adult clients:
 - i. level of education
 - ii. learning problems/disabilities
 - iii. history of child abuse and neglect as a child
 - iv. parenting skills and coping mechanisms
 - v. perception of child, the child's victimization and child rearing
 - vi. self perception
 - vii. response and motivation to services
 - viii. criminal history
 - ix. substance abuse history
 - x. history of violence

- xi. mental health status
 - xii. employment history
 - xiii. social support systems
- d. For child clients, include information on the following:
- i. perception of parent and/or other caregivers
 - ii. developmental status
 - iii. special needs for care and the parent ability to provide for the child's special needs
 - iv. behavioral problem
 - v. peer relationships
 - vi. progress in school
 - vii. perception of child abuse and/or neglect incident
 - viii. medical findings as they pertain to the abuse or neglect incident
 - ix. perinatal history in relation to a newborn
 - x. past medical history and significant illnesses
 - xi. immunization status

Much of this information should already be available as part of the "Safe Family Home Report" which should be attached to the MDT referral if completed at the time of the referral. The MDT's assessment and consultation is only as good as the information received from the CWS social worker.

5. **Guests remaining for the multidisciplinary team's discussion and recommendation**

To enhance service delivery to our families, guests may remain for the multidisciplinary team's case discussion and recommendation phase. However, it should be clear at the onset that the recommendations are part of the MDT's input to the CWS social worker after having carefully considered the information provided by the CWS social worker and guests. Thus, the team's recommendations are not subject to further discussion or debate by the guests.

6. **Individual consultative services**

Individual consultation services to CWS social workers

are also available through any member of the MDT. Services may include:

- a. Assistance in assessing relevant subject matters;
- b. Completion of comprehensive psychological, psychiatric, psychosexual assessments to assess the trauma to the victim, functioning level of caregiver parent and the capacity/ability to provide a safe home for the child;
- c. Court testimony, as necessary, to be determined by the social worker and/or the Deputy Attorney General;
- d. A Medical Review Officer (MRO) to order, receive and review substance abuse tests for clients. The MRO will be responsible to receive and refer cases to the laboratory for substance abuse testing, and upon return of the results, to review and evaluate the results of tests with positive results prior to reporting those results to the CWS social worker.

7. **Team reports**

The team conference report shall be completed during the meeting with the original copy of the report given to the CWS social worker with the team retaining a carbon copy for their records. The team report shall include the following information:

- a. Date, time and location of the meeting;
- b. List of participants;
- c. Purpose of the meeting as defined by the CWS social worker;
- d. A statement that the assessment of the team is based on a paper review, with no actual direct evaluation or assessment, even though the family may attend the team meeting
- e. Assessment of the family focusing on the ability

of the parent to be protective as well as how to best help the family become more protective, the level of care needed for the child based on risk;

- f. Suggestions by the team;
- g. Notation of any dissent with the majority recommendations; and
- h. Signature lines with dates.

Any notes taken during the team meeting by the team members should be filed in the team case file on the family so that if any member of the team is asked to testify in Family Court, he/she can refer to the actual notes in the file.

Due to the complexity of the case, the MDT may decide to complete a more detailed report on the case. That report should be received by the CWS unit supervisor/worker **within 14 days of the team meeting date**. It does not replace the conference report received at the team meeting.

All **copies of team reports are to be submitted to court** with the "Safe Family Home Report" if the case is active with Family Court. File the original Team Conference Report and any other team reports into Part VI of the case record.

8. **Documentation into the case record**

Upon completion of the multidisciplinary team or individual consultative services, the CWS social worker shall complete the following:

- a. The log of contact CPSS screen CA52/CU52;
- b. The service action code and the appropriate provider code CA50/CU50.

B. **COLLATERAL CONFERENCES**

CWS social workers should have frequent contact with all the service providers in a case. If there are several providers, the CWS social worker may convene a case conference of the providers to review the case direction and time lines, as well as the progress of the family.

1. Case conferences can consist of only the providers and the CWS social worker. These types of conferences are professional in nature as the focus of the conference would be on the development of appropriate services for the family as well as progress. The CWS social worker is then responsible for informing the family of the conference and the recommendations of the participants.
2. Case conferences can consist of the providers and the family. The inclusion of the family is usually helpful as it demonstrates to the family that the collaterals are in contact with one another and that the providers are all working together to help the family. Inclusion of the family is also beneficial in that the family is able to hear how well they are doing in the services, what other services may be needed and what is a realistic time frame for completion. Family can also feel empowered in this type of conference as they should be asked their opinion of the case direction, what else they feel they need, what is working for them and what is not working for them.

Collateral case conferences can be held as often as the CWS social worker feels is needed for the family.

C. **FAMILY CONFERENCES**

Involvement and engagement of parents, extended family and significant others in family conferences for case planning and child placement decisions are considered best practice.

1. **`Ohana Conference**

One type of family conference is the Child Welfare Services (CWS) Family Group Decision Making Program (FGDMP) - `Ohana Conferencing (OC). `Ohana Conferencing has been demonstrated since 1998 to be a successful practice for engaging the family system to address child safety issues.

OCs follow specific procedures as to when and how to conduct the conference. Although family conferences are used to preserve families as well as re-unite and/or provide permanence for children, special attention is being given to the OC model because of its family-centered approach, family finding and community-based emphasis. Family Finding and the development of maternal and paternal family lists are part of the `Ohana Conference service.

a. Availability:

As of January 1, 2012, CWS will provide automatic referrals to the OC provider for `Ohana Conferences for all children who enter foster care placement and DHS is awarded: Voluntary Foster Custody, Temporary Foster Custody or Foster Custody. Automatic referrals for Neighbor Islands will begin in March and April 2012. CWS through the use of OC will have the support of this service to achieve compliance with the 2008 Fostering Connections law that requires Child Welfare to notify family members within thirty days of a child's entry into foster care. This resource is available statewide.

b. Referrals:

1) Mandatory Auto Referrals or Recommended Referrals for DHS:

a) Mandatory Auto Referrals for `Ohana Conference:

- Ho`omaluku O Na Kamali`i (Maili Receiving Home-Oahu)
- Project First Care 0-3 & Teens (Oahu, Maui)
- Keiki Placement Project 0-3 (Statewide)
- Enter Placement and DHS awarded custody: Effective January 2012 for Oahu and March and April 2012 for Neighbor Islands for the following cases:
 - Voluntary Foster Custody
 - Temporary Foster Custody
 - Foster Custody

b) Recommended Referrals:

- Voluntary Case Management (VCM) Case Transfer
- Onset of Child Welfare Services (CWS) investigation
- Child remains in the home (safety plan)

- Removal of child from the home
- Locate relatives for placement and connections
- Reunification
- Case Closure

2) Referral Process for DHS:

- a) Mandatory Auto Referrals: upon a removal/foster care placement, information is automatically sent to EPIC `Ohana by either the licensing units or FC-IM unit. EPIC will then generate the referral and contact the SW for further discussion and determination on whether an OC can be held, including those listed as Exception cases. `Ohana Conferences are to be held for the mandatory referrals unless they fall under the Exceptions category.
- b) Recommended Referrals: DHS is to contact the OC provider to generate a referral and to discuss the case.

3) Exceptions to `Ohana Conference as determined by SW:

`Ohana Conferences are to be held unless:

- Not confirmed & child reunified within 3 working days
- Severe domestic violence & cannot hold separate OC
- Sex abuse cases & cannot hold separate OC, etc.

4) Others Who Can Refer for an Ohana Conference:

- Parents
- Parents' Advocates and Family Supports
- VGAL & GAL
- Child's Relative
- Resource Caregiver
- Parent's Attorney

5) Participants to Include:

- Paternal & Maternal Family
- Children & Youth (case by case)
- Resource Caregivers
- Advocates
- Family Friends
- School Officials
- Therapists

- Anyone able to assist in addressing the child's safety and risk factors and placement, to provide support or transition planning

6) Family Finding:

Family Finding is automatically conducted upon an OC referral when a child is removed from the family home/foster care placement. Family Finding lists will be provided to CWS within 15 working days. CWS will mail notification to family members within the 30 day time frame required by Federal Law.

c. Framework:

`Ohana conferencing involves the following steps:

i. Information sharing:

- a. needs and services for children;
- b. hopes and dreams for children;
- c. exploration of family strengths;
- d. concerns regarding the safety and protection of the child;
- e. case direction and legal timelines;
- f. resources that may be available to support and strengthen the family's ability to care for their child; and
- g. family connections and visits/`ohana time

ii. Private family time:

This is an opportunity for the family to meet privately without a professional to discuss what they have learned and have an opportunity to make case recommendations of services and child placement plans. The plan is presented to the social worker. If the plan addresses safety and meets departmental qualifications, the plan will be agreed upon by all parties. Opportunity to discuss recommendations are provided following Family Time.

iii. Written agreement:

The family, CWS social worker and facilitator meet to negotiate or fine tune the family-recommended service plan and to write an agreement which will reflect a focused plan to address the family competency issues identified by the Department as necessary in order to provide a safe family

home. If the family is unable to recommend or write a service plan that addresses the safety and protection of the children in the format as defined by the Department, the CWS social worker will work with the family to write the service plan. The written agreement should be completed in the family service plan format described in Part III, Section 3: **FAMILY CASE PLAN**.

d. Case responsibility:

The CWS social worker maintains responsibility for the case and continues to monitor case progress including compliance with the family service plan. `Ohana Conference cases are to be monitored as any other CWS case (Refer to Section 4.7 in total).

The CWS social worker may convene a meeting of selected family members to review the progress of the family or address a specific issue. A request by family, CWS, GAL or resource caregivers to re-conference will be reviewed by the OC supervisor to assure that the purpose of such a meeting is appropriate to keep family engaged as partners in the solution of their case. All `Ohana Conference reports are to be maintained in the case file and filed with the court.

4.7.4 Cultivating involvement of family and significant others

Family and significant others have the potential to act as resources for the child and family during the duration of a child welfare services case, either in a supportive role, or possibly as a placement resource. As soon as possible the CWS social worker needs to explore all possible resources to help the family.

A. Documentation of family resources:

A determination of the following should be completed in every case and included in the case record (Safe Family Home Guideline # 10):

1. The identity and whereabouts of known family members and significant others.
2. The relationship of the client family with other family or significant others.
3. The extent to which extended family and significant

others are aware of the facts and findings of the case.

4. The willingness and ability of family members and significant others to be involved and act as resources to the family and department.

B. Identification of "Family and Significant others":

Family and significant others may include the following entities:

1. Caregivers
2. Siblings
3. Grandparents, great or great-great grandparents
4. Uncles or aunts
5. Current or former spouses of either caregiver
6. A stepparent
7. Or possibly other individuals with whom the child and family have a relationship and consider part of their extended family, an example would be a "hanai" uncle, who is not related by blood, but nevertheless is considered a family member by the family.

C. Other types of "family support":

Consideration should also be given to the child and family support system which may include the following:

1. Friends
2. Churches
3. Organizations
4. Schools

D. Sources of information:

Sources of information regarding the above are:

1. The client family, both caregivers and children
2. Agency records
3. Extended family
4. Collaterals

Information should first be sought from the client family, to protect the confidentiality of the family from those family members with whom the family has a strained relationship. In the event the family is reluctant to share information, the CWS social worker should explore other sources of information about the family such as the reporter, the child's doctor, and other entities which may be able to provide information which will be useful in planning for the child.

The CWS social worker should attempt to get a written consent from the legal parent(s) to share information with other family members or significant others. If the family refuses to provide consents, the CWS social worker is able to discuss the situation with any family member or significant other who, in the opinion of the CWS social worker, will be able to provide support or resources for the child and his/her family. However, the CWS social worker should inform the parents before contacting others.

(Refer to PART 1, Section 2, **CONFIDENTIALITY**)

E. Appropriate extended family and significant others involvement:

In the event family and significant others are being considered as resources to the family, the decision to involve either family or significant others should include the following considerations:

1. Does the family member or significant others have a CPS history (confirmed reports or other type of involvement)?
2. Are there any reports of criminal activity?
3. Are there any reports of substance abuse, either drugs

or alcohol?

4. Are there any reports of domestic violence or other types of violent behaviors?

If any of the answers to questions #1-4 is "YES", then the CWS social worker needs to re-evaluate whether to consider this resource by looking into whether there are extenuating circumstances that led to the YES answer.

5. Have they offered or provided support to the family in the recent past?
6. Do they have a positive relationship with the child and family?
7. Does the family trust and respect them?
8. Will they maintain confidentiality?
9. Will they follow directions?
10. Will they inform the CWS worker if there are concerns?
11. Are they willing to assist?
12. Do they have the time to assist?
13. Do they have the capacity to assist?

If any of the answers in # 5-13 is "NO", then careful consideration should be given before approaching that family member or significant others for assistance. As with answers to # 1-4, the CWS social worker will need to look into whether there are extenuating circumstances that led to a NO answer.

4.7.5 Documentation

CWS social workers should document all their efforts to monitor the progress of the client. Ongoing dictation should include all person-to-person contacts, all collateral contacts and all supervisory conferences when case direction is discussed.

(Refer to Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING**, for specifics regarding how to

maintain a log of contacts.)

CWS social workers also need to follow up personal contacts with written confirmation letters as to what was discussed. This type of written follow up is necessary when the consequences of non-compliance by the family is discussed.

When the CWS social worker prepares their case plan/court report, they need to submit to the court copies of all letters to clients, copies of psychological evaluations, copies of progress reports, and any other documentation they deem needed. CWS social workers always need to remember that only **copies** of reports are to be shared. Originals are always to be retained in the case file.

4.7.6 Monitoring responsibilities of transferred CWS cases

How and when a case is transferred from one CWS unit/worker to another is pursuant to section procedures. Once a case is transferred, the following will apply.

When a case is transferred from one CWS unit (not inter-island) to another, or from one CWS social worker to another **and the case has been assigned to a new CWS social worker**, the newly assigned CWS social worker is responsible for **all** the case activities needed for the family.

There are situations that need specific clarification.

i. Court involvement

If there is an outstanding petition or other legal matter brought before the court by the previous CWS social worker, it is still the responsibility of the petitioning CWS social worker to sustain the allegations. However, the role of the previous CWS social worker will be as a witness in the matter, not the ongoing CWS social worker. The new CWS social worker will work with the DAG to prepare for court to insure that all documents are submitted and all necessary Information has been shared. It is important for the family to accept that their case has been assigned to a new CWS social worker and that the new CWS social worker is making the case decisions.

Any exceptions to the previous CWS social worker acting

as only a witness in the court matter are to be decided on a case-by-case basis by the CWS unit supervisors involved.

ii. Payment of outstanding bills

CWS social workers and unit supervisors who authorize any one-time only service and the funds to pay for that service, such as a drug assessment, are responsible for insuring that the bills that are generated from that service are paid, even if the bills are generated after the case is transferred.

Prior to the transfer of a case, the CWS social worker can enter a CPSS CA50 with the basic information regarding the services. If the service was completed but the bill has not yet been received, the termination date is to be left empty. The PC30 will then list the service as waiting for authorization. Once the bill has been received by the initiating unit, that unit supervisor is to reassign the case to the unit, via the WA10 screen on the CPSS, enter the CU50 and PC30 screens, terminate the service and authorize the payment. If the payment is to be made by a Purchase Order, the Purchase Order information is to be entered into the CPSS and the physical Purchase Order is to be initiated and processed. After the PC30 has been authorized, the supervisor is to use the WU10 to expunge the assignment which will reassign the case back to the transferred unit.

If the service has been determined needed but not initiated prior to transfer, the CA50 screen is not to include the vendor code or the initiation date. When the service has been activated, completed and a bill received, the procedures outlined above are to be used.

It is the responsibility of the CWS unit that receives an invoice to insure that it is routed to the correct CWS unit for payment.

Unit supervisors can decide, on a case-by-case situation whether there is to be any change in the payment of a bill.

4.8 COURT INVOLVEMENT

The CWS social worker needs to know when to utilize the Family Court in order to protect a child. Not all cases need initial court involvement, but when the harm is serious or when the family's non-cooperation places a

child at risk, court intervention is required. **(For specifics please refer to Part III, Section 6, LEGAL INTERVENTION).**

The CWS social worker is to petition the court for Family Supervision in voluntary family maintenance cases when the family has not successfully complied within six months of entering into a voluntary service plan. For children in out of home placement, the CWS social worker is to petition the court for Foster Custody if the child is not returned within 90 days.

Once a CWS social worker determines that court intervention is necessary, the court becomes part of the protective team. The court is an unbiased third party whose role is to review all attempts by the family, as well as the department, to provide a safe home for the child.

4.8.1 The court process

The specific process of court involvement is outlined in HRS 587a, The Child Protection Act. The social worker needs to be aware of the process as he/she will be expected to follow the steps as delineated in the statute.

- A. Petition the court
- B. Court takes jurisdiction
- C. Disposition is determined based on safety of the child
- D. Service plan is ordered
- E. Periodic review hearings are held to assess the progress of the family, to be held within six months of the initial date of entry into out-of-home care and at least every six months thereafter.
- F. A permanency hearing is held within twelve months of the child's initial date of entry into out-of-home care or within thirty days of a judicial determination that the child is an abandoned infant or that aggravated circumstances are present and reasonable efforts to reunify a child and family are not required. The status of the child shall be reviewed at least every twelve months thereafter for as long as the child remains in out-of-home care under the placement responsibility of the department.

Date of entry into foster care means the date a child was first placed in foster custody by the court or sixty days after the child's actual removal from the home, whichever is earlier. (587A-4)

Permanency planning is addressed at the permanency review hearing either with a motion for Permanent Custody to terminate parental rights or a decision by the court that Permanent Custody to terminate parental rights at that time is not in the best interest of the child. If a child has been in out of family placement for 15 out of the most recent 22 months, this type of decision must be made.

- G. If the family is successful in making the changes necessary to provide a safe family home for their child, court jurisdiction is terminated.
- H. If the family is not successful, then parental rights are terminated and the child is either later adopted, is given a legal guardian or remains in long term foster care.

4.8.2 Court reports

The CWS social worker is expected to keep the court informed of progress the family is making. The department requires that the CWS social worker complete a case plan every six months. The case plan must meet the criteria as cited in Part III, Section 3, **FAMILY CASE PLAN**.

For children in out of home care, the case plan must contain specific elements as required by P.L. 96-272. These elements include insuring that the child is in the most appropriate setting, that services to the child are in the plan, that services to the foster parents are in place, that the court reviews the case every six months, and that permanency is reviewed in a timely manner. When the CWS social worker does not complete the case plan pursuant to procedures, the child is not afforded the best plan and the court is not afforded the information necessary to make sound decisions. The State is also required to follow the criteria in P.L. 96-272 or special funding for children in placement will be denied to the State.

According to 587-40 HRS, the CWS social worker is to complete a report based on the Safe Family Home Guidelines. The social worker is also to submit reports to the court, as ordered, **on time** or inform

the court why the ordered date of submittal cannot be met. Each respective circuit has procedures relating to late reports and the CWS social worker must be aware of the procedures and follow them.

Although CWS social workers may sometimes feel that the requirements of the court are burdensome, the future of a child and a family is being decided based on the information given to the court. Following the court mandates as well as the State and Federal statutes insures objectivity.

4.8.3 Notices

When the CWS social worker determines that a case needs the oversight of the Family Court, it is crucial that appropriate notice of the court hearings are provided to all parties. If a child is in out of home placement, foster parents must also be noticed.

Notice is provided to the parents through the court (during court hearings) or through their attorneys, if they have an attorney. When the CWS social worker completes his/her case plan/court report, a copy of that report is sent to the attorneys, GAL, DAG with the **original report** being submitted to the court. If a parent does not have an attorney, the CWS social worker must insure that a copy of the case plan/court report is sent to the parent directly. (The departmental copy of the case plan/report is kept in the case record, filed in Part I of the case file.)

4.9 HEALTH SERVICES FOR FOSTER CHILDREN

4.9.1 Pre-placement physical

- A. As a requirement for admission into a foster family boarding home, the child shall have a physical examination by a licensed physician within 48 hours prior to placement or, in emergency situations, within 24 hours after placement. For admission into group homes or child caring institutions, the physical examination may be done 2 weeks prior to admission.
- B. The physical exam is to indicate the absence of any communicable condition, known allergies, physical handicaps or limitations, and specific health needs.
- C. Pre-Placement examination instructions for children removed

AFTER business hours:

Oahu CWS staff:

1. Whenever possible, all attempts should be made to ask the parents or the child where their primary medical facility is located and to utilize that facility (e.g. Kaiser, military). If not possible, take the child to the nearest medical facility (ER) for the pre-placement examination and to receive inpatient and ER services, including medication dispensed via the ER, if "medically necessary". Facilities generally used include Kapiolani Medical Center ER, Castle Medical Center ER, Wahiawa General Hospital ER, Waianae Comprehensive Health Center ER, Tripler Army Medical Center (TAMC) ER for military clients, and Kaiser Moanalua ER for Kaiser clients.
2. Provide the medical facility with:
 - a. The police booking paper, **or**
 - b. The voluntary consent signed by parents; **or**
 - c. A copy of the Family Supervision order when a child under Family Supervision is being placed into foster care.
3. Use the DHS ID badge to obtain services in order that the hospital may bill the Department for medical services provided or provide the facility with the child's medical card, if available.

CWI supervisor has a pager # of all key hospital executives who may call the Emergency Room and order the service if necessary.
4. Submit an application for medical coverage no later than the next work day (refer Section 4.9.8).

Neighbor islands:

1. Whenever possible, all attempts should be made to ask the parents or the child where their primary medical facility is located and to utilize that facility. Take the

child to the nearest medical facility (ER) to receive inpatient and ER services, including medication dispensed via the ER, if "medically necessary."

2. If requested, provide the medical facility with:
 - a. The police booking paper; **or**
 - b. The voluntary consent signed by parents; **or**
 - c. A copy of the Family Supervision order when a child under Family Supervision is being placed into foster care.
3. Submit an application for medical coverage no later than the next work day (refer to Section 4.9.8).

Maui / Molokai / Lanai (POS): [On call Stand-by services]

Whenever possible, standby/on-call POS staff who place children into emergency foster care should obtain the following information from the parents/caregivers/child and provide the information to the emergency shelter/foster home parent at the time of placement, and to the CWS worker on the first working day after placement:

1. Name, address and phone number of the child's physician, dentist and other health/mental health providers;
2. Child's medical insurance plan and coverage (include name of subscriber, membership number, child's family member ID, if available);
3. Any particular medical/dental/mental health problems that need attention;
4. Any medications or aerosol machines the child needs;
5. Any known allergies, including but not limited to food, medication, bee stings.

Upon receipt of the information, the CWS worker should submit an application for medical coverage for a foster child as specified in Section 4.9.8.

- D. Pre-Placement examination instructions for children removed **DURING** business hours.
1. Wherever feasible, obtain information regarding the family's medical coverage by asking the parent or child.
 2. Access the HAWI system to determine or verify whether the child is currently receiving financial and/or medical assistance. If the child is a newborn, check the mother's name to determine whether the mother is active with HAWI as the infant is added to the mother's medical case for the first 30 days if the mother was enrolled in a health plan.
 3. **Child active In HAWI (Hawaii Automated Welfare Information System) system (active medical coverage):**
 - a. Document the following information:
 - i. Health plan the child is enrolled in;
 - ii. Child's client ID number;
 - iii. Active IM unit and worker code, as applicable.
 - b. Obtain the child's existing health plan card (or xerox a copy of the card) from the child's parent/caregivers for use until the child is removed from the existing financial or medical plan and approved under his/her own medical plan.
 - c. During regular office hours, contact the child's health plan and identify the child as being in foster care. If necessary, obtain the name of the child's primary care physician (PCP). Schedule an appointment for a pre-placement physical. Share any information that is requested.
 - d. If the PCP is unable to see the child within the specified time frame, contact the child's health plan to:
 - i. Request that the child be seen by another

- ii. provider within that health plan; and
Receive authorization from the plan for this (if a visit to another PCP is not authorized by the plan, the claim may not be paid).

Each plan has agreed to assist in finding a plan-enrolled physician to perform the pre-placement physical, taking into consideration the service need, location of the child and availability of a plan-enrolled physician in the area.

- e. Wherever possible, the child should continue to be seen by the child's PCP or a provider participating in the medical plan the child is enrolled in until the plan is changed. The provider is responsible for complying with plan requirements in rendering services to the child.
 - f. For a child active with QUEST who is hospitalized at a non-participating hospital (hospital that is not part of the plan's network) and who will be discharged and placed into foster care:
 - i. Obtain the confirmation letter that identifies enrollment in QUEST from the MQD worker prior to or the day the child is discharged.
 - ii. Give the confirmation letter to the billing office or accounting section at the time of discharge to allow the hospital to process the claim with the appropriate QUEST plan.
 - iii. The hospital will accept the confirmation letter from DHS as verification of the child's enrollment and will process the claim.
4. **Child covered under parent's private (TPL - Third Party Liability, non-Quest) medical plan:**
- a. Access the parent's medical plan to obtain medical services for the child, including the pre-placement physical examination. Obtain information such as: name of subscriber, membership number, client's family member ID (if available), PCP/PCD (if available).

- b. If the providers are unwilling to provide

services, a medical application must be completed immediately and hand carried to the nearest MQD/IM/FED (Federal Eligibility Determination Unit/FC-IM worker, or FAXED to the nearest MQD Unit (refer to Section 4.9.8).

5. **Child with no medical insurance coverage:**

- a. Immediately complete medical application form and hand carry to the nearest MQD/IM/FED Unit/FC-IM worker or FAX to the nearest MQD unit. (Refer to Section 4.9.8).
- b. Contact medical providers to schedule medical appointments, including pre-placement physical examination.
- c. Inform the provider that the medical services will be paid on a fee-for-service Medicaid rate until medical coverage is approved.

E. **HIV testing:** During the pre-placement physical, inform the physician of any high risk behaviors of the child so that the physician can decide if testing for HIV seropositivity is necessary. These are the following high risk factors: a) the child has been known to engage in unprotected sexual activity with multiple sexual partners; b) the child has been using illicit injectable drugs; or c) the child was born of an infected mother.

F. If a child is identified either as a carrier of or infected with Hepatitis B or HIV, share this information with the foster parents and follow the special protocols in Part 1, Section 2, **CONFIDENTIALITY**.

4.9.2 Maintaining a primary care physician (PCP) who will be responsible for providing routine health care and for making referrals to specialists, if needed

A. Whenever possible, maintain the primary care physician who was seeing the child prior to the child's removal from the home. This assures continuity of care and medical follow up. Only if it is not in the child's best interest to maintain the child's physician should the child see another doctor.

Convenience of the caregiver is not a valid reason.

- B. If the primary care physician should change, note that change on the DHS 1642, "Child's Information and Visitation Plan" and on the CU 24 screen under "Family Doctor". Also, inform the new physician of the name of the previous doctor and ensure that the medical record from the first doctor is transferred to the new doctor.

4.9.3 Obtaining, providing, and maintaining a complete health record on the child

- A. To ensure good health care, obtain as much information as you can from the parents when the child is removed. Minimally, ask for the following information:
 - 1. Name, address, and phone number of the child's physician, dentist, and other health/mental health providers;
 - 2. Child's medical insurance plan and coverage (include name of subscriber, membership number, child's family member ID, if available);
 - 3. Any particular medical/dental/mental health problems that need attention;
 - 4. Any medications or aerosol machines the child needs;
 - 5. Any known allergies, including but not limited to food, medication, bee stings.

If the parents are uncooperative, request court orders that require the parents to provide that information.

- B. Fill in the CU 24 with the doctor's name under "Family Doctor", the child's medical/dental/mental health problems under "Medical Problem" and Medical Plan under "Special Instructions". If known, fill in the date of the last physical exam.
- C. For the foster parents' information, fill out the information in the health section of the DHS 1642, "Child's Information and Visitation Plan", including a phone number for the child's medical plan. (Refer to PART V, Section 7, **MEDICAL**

COVERAGE for a listing of phone numbers for QUEST plans).

- D. Give the foster parents the DHS 1642, and any other health related information, including confidential information, such as HIV or Hepatitis B status of the child. (Refer to Part I, Section 2, **CONFIDENTIALITY**). Keep a copy of the DHS 1642 in the case record.
- E. Inform the foster parents that upon the first day of placement, they may seek and obtain appropriate ongoing medical care, immunizations, if needed, and well-baby and well-child medical services.
- F. **Within 30 days of placement**, provide complete medical information in the department's physical custody and relevant social history to the foster parents and the child's primary care physician, if different from the physician the child had been seeing.
- G. Instruct the foster parents to take the DHS 1642, and any other DOE or DOH medical records to the doctor to consolidate and complete at the time the foster parents take the child for the comprehensive health assessment. Instruct the foster parents to maintain all medical records, dental records, Immunizations, and child's Medical Card in one place.
- H. For any child active in the child protective service system, physicians may share with other physicians, orally or in writing, or both, medical information without parental consent.
- I. Any records or information released to a foster parent, primary care physician, or any information shared by one physician with another physician shall remain confidential in accordance with the provisions of Part 1, Section 2, **CONFIDENTIALITY**.

4.9.4 Obtaining a comprehensive health assessment within 45 days of initial placement

- A. Instruct the foster parents/relative caregivers to arrange and take the child to a physician, preferably the child's family doctor, to complete a comprehensive health assessment within 45 days of initial placement if one was not completed within 45 days prior to the placement or if the child's primary physician does not agree that the child is in need of a

comprehensive exam as the child has had current and timely medical care.

- B. This assessment should include, but not be limited to:
 - 1. A health assessment history
 - 2. Immunization review and administration, including Hepatitis B Immunization if not previously given
 - 3. A complete physical exam
 - 4. Vision and hearing screening
 - 5. Assessment of oral health
 - 6. Tuberculin test for a child 15 years or older, if not done within the past year and if necessary, according to the state Department of Health recommendations
 - 7. Screening laboratory studies (Blood, Urine), when indicated
 - 8. Behavioral/Developmental Assessment (younger child)
 - 9. Drug and/or alcohol screening, if necessary
 - 10. Referral to a mental health professional, if indicated (older child)
- C. If this comprehensive health assessment is not being completed by the child's physician, the child's medical records from the child's family physician shall be obtained or be made available to the new physician. Information can be shared between physicians for a case active in the child protective service system without parental consent.
- D. If the child is projected to still be in an ESH 45 days after the INITIAL placement, it will be the responsibility of the CWS social worker or CWS staff to arrange and take the child for the comprehensive medical exam.

4.9.5 Obtaining on-going health and dental care of children

- A. Following the Comprehensive Health Assessment, follow up on

any medical needs and referrals to specialists.

- B. Instruct the foster parents to make an appointment for a thorough dental exam, if the child has not had an examination within the last six months, preferably with the child's same dentist. If not the same dentist, arrange for the dental records to be forwarded to the new dentist. Instruct the foster parents to arrange for the child to be seen semi-annually for a dental examination.

- C. All infants and toddlers under 3 years of age shall be referred to H-KISS, the Zero to Three Information Service System, so a care coordinator can be assigned to assess the child's health and developmental needs. Some of the children may have been referred to H-KISS by the hospital at the time of birth or by a pediatrician. If the child has an assigned Public Health Nurse (PHN), then the child is already known to H-KISS as PHNs are case coordinators. If it is not known if the child has been referred, refer the child to the Zero to Three Hawaii Project as every infant and toddler under 3 years of age known to CPS is eligible for services as an environmental risk.

For Oahu, call 955-7273

For Neighbor Islands, call 235-5477

- D. Minimally, every 6 months, the CWS social worker shall review the child's health status to determine that the child is receiving appropriate services for any medical, dental, or mental health conditions. If necessary, consult with the team regarding any questions relating to the child's medical needs.

- E. Every year the child shall have an annual physical examination by a licensed physician. This exam is to ensure the absence of any communicable condition, known allergies, physical handicaps or limitations, and specific health needs. The annual physical examination shall also include a tuberculin test for a child 15 years or older if not done within the past year and if deemed necessary by the physician. For younger children up to age 2 years of age, the doctor's schedule of visits shall be followed.

4.9.6 Protocol for children having HIV seropositivity

- A. The child's HIV status shall only be released by the CWS social worker, the CWS supervisor, or the administrator.

- B. Refer to Part I, Section 2, **CONFIDENTIALITY**, for information as to the conditions under which information related to the HIV status may be released and the requirements for the individual receiving the information.

4.9.7 Protocol for children with Hepatitis B

- A. For any child identified either as a carrier of or infected with Hepatitis B, the Hepatitis B Section, Communicable Disease Division, Department of Health will be notified immediately by the attending physician.
- B. Should a foster child be identified as a carrier for Hepatitis B, the Hepatitis B Section, Communicable Disease Division, the Department of Health will screen household contacts and will provide vaccine free of charge for those who are unable to pay for it. Contact the Hepatitis B Section (DOH) to initiate screen and vaccine services and other technical assistance for the department's employees and foster parents.
- C. The child's/family's primary care physician will be responsible for the actual administration of the vaccine. If such a provider does not exist, assist the clients and other affected individuals, if necessary, in contacting the Hepatitis B Section, Communicable Disease Division, Department of Health, to arrange to receive the indicated vaccinations.
- D. The vaccination schedule spans six months and consists of three shots (initial, one-month, six-months) and all three must be completed in order to be effective. Monitor the immunization status to ensure it is being followed. The Department of Health can be called by an ongoing CWS social worker, for the immunization status of any of the DHS clients whose immunization schedule is being monitored by the DOH's Hepatitis B Program.
- E. Refer to Part I, Section 2, **CONFIDENTIALITY**, for information as to the conditions under which information related to Hepatitis B may be released and the requirements for the individual receiving the information.

4.9.8 Procedures for medical coverage

An application for medical coverage should be made for all children

under DHS placement responsibility, including children covered under other private medical coverage. At a minimum, the DHS 1100, "Application for Medical Assistance", must be date stamped received by the MQD/IM/FED Unit/FC-IM worker on the date of placement, or in emergency situations, by the first work day after placement.

4.10 DEFINITION OF AND SERVICES TO FOSTER PARENTS / CAREGIVERS

4.10.1 Different types of "foster custody" placements

Pursuant to 587-2, Hawaii Revised Statutes, "family home" is the home of the legal custodian of the child and "foster custody" is a status created when the family is not able to provide the child with a safe family home.

Whenever the child is residing in the same home as his/her parent, the parent is the responsible caregiver for the child, not other relatives who may also reside in the home. The legal status of foster custody does not mean the caregiver is entitled to foster board payments as foster custody also applies when a child is placed with a parent who does not have legal custody.

For clarification: **legal non-custodial parent** can be either a divorced parent or an adjudicated parent who was not awarded custody of the child. A **presumed** parent is listed on the birth certificate but has never been adjudicated. An **alleged** parent is the individual named by the other parent as a birth parent for the child. The alleged parent's name is not on the birth certificate and has not been adjudicated.

Different types of "foster custody" placement and payment situations are as follows:

- A. When a child is removed from his/her legal custodian and placed in a non-relative home, the legal status is foster custody and the caregiver is considered a foster parent. (licensed and paid)
- B. When a child is removed from his/her legal custodian and placed with a family member who is not the legal, presumed or alleged parent, the legal status is foster custody and the caregiver is considered a family/relative foster parent. (licensed and paid)

- C. When a child is removed from his/her legal custodian and placed with his/her legal, but **not custodial parent**, the legal status is foster custody, but the non-custodial parent is not considered a family/relative foster parent, even though he/she must comply with the licensing criteria of a special licensed foster home. (meets standards of being licensed, but NOT paid)
- D. When a child is removed from his/her legal custodian and placed with his/her **presumed or alleged parent**, the legal status is foster custody but the presumed or alleged parent is not considered a family/relative foster parent, even though he/she must comply with the licensing criteria of a special licensed home. (licensed but NOT paid)
- E. When a child is placed in the home of a relative or other family member **and the custodial parent returns to the home**, the status of foster custody is no longer in effect. When a legal custodial parent is in the same home as the child, the legal status changes to family supervision. If the parent's contact with the child needs to be supervised, then the parent is to leave the home or the child is to be removed if the parent remains. (Payment CEASES when the legal custodial parent moves into the home)
- F. If a family member moves into the family home to prevent removal of the child, the legal status continues to be family supervision, as the legal custodial parent is in the home, not foster custody. That family member is not considered a family/relative foster parent. (NO license, NO payment)
- G. When a child is placed in the home of a family member, and the **non-custodial, presumed or alleged parent ALSO** lives in the home, the legal status is foster custody, but as the parent is in the home, the placement is with the parent, not the relative, even if the home belongs to the relative, not the parent. The relative is not considered a family/relative foster parent. The non-custodial parent must comply with the licensing criteria. (licensed but NOT paid, same as # C and # D)
- H. When the legal, custodial parent is incapacitated, needs 24 hour care and that care is being provided by the same family member who is also providing a placement for the child, a

consultation needs to be made to Program Development as to whether the family member can be considered a family/relative foster parent. (Possible license and possible payment)

4.10.2 Services to non-custodial, presumed, alleged parents

When a child is placed with the a non-custodial parent, whether that parent is a legal, presumed or alleged parent, the CWS social worker needs to assist that parent in meeting the needs of the child.

- A. If the parent has not been adjudicated, the CWS social worker will request that the parent comply with all the application requirements to establish paternity within 30 days of the placement or the child may be removed from the home.
- B. The CWS social worker, CWS staff or service provider, should maintain monthly contacts with the child and the non-custodial parent to assist in care of the child, with the CWS social worker making face-to-face contact with the child and the parent once every 60 days.

The CWS social worker MUST assess the ability of the non-custodial parent as to their commitment to the child and to his/her ability to provide a permanent home if the legal custodial parent is not able to make the needed changes within the stated time frames outlined In the case plan. The CWS social worker is to also assess the adjustment of the child to living with his/her non-custodial parent.

- C. Provide information to the non-custodial parent in how to apply for financial assistance. As the non custodial parent IS the parent of the child, it is his/her responsibility to meet the needs of the child on his/her own or with community support.
- D. Assist the legal non-custodial or presumed parent in requesting an attorney in the 587 Hawaii Revised Statutes hearings in Family Court. Ensure that his/her position is presented to the court.
- E. If the non-custodial parent is able to safely meet the needs of the child, request guidance from the assigned DAG as to how to have the paternity/divorce case held in conjunction with the CPS case to allow the non-custodial parent the opportunity to request that custody of the child be awarded to him/her, if

such action is in the best interest of the child.

- F. Ensure that the legal non-custodial parent is a party of the child protective proceedings and that he/she receives all the reports and other information concerning the safety and needs of the child.
- G. Foster board payments are **NOT** to be made to non-custodial parents. As the child is under the Foster Custody of the department, the CWS social worker needs to insure that the child has medical coverage, either through Med-QUEST or through the parent.

4.10.3 Services to family / relative foster parents

It is essential that complete information is provided to foster parents, whether family or non-family, for each child placed in their home, to ensure that the optimal placement for each child is realized.

As the substitute caregiver, the foster parent shall be provided the following for each child placed in the home:

- A. Information regarding the abuse/neglect the child suffered and any special needs of the child that is known to the caseworker at the time of placement.
- B. Information as to the medical coverage and the means to access medical care for each child within 24 hours of placement.
- C. A copy of all medical information regarding the child, in the possession of the department, must be provided to the foster home within 30 days of placement to assure the child is provided adequate medical care.
- D. Foster board payments, (\$529 per child) initiated within 7 days of placement. (Not to be paid to non-custodial parents)
- E. Knowledge of difficulty of care (Special service) cost.

The determination of whether a child is eligible for difficulty of care payments should be a joint decision. The CWS social worker should first discuss any noted behaviors or concerns with the foster parent and determine if the child meets the

eligibility criteria. If the child is eligible, the worksheet and directions as to how to complete the worksheet should be explained to the foster parent. (Refer to Part V, Section 4 **FOSTER CARE RELATED AND DIFFICULTY OF CARE PAYMENTS.**)

- F. The CWS social worker must provide the foster parent a copy of the family's service plan that defines the foster parent's (caregiver's) role in the case direction. (Part 3 of the Family Service Plan)
- G. The foster parent should be provided ongoing assistance, support and information through face-to-face visits and frequent phone contact with the CWS social worker as well as access to the other essential CWS staff and the CWS unit supervisor. Contacts with foster parents should occur on a monthly basis and the frequency of face-to-face contacts will be dependent upon the needs of the child and the foster parent.
- H. Foster parents are to be noticed of all review hearings. The CWS social worker is to send a letter to the foster parents indicating the date and time of the court hearing. Attached to the letter is a copy of the family service plan, which also outlines the responsibilities of the caregivers. Foster parents (both relative and non-relative) have the right to attend the court hearings and voice any concerns directly to the court.

4.11 INITIATING PERMANENCY PLANNING

When the department files for the permanent plan hearing to terminate parental rights, it concurrently begins to identify, recruits, process and approve a qualified adoptive family for the child.

Factors that the CWS social worker needs to keep in mind when determining permanency planning for the child should be pursued:

4.11.1 Reasonable efforts

- A. When reasonable efforts are not required in a case, (by a judicial finding of "aggravated circumstances", refer to Section 4.5.2) a HEARING for permanent custody is to be **held within 30 days** of that decision.
- B. When reasonable efforts are in effect, the time frame allowed

for a family to effectuate reunification varies on the abilities of the family. The CWS social worker does not need to wait the entire 12 months before initiating a motion for permanent custody. After the court takes jurisdiction of a child, the department can proceed with permanency at any time prior to the 12 months if that action is determined to be in the best interest of the child.

4.11.2 Length of time in foster care

The department will file a petition (or, if such a petition has been filed by another party, seek to be joined as a party to the petition) for permanent custody in order to terminate the parental rights of a parent(s):

Whose child has been in foster care under the responsibility of the State for 15 of the most recent 22 months. The petition must be filed by the end of the child's fifteenth month in foster care. In calculating when to file a petition for termination of parental rights, the department:

- a. Will calculate the 15 out of the most recent 22 month period from the initial date of entry into foster care

Date of entry into foster care means the date a child was first placed in foster custody by the court or sixty days after the child's actual removal from the home, whichever is earlier. (587A-4)

- b. Will use a cumulative method of calculation when a child experiences multiple exits from and entries into foster care during the 22 month period
 - c. Will not include trial home visits or runaway episodes in calculating 15 months in foster care; and,
 - d. Need only apply section 475(5)(E) of the Child Protective Act to a child once if the department does not file a petition because one of the exceptions applies;
- A. Whose child has been determined by a court of competent jurisdiction to be an abandoned infant (as defined under State law). A permanency hearing must be held within 30

days of a judicial determination that the child is an abandoned infant and a petition to terminate parental rights must be filed within 60 days of the judicial determination that the child is an abandoned infant; or,

- B. Who has been convicted of: the murder of another child of the parent, voluntary manslaughter of another child of the parent, aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter, or committed a felony assault that has resulted in serious bodily injury to the child or to another child of the parent, or parental rights with respect to a sibling have been terminated involuntarily. Under such circumstances, a permanency hearing must be held within 30 days of the judicial determination that reasonable efforts to reunify family are not required and the petition to terminate parental rights must be filed within 60 days of a judicial determination that reasonable efforts to reunify the child and parent are not required.
- C. The department may elect not to file or join a petition to terminate the parental rights of a parent if:
 - i. The child is being cared for by a relative;
 - ii. The department has documented in the case plan (which must be available for court review) a compelling reason for determining that filing such a petition would not be in the best interests of the individual child;
 - iii. The department has not provided to the family, consistent with the time period in the case plan, services that the department deems necessary for the safe return of the child to the home, when reasonable efforts to reunify the family are required.

When the department files for the permanent plan hearing to terminate parental rights, it concurrently begins to identify, recruit, process and approve a qualified adoptive family for the child.

In the case where a child is subject to court ordered family supervision and the child is placed in out-of-home care by the department, a report shall be submitted to the court and a hearing held within ten days of the child's removal from the home, pursuant to section 587-2, HRS.

4.11.3 Permanent plan

- A. A motion for permanent custody cannot be filed unless the CWS social worker has completed a proposed permanent plan that identifies the proper permanency goal and the date of projected completion of that goal. (Concurrent planning)
- Permanency goals are:
- Adoption
 - Guardianship
 - Another planned permanent custody living arrangement
- B. The **initial** permanent plan is attached to the motion for permanent custody and must be signed by the supervisor of the CWS social worker/unit that handles adoptions or youth services, depending on the permanency goal. The **initial** permanent plan must also indicate the date the PRT was held and the approval of the stated goal. (Please refer to PART III, Section 3, **FAMILY CASE PLAN**)
- C. In the case of a child with respect to whom the permanency plan is placement with a relative and receipt of kinship guardianship assistance payments, a description of:
- a. The steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
 - b. The reasons for any separation of siblings during placement;
 - c. The reasons why a permanent placement with a fit and willing relative through a kinship guardianship assistance arrangement is in the child's best interests;
 - d. The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment;
 - e. The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons therefore; and,
 - f. The efforts made by the State agency to discuss with the child's parent or parents the kinship guardianship assistance arrangement, or the reasons why the efforts were not made.

4.11.4 Permanency Review Team (PRT)

A permanency review team (PRT), which is an internal review team, will be the department requirement for all children determined to need adoption, legal guardianship or another planned permanent custody living arrangement. The PRT is to be physically set up by the respective sections. The panel members of the PRT are to be determined by the section. Each section is to set up the process to review cases in person or can be reviewed by a "paper" review by ALL panel members.

The PRT is not a panel set up to rubber stamp the work of the CWS social worker, rather the PRT panel is to objectively review the case, ask probing questions regarding the child, the child's needs, how permanency will be in the best Interest of the child, and how any proposed placement will meet the special needs of the child.

- A. By the 10th month of placement, the CWS social worker needs to complete the PRT worksheet and request a PRT to review the case. A PRT is required before any motion for permanent custody is filed, regardless of the permanency goal.
- B. For cases where "Aggravated Circumstances" has been determined, the respective sections will need to have a review process in place that will review, by the 15th day following the judicial determination, the initial permanent plan for the child in question. The plan is required for the permanency hearing, which must be held within 30 days of the judicial decision that reasonable efforts to reunify the child are not required..
- C. The PRT is to help CWS social workers review their efforts at reunification and to also discuss the concurrent plan that should be in effect for the child in question. If the members of the PRT agree that permanency is in the best interest of the child, then the goal of the proposed permanent plan needs to be discussed.
- D. Concurrent planning is to be in effect for all children in foster care. The activation of the plan is to be done once it is apparent that the family is not able to make the changes needed to provide a safe family home. During the PRT, the CWS social worker is to appraise the panel members of the concurrent plan and the possible permanent placement options available for the child in question.
- E. The PRT is to assure that if another planned permanent custody living arrangement has been identified as the plan for

the child, that the compelling reason has been identified and documented to the court and that it would not be in the best interest of the child to be reunified, adopted, placed in a legal guardianship, or permanently placed with a fit and willing relative. (See Section 6.2.3-G.)

4.11.5 Involvement of the family / child in the decision

When a determination that termination of parental rights will be pursued by the department through permanent custody, the parents whose rights will be terminated, as well as the child, need to be informed of the decision and made a part of the planning process:

A. The child:

Before including a child in the permanency process, the CWS social worker needs to determine whether the child is emotionally able to understand the full meaning of permanency. The CWS social worker should consult with the child's therapist, if one is involved, or consult with the MDT therapist, for guidance as to the extent the child should be involved. For the child who is old enough to participate, the CWS social worker must decide how to inform the child of the plan. The CWS social worker may meet with the child alone or can request the assistance of the therapist, foster parent or family member. The discussion can include, but not be limited to:

1. What termination of parental rights means.
2. What effect the termination of parents rights will have on the child.
3. Inform the child of future plans for a permanent home.
4. Explore with the child any plans for future contacts with extended birth family.
5. A forum for the child to express fears, concerns, and feelings.
6. Give the child an opportunity to participate in the permanent plan.

For all children who are age 14 and above, they need to

consent to the proposed permanent plan, pursuant to 587A-33, Hawaii Revised Statutes. If a child has attained 14 years of age, the permanency plan developed for the child, and any revision or addition to the plan, shall be developed in consultation with the child and, at the option of the child, with not more than 2 members of the permanency planning team who are selected by the child and who are not a foster parent of, or caseworker for, the child, except that DHS may reject an individual so selected by the child if DHS has good cause to believe that the individual would not act in the best interests of the child, and 1 individual so selected by the child may be designated to be the child's advisor and, as necessary, advocate, with respect to the application of the reasonable and prudent standard to the child.

B. The parents/legal guardians:

The decision to terminate parental rights should not be a surprise to the parents/legal guardians. The parents or legal guardians must be fully informed and provided the opportunity prior to the motion for permanent custody to resolve the safety issues in the home. Concurrent Planning procedures include alerting the family from the **beginning** of the child's out-of-home placement of the consequences of permanency if they are unwilling or unable to effect reunification.

The parents should be given the opportunity to participate in the plan for their child's future, unless their participation will cause problems for the child. If possible, prior to the award of permanency, they should be provided the opportunity to deal with their grief and loss in a therapeutic setting.

4.11.6 Responsibility of the adoption worker prior to permanency

[DEFERRED]

4.11.7 Documents the CWS ongoing social worker needs to secure prior to permanency

- A. When a child is initially placed, as part of the concurrent planning process, the CWS social worker should give the parent a packet of forms that includes requests for medical background information (NFN-DOH, "Medical Information"), on BOTH parents; informational summary on the rights of the

parents if their child is adopted, titled "Notice regarding 1991+ adoptions" (578-15, Hawaii Revised Statutes) and an affidavit, to be signed by EACH parent acknowledging receipt of the adoption information or their refusal to sign the affidavit; as well as a consent for the mother to sign to get medical information on the mother when she gave birth to the child who was placed. (DOH "Medical Record Release Form").

- B. The CWS social worker is to have the parent sign a memo that they received the information. The CWS social worker is to place the signed acknowledgment in an envelope and place it in Part III of the case folder.

As parents may not keep in touch with the social worker, it is important to give the information packet to the parents as soon as the child is placed, when they are available. Having the parents understand the reality of what may happen within 12 months is part of the concurrent planning process.

- C. If the parent does not return the medical information forms, the CWS social worker can ask the court to order the parent to complete the forms prior to leaving the court house.
- D. All efforts to secure the medical information, including sending the packet by registered mail, needs to be completed prior to the permanency hearing as the whereabouts of the parents may become unknown once permanent custody is awarded.
- E. It is the responsibility of the CWS social worker to try to get the medical information and if all attempts fall, to document the attempts in the case record. When the case is transferred to the adoption worker/unit, the transfer summary should include all attempts to secure the medical information as well as attempts to serve the parents with their rights regarding adoption.

4.11.8 Completing the permanency process

Once the PRT approves the goal of the permanent plan, the CWS social worker can then proceed with the filing of the motion for permanent custody according to the requirements of each respective circuit. (Refer to Part III, Section 6, **LEGAL INTERVENTION**.)

Once the CWS social worker has completed all the steps for permanency, including following the respective circuits procedures

for motioning for permanency, the court will decide whether the proposed plan is in the best interest of the child. When the court does order permanent custody, the parental rights of the parents are divested.

4.12 ADOPTION SERVICES

4.12.1 Eligibility for Adoption Services

Adoption services are available to children who: 1) are legally free; 2) are in the process of becoming legally free; or 3) will likely become legally free based on the parents' past family history or seriousness of the abuse and/or neglect.

4.12.2 Information Needed On Child and Parents for Adoption Placement

Thorough and accurate information on the child is a critical component of the adoption process. This information assists potential families in making an informed decision regarding the child. It also provides information to the child regarding his/her background. This information should be gathered as early as possible by the CWS social workers who have contact with the birth parents and others who know the child because later it is more difficult to make contact with these people.

The following is the type of information that is useful in the adoption process. Most, if not all, should be included in the child's record through the Safe Family Home Reports, as well as medical records already retrieved by the CWS social worker prior to permanency.

- A. Identifying Data: Name, Date of Birth, Ethnicity, Sex and Religion
- B. Physical Data: Any health problems, disabilities, unusual characteristics
- C. Child's Legal Status: Date original Jurisdiction assumed; current legal status
- D. Child's Life Experiences:
 - 1. Experience with biological family:
 - a. Family members;

- b. Reason for removal, if neglect/abuse;
 - c. Reason for relinquishment, if applicable;
 - d. Age of child at time of removal; and
 - e. Child's reaction to removal.
 - 2. Experience in out-of-home care:
 - a. Current placement;
 - b. History of prior placements;
 - c. Reason for removal(s), if applicable;
 - d. Adjustment to placement(s); and
 - e. Current functioning.
- E. Educational History:
 - 1. Grade placement;
 - 2. Academic performance; and
 - 3. Special needs, if any.
- F. Significant Relationships/Ties with Parents, Siblings, etc.
- G. Developmental History:
 - 1. Prenatal, note any abnormalities, if known; and
 - 2. Details of delivery, note any abnormalities, if known.
- H. Health History (Physical and Mental):
 - 1. Illnesses and hospitalizations
 - a. Diagnosis and treatment;
 - b. Age at onset;

- c. Duration; and
 - d. Prognosis.
 - 2. Record of Immunizations
 - 3. Current health
 - 4. Health history of biological family
 - a. Maternal family
 - b. Paternal family
- I. Records Available for Review - e.g. psychological, medical, etc.
- J. Any other significant information – e.g. child's attitude toward adoption, need for continuing contact with significant others, talents, interests, etc.

4.12.3 Special Considerations in Adoption Planning

- A. Placement Consideration:
 - 1. Relatives who meet the departments foster boarding home and adoptive home study requirements shall be considered first when the child becomes eligible for adoption. As much as possible, the child should have been placed in this relative's home as soon as possible.
 - 2. The department shall not delay or deny the placement of a child under the jurisdiction of the Department for adoption when an approved family is available out-of-state. Individuals who believe an adoptive placement has been delayed or denied due to where they reside shall be afforded the opportunity for a fair hearing pursuant to HAR 17-1602.
 - 3. When there are no available or appropriate relatives, identified foster parents who have cared for a child continuously for the last ten months or more shall be considered second. The adoption worker will need to consider the ability of the foster parent to meet the long term needs of the child through a commitment of

adoption before giving consideration to other adoptive families.

4. If a relative is interested in adopting a child who has lived in a non-relative foster family for a period of time, the best interest of the child shall be evaluated.
5. The department shall not delay or deny to any person the opportunity to become an adoptive parent, on the basis of race, color, or national origin of the person, or of the child involved. However, the cultural, ethnic, or racial background of the child and the capacity of the adoptive parent(s) to meet the needs of the child of such background may be considered as factors when making a determination of placement that is in the best interest of the child.

B. Special Needs Children

1. A child with "special needs" is defined as a child who cannot be placed for adoption without adoption assistance payments because of one or more of the criteria outlined in the HAR 17-944 and P.L. 96-272.
2. Children who meet the criteria for special needs may qualify for adoption subsidy. (Refer to Part V, Section 6, "Adoption Assistance for Children with Special Needs" for eligibility criteria and more information on adoption subsidies).
3. The "Application for Adoption Assistance", DHS 1570, including non-recurring adoption expenses, and the "Adoption Assistance Agreement, DHS 1578 must be submitted and the agreement must be completed prior to the finalization of the adoption.

C. Foster-Adopt Risk Placements

1. The family who accepts child(ren) who are not legally available for adoption placement must be informed that the goal of adoption may not be met and/or the child(ren) may be returned to the home of the parents,
2. Children in the custody of the Department who are not legally free for adoption may be placed, as a "foster

placement" with their potential adoptive parents.
Children may not be legally free for adoption because:

- a. The plan is adoption, but parental rights of one or both of the parents have not been terminated.
 - b. Parental rights have been terminated by the court of jurisdiction and parent(s) have appealed the decision to an appellate court.
3. It is imperative that the prospective adoptive parents be provided a written statement clearly describing the legal risk. The prospective adoptive parents shall be required to sign and date a statement to this effect.

4.12.4 Selection of Adoptive Parents

The following factors should be considered when selecting an adoptive family for the child:

- A. Relationship of child to the adoptive family - Relatives and foster parents who have cared for the child continuously for the past 10 months and who have developed a relationship with the child and who can meet the departments adoption approval standards.
- B. Accommodation of siblings, if it is in the siblings' best interest. Separation shall occur only when there has been careful documentation that such a separation would be beneficial to all the siblings involved. When siblings must be placed in separate families, arrange contact with each other. Adoptive families should commit themselves to this contact.
- C. Demonstrate understanding and ability to provide for the child's physical, mental, emotional needs.
- D. Age: Adoptive parents who are able to adapt to the needs of the children as they grow, change, and develop.
- E. Knows the importance of promoting a child's positive sense of identity, history, culture, and values to develop a positive self-esteem.
- F. Religion: The home shall provide opportunity for the child's religious or spiritual and ethical development. Religious

background alone shall not be the basis for the selection of a family for a child.

- G. When a child is not legally free for adoption, demonstrate understanding and acceptance of the risks involved that parental rights may not be terminated.
- H. Consent by children over 10 years old should be included in the decision when appropriate, pursuant to 578, Hawaii Revised Statutes.
- I. The department shall not delay or deny the placement of a child under the jurisdiction of the Department for adoption when an approved family is available out-of-state.

4.12.5 Adoption Process

The adoption process includes preparation, placement supervision/support, and finalization of the adoption. The length of the process will depend upon the age and developmental level of the child, knowledge and skill level of the adoptive parents, and the comfort level of the child.

- A. Preparing the Child and Adoptive Family for Adoption
 - 1. Adequate preparation of the child is critical to the lasting success of the adoption. Allow the child ample time and opportunity to deal with his/her feelings related to his/her separation from his/her current family, i.e., birth and/or foster family.
 - 2. Engage the child in all stages of the adoption process, beginning with identifying the type of family the child would like to be a part of.
 - 3. Observe the child's behavior and encourage the child to talk about his/her perceptions about the adoptive family during the pre-placement phase.
 - 4. Most children provide clear clues about their readiness and comfort level in proceeding with the adoptive placement. The following is a list of activities the CWS social worker can do or facilitate to ease the child's transition into the adoptive family's home:

- a. Share information with the child about the family. Include the following Information: a) location of home; b) nearest schools; c) other children in the home and ages; d) approximate age of parents; e) ethnicity; f) interests.
- b. Give child's non-identifying information to the adoptive parents.
- c. Arrange face-to-face pre-placement visits between child and adoptive family. The frequency, length and setting will vary based on the child's age, development and comfort level.
- d. Discuss each pre-placement visit separately with the child, current caregivers and adoptive family.

Deal with separation and grief issues and potential behavior problems with the adoptive family and with the child, if appropriate.

- e. Ensure that if child has attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the IV-E State plan, he/she must be a full-time elementary or secondary school student or has completed secondary school. The term "elementary or secondary school student" with respect to a child means:
 - i. Enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education,
 - ii. Instructed in elementary or secondary education at home in accordance with a home school laws;
 - iii. In an independent study elementary or secondary education program in accordance with State laws, which is administered by the local school or school district; or,
 - iv. Incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.

- f. Emphasize the child's ethnic/cultural needs with the child and family.
 - g. Encourage the child to share/discuss his past experiences with the adoptive family.
 - h. Encourage the adoptive family to allow the child to talk about the people who have cared for him/her and those he/she has cared about in the past.
 - i. Discuss with the child and family post-placement visits for the child with foster family and/or significant others.
 - j. Engage the child's therapist in the placement process.
 - k. Arrange a closure, "good-bye" visit between the child, parent, and caregivers.
 - l. Inform adoptive family about available support groups and encourage their participation.
5. For children not legally available for adoption, inform the child and the adoptive parents of what can be expected. The child, especially an older child, needs to know that this will become his/her permanent home only if his/her birth parents rights are terminated. The adoptive parents need to prepare that they may need to facilitate the return of the child to the home while preparing themselves as a permanent home for the child.

B. Preparing Child/Family for Adoption by Foster Parents

1. Even though a child has resided with a foster family for a significant period of time, a number of issues may arise once the child becomes available for adoption. It is imperative that the CWS social worker address these issues with the child and family to ensure a smooth transition from a temporary to a permanent relationship.
2. Adoption requires a permanent commitment by all parties and needs to be thoughtfully considered and agreed to by the child and family. It may be necessary

to refer the family and child to see a therapist (if one is not already involved), to assist them in making the decision.

3. The role of the department will change from case management to placement support. The foster/adoptive parent will be responsible for making decisions and arrangements related to the child's education, health care, and counseling.
4. Family dynamics may change as new roles, expectations and responsibilities evolve from the change of the child's status of foster child to adopted child.

C. Prospective Adoptive Agreement

1. Once parental rights have been terminated, and an award of permanent custody to the department **and** the adoptive parents have been identified, have the prospective parents sign the DHS 1613, "Agreement Between Department and Prospective Adoptive Parents".
2. Upon signing of this agreement, terminate the foster board payment unless:
 - a. The child is eligible for adoption subsidy; or
 - b. There are extenuating circumstances that board should continue. (e.g. It would place a hardship on a family receiving welfare assistance who cannot place the child on their budget until after the adoption is finalized.)
3. If the child is eligible for adoption assistance, adoption assistance payments may be paid upon submittal of the 1570, "Application for Adoption Assistance", and the DHS 1578, "Adoption Assistance Agreement," in addition to the signing of the adoptive placement agreement, DHS 1613. All of these forms must be signed prior to the court hearing granting the adoption.

D. Placement Supervision/Support

The primary purpose of placement supervision/support services is to assist the child and new family to become

assimilated as a family unit prior to the finalization of the adoption. Open and frequent communication between the CWS social worker, family and child is important so any concerns or problems are addressed immediately.

1. Frequency and type of contact

- a. **For children placed in a NEW home**, the CWS social worker is to make a special visit to the family and child within two to four weeks after placement, as this is essential in establishing a successful helping relationship. Interview the child separately.
- b. For all children in an adoptive placement, the CWS social worker should arrange regular interviews in the home. The frequency and duration of the home visits, office visits and phone contacts will depend on the needs of the adoptive family, and the special needs of the child, particularly if the child is older, disabled, medically fragile, emotionally handicapped or of a different ethnic or cultural group from the adoptive family. MINIMALLY, monthly contact is required.
- c. The CWS social worker is to be available for contact by phone to provide support to the child and family.

2. Timeframe for monitoring by CWS social worker

Generally, for a new adoptive placement, the supervision period is 6 months, but this period can be shorter or longer depending on the child and the adoptive parents.

E. Court Proceedings

1. Hawaii Revised Statute 578 sets forth the requirements and procedures for the adoption of a child which includes, but is not limited to the following: (Which should have been secured by the CWS social worker prior to the permanency order. Refer to Section 4.11.7)
 - a. Medical information on birth parents and the birth of the child. This information will be submitted

with the adoption packet. After the adoption is finalized, this information becomes part of the sealed Department of Health record, along with the certificate of adoption.

- b. Birth and adoptive parents are required to execute affidavits reflecting that they have received and understood the statutory information regarding the release of confidential information per HRS 578-15.
2. Fill out the forms required by the court and submit the entire packet to the Deputy Attorney General to file the petition for adoption. Work with the DAG to ensure that all the necessary forms and consents required in the respective circuit court are completed.
3. For purposes of adoption, the Court must be satisfied that: 1) the individual is adoptable; 2) the individual is physically, mentally, and otherwise suitable for adoption; 3) the petitioners are fit and proper persons and financially able to give the individual a proper home and education; and 4) the adoption will be for the best interests of the individual. [Per HRS 578-8]

4.12.6 Adoption Disruption (After an adoption has been finalized)

- A. The majority of families succeed in establishing permanent homes for children they have adopted. However, in spite of the best intentions of the family and the agency, there is a small percentage of placements that disrupt. A number of factors may contribute to a disruption, including:
 1. Mismatch - The adoptive family is unable to tolerate child's characteristics, behavior or personality due to incompatibility with parental values and/or life styles. Also, the child's characteristics, behavior or personality are in conflict with the adoptive parents' stated preferences.
 2. Inadequate preparation - The child has not adequately resolved past losses or future expectations. Also, the adoptive family accepted the child for placement without the knowledge/skills necessary to cope with the child's

- special needs.
3. Lack of support services - Either the agency has failed to provide or the family has not made use of services needed to support and sustain the placement. Also, the family may not have or are unable to seek out support from friends and relatives.
 4. Failure to form emotional attachments - Parents personalize and misunderstand the child's behavior. Child's past experiences, relationships and/or emotional problems impede the child's ability to bond with a new family.
 5. Marital/family relationship problems - Children with special needs may place heavy demands on the time and energy of the parents which affects the relationship of family members.
 6. Developmental stage of child - Parents may be quite competent in caring for a child until he/she reaches a certain developmental stage, i.e., adolescence.
- B. Many adoption disruptions can be avoided through adequate preparation, support services and through open communication between the CWS social worker and the family. At the first indication of difficulties in the placement, respond immediately and take the following steps:
1. Assess the safety of the child;
 2. Assess the family's interest and/or ability to preserve the child's placement through separate interviews with the parent and child;
 3. Ask the family and the child to identify what they want/need to keep the family intact. Some services which may be available to the family include:
 - a. Crisis in-home counseling
 - b. Individual and family counseling
 - c. Ohana Conference

- d. Family outreach and visitation services
 - e. Diversion services
 - f. Family Assistance Payments (Wrap around) for treatment services
 - g. CAN emergency assistance payments to prevent removal
 - h. Support groups
 - i. Referral to other departments and community agencies
 - j. Out-of-home placement, e.g. foster care, residential care, etc,
4. If all efforts to preserve the family unit fail and the placement disrupts, do the following:
- a. Involve the family in a plan for the child's removal from the home including explaining to the child why the placement did not succeed. Include the following in the plan:
 - i. Placement options including another adoptive placement
 - ii. Plan for continued contact between child and family.
 - iii. Closure with the family, if appropriate.
 - b. Maintain close contact with child following disruption. At least weekly, interview the child separately in a face-to-face contact.
 - c. Reassess the goal for the child.

4.12.7 Adoption Home Study: [DEFERRED]

4.13 GUARDIANSHIP SERVICES

Although adoption is the preferred permanency goal for children, there are situations where adoption is not in the best interest of the child. When a child refuses to be adopted or when a family is committed to the permanency of the child but does not want to adopt then the next, most

secure, permanency goal is guardianship.

Guardianship entitles the caregiver to make all the decisions for the child. Guardians are also expected to meet all the needs of the child, including any special needs. Guardians serve without compensation (except if eligible for permanency assistance) and, as the child is not adopted, are not financially responsible for the child.

4.13.1 Children Eligible for Department Guardianship Services

- A. A child under the age of 18 years who is under the placement responsibility of the department at the time permanent custody is awarded to the department pursuant to 587 HRS.
- B. A child whose proposed permanency situation has been reviewed and approved by PRT.
- C. Adoption was determined not to be in the best interest of the child.
- D. The permanent plan delineated the reasons why guardianship is the best permanency goal for the child.
- E. The court terminated parental rights under HRS 587 and agreed that the goal of guardianship is the proper goal for the child.

EXCEPTION: When termination of parental rights is not seen as being in the best interest of the child, but return to the family home is not being considered, then, with permission from the court, the court can make findings that the family is not now or in the foreseeable future willing or able to care for the child and agree to the plan of guardianship, but the court does not divest parental rights.

4.13.2 Steps to Achieve Guardianship

- A. Concurrent planning should quickly identify whether the child is to be adopted or be placed in an alternative permanent setting.
- B. When guardianship is the identified permanency goal, the CWS social worker must inform the prospective guardians as to their custodial and legal responsibilities and that they are eligible to request permanency assistance.

The CWS social worker needs to determine whether the proposed guardians qualify for financial assistance to help with the commitment to the child. For those proposed guardians who wish to be considered for permanency assistance, the CWS social worker needs to review the eligibility criteria as set out in rules for permanency assistance. (Refer to Part V, Section 5, **PERMANENCY ASSISTANCE**)

- C. Part of the guardianship process is to discuss permanency with the child and to determine how the child feels about the proposed placement as well as the proposed permanency goal. The desires of the child should be considered when making a decision.
- D. After the CWS social worker determines guardianship to be the proper goal and completes the department permanency preparation (PRT, permanent plan, motion for permanent custody,) then the CWS social worker needs to gather all the necessary information required by the court for a guardianship motion.
- E. Using the guardianship checklist, the CWS social worker will complete all the questions. Information on the child will be the FULL legal name, birth date, social security number, address, and place of birth. For the parents, the CWS social worker will need similar information on the mother, legal father, presumed father, adjudicated father. As this is a guardianship proceeding, the CWS social worker needs to name and locate the paternal (legal, presumed, adjudicated) and maternal grandparents of the child. If any of the parents or grandparents are deceased, the CWS social worker needs to get a certified copy of the death certificate.

The checklist also requests information on the proposed guardian, the legal status of the child and the name of the GAL. Other documents needed include certified copies at the child's birth certificate, the marriage and divorce (if applicable) certificates for the guardians.

If the child is over the age of 14, the child is to sign the "Nomination of the Guardian of the Person" form. The guardians are to sign an "Acceptance of Appointment" form.

- F. Once the documents have been gathered, the CWS social

worker needs to complete a social summary for the court. The **CONCISE** summary is to be in narrative form with the following headings:

Child:

CPS history:

Mother:

Father: (all fathers)

Proposed guardians:

Background on each guardian, their parenting abilities, their relationship to the child, their stated commitment to the child

Recommendation:

- G. The CWS social worker is to send the guardianship checklist, the original and one copy of each certified certificate, the original and one copy of the nomination of a guardian signed by the child and the acceptance of the guardianship signed by the proposed guardians, and the original and one copy of the social summary to the DAG assigned to the case. The DAG will file the appropriate motion in Family Court for a guardianship hearing.

When the DAG files the motion for guardianship, the GAL and the court will get their copies, thus the CWS social worker is not to send this information packet to anyone other than the DAG. (The original of the report and documents will be sent to the court via the motion and the DAG retains the copy of the report and documents for his/her files.)

- H. At the court hearing, the court will award guardianship of the child to the proposed guardians. At that time, the DAG is to request that the FC-S case (the CPS case) be terminated. The process of terminating the FC-S case will be dependent upon the court. Once the FC-S case is closed, the legal responsibility of the department ceases. All legal responsibilities are now with the guardians.
- I. All children who have attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the IV-E State plan must be a full-time elementary or secondary school student or has completed secondary school. The term "elementary or secondary school student" with respect to a child means:

1. Enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education,
2. Instructed in elementary or secondary education at home in accordance with a home school laws;
3. In an independent study elementary or secondary education program in accordance with State laws, which is administered by the local school or school district; or,
4. Incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.

4.13.3 Services to Guardians by the Department

- A. When the FC-S case is closed, the case file for the child can be closed. If the guardians request no further services (including financial) then the CWS social worker can proceed with case closing as explained in Part III, Section 11. **RECORD MAINTENANCE, DOCUMENTATION AND FILING.**
- B. If appropriate for permanency assistance payments, the CWS social worker is to close the child's case the day the FC-S court case is closed. A new record is to be opened in the name of the female guardian. This will be a payment only case. (Refer to Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING** for specifics as to how to set up and maintain a payment only record.)

Services to the guardian may be financial and medical. If, at any time, the guardian feels a need for assistance in caring for the child, he/she can request services from the department as they have an active case with the payment.

- C. Payment will continue as long as the child remains eligible pursuant to department rules and procedures. (Refer to Part V, Section 5, **PERMANENCY ASSISTANCE.**)
- D. Payment beyond the age of 18:
 1. For children who have not graduated by the age of 18, payment will continue as long as the child is in high school and is to graduate within a year (or by the age of 20, if the child is a special education student).

2. The department, in monitoring a payment only case, will have occasional contact with the guardian after the child is 18 years old and will require proof of school attendance.
3. When the child is 18 years old, not in school, then permanency assistance ceases and the case can be closed.

E. Higher education payment:

For any child who pursues higher education, he/she must apply for federal financial aid. Application should be made in his/her senior year of high school or at the time of acceptance to the college or vocational school.

Eligibility for higher education payments will be considered ONLY after all efforts to secure financial assistance is made by the student. The amount of board payments will then be determined by the type and amount of financial aid the student is able to secure.

- F. If the child wishes to return to higher education between the ages of 18-22, the case can be reopened for higher education payment.

4.14 PERMANENT CUSTODIAN SERVICES

When adoption is not the permanency goal, the CWS social worker may also consider having a relative or other caregiver become the permanent custodian of the child. Being the permanent custodian entitles the caregiver to make all needed decisions for the child but does not bind that caregiver to financial responsibility in case the child causes damage.

The status of permanent custodian is similar to guardianship except that the FC-S case remains open with annual reports and court hearings. The advantage of pursuing permanent custody to an individual over guardianship is that if the placement fails and the permanent custodian wishes to terminate their role, the case is still under the jurisdiction of the court and the department can easily request a change in permanent custodian, which could be the department itself. For cases where the guardian wishes to cease their responsibility, there is no active court case, thus the department will need to petition the court and open a new case with new allegations.

4.14.1 Children Eligible for Permanent Custodian Services

- A. A child who is under the placement responsibility of the department at the time permanent custody is awarded to the department pursuant to 587 HRS.
- B. A child whose placement situation has been reviewed by the PRT and the PRT agrees that adoption is not in the child's best interest.
- C. The permanent plan for the child clearly states why adoption or guardianship are not the most appropriate goals and the court orders the permanent plan as being in the child's best interest.
- D. The parental rights of the parents of the child have been divested through 587, Hawaii Revised Statutes.
- E. The child wants to remain in the care of proposed custodian, feels bonded and part of the family. Removal to another permanent placement would not be in the child's best interest.
- F. All children who have attained the minimum age for compulsory school attendance under State law and with respect to whom there is eligibility for a payment under the IV-E State plan must be a full-time elementary or secondary school student or has completed secondary school. The term "elementary or secondary school student" with respect to a child means:
 - 1. Enrolled (or in the process of enrolling) in an institution which provides elementary or secondary education,
 - 2. Instructed in elementary or secondary education at home in accordance with a home school laws;
 - 3. In an independent study elementary or secondary education program in accordance with State laws, which is administered by the local school or school district; or,
 - 4. Incapable of attending school on a full-time basis due to the medical condition of the child, which incapability is supported by regularly updated information in the case plan of the child.

4.14.2 Services to the Permanent Custodian

- A. The permanent custodian may be eligible for permanency

assistance if he/she qualifies per the established criteria. The CWS social worker will have discussed this option with the proposed custodian prior to the court hearing awarding sole permanent custody to the caregiver. The request for permanency assistance and approval **MUST** also be completed prior to the court hearing. (Refer to Part V, Section 5, **PERMANENCY ASSISTANCE.**)

- B. Once the caregiver has sole permanent custody of the child, the legal responsibility of the department ceases. The CWS social worker is to close the child's case record and open a new case record under the name of the female permanent custodian, if the permanent custodian is receiving permanency assistance. This will be a payment only case. (Refer to Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING** for specifics as to how to set up and maintain a payment only record.)
- C. Services to the permanent custodian will be financial and medical. Social services to help in the care of the child can be requested at any time prior to the closure of the permanency assistance case.
- D. HRS 587 requires that once permanent custody has been awarded the court still needs to review the case. When the permanent custodian is not the department, the review hearings are set annually. **The permanent custodian is to write a report to the court.** The report is to cover the medical, dental, social, educational, and general information on the child. Also included should be information on the Independent living services the permanent custodian is insuring that the child receives.

In situations where the permanent custodial is not able to write the report due to a language difficulty, the CWS social worker may assist the permanent custodian with the report, but the report is to be signed by the custodian. The CWS social worker can then file the report with the court on behalf of the custodian. CWS social worker attendance at court hearings will depend on the case. The permanent custodian is to attend court hearings unless excused by the court.

- E. Payment will continue as long as the child remains eligible pursuant to department rules and procedures. (Refer to Part V, Section 5, **PERMANENCY ASSISTANCE.**)

- F. Payment beyond the age of 18.
 - 1. For children who have not graduated by the age of 18, payment will continue as long as the child is in high school and is to graduate within a year (or by the age of 20, if the child is a special education student).
 - 2. The department, in monitoring a payment only case, will have occasional contact with the permanent custodian after the child is 18 years old and will require proof of school attendance.
 - 3. When the child is 18 years old, not in school, then permanency assistance ceases and the case can be closed.

- G. Higher education payment.

For any child who pursues higher education, he/she must apply for federal financial aid. Application should be made in his/her senior year of high school or at the time of acceptance to the college or vocational school.

Eligibility for higher education payments will be considered ONLY after all efforts to secure financial assistance is made by the student. The amount of board payments will then be determined by the type and amount of financial aid the student is able to secure.

- H. If the child wishes to return to higher education between the ages of 18-22, the case can be reopened for higher education payment.

4.15 ANOTHER PLANNED PERMANENT CUSTODY LIVING ARRANGEMENT

The most important part of concurrent planning is the early identification of the appropriate permanent goal and placement for a child in out of home placement. There will be situations when returning to the family home is not in the child's best interest, but due to the individual needs of the child, an alternative permanent placement cannot be found by the time the CWS social worker motions the court for permanent custody. In those cases, the permanency goal will be another planned permanent custody living arrangement.

4.15.1 Children Eligible for Another Planned Permanent Custody Living Arrangement

- A. A child, under the age of 18, who is under the placement responsibility of the department when the court awards permanent custody to the department pursuant to 587 HRS.
- B. A child whose best interest will not be served by adoption or guardianship. The reasons that adoption and guardianship are not appropriate have been reviewed and approved by the PRT and has been explained in the permanent plan, which has been ordered by the court as being in the best interest of the child.

4.15.2 Services to Children in Another Planned Permanent Custody Living Arrangement

- A. The department, as permanent custodian of the child, assigns a CWS social worker to the child to insure that all appropriate services are provided.
- B. The CWS social worker has the authority to consent to all medical, dental, visual, education, social and recreational activities.
- C. The CWS social worker should maintain at least monthly contacts with the child which can include face-to-face or phone contact.

Face-to-face contacts can be in the child's home, the school, in the office, or at outside locations. The frequency and location of contacts should be dependent upon the child's needs, but must be done once every 60 days.

- D. The CWS social worker is to insure that the child has all his medical, social, therapeutic, dental, visual, and recreational needs met on a timely and appropriate basis by maintaining frequent face-to-face contact with the child and the foster parent. The CWS social worker is to maintain contact with the service providers, at least once a month and request written reports every 90 days, attend all necessary conferences regarding the child.
- E. The CWS social worker is to keep the court updated on the child's progress by writing a court report/permanent plan

every six months. (Refer to Part III, Section 3, **FAMILY CASE PLAN** for specifics on how to complete a permanent plan.)

- F. The CWS social worker must continue to seek more permanent placement options for the child. These efforts need to be included in the reports to the court. The goal of another planned permanent custody living arrangement is not seen as intractable, but rather interim, until a more stable and permanent arrangement can be developed for the child.
- G. When the child becomes 12 years old, the CWS social worker is to insure that age appropriate independent living services have been initiated.
- H. Payment beyond the age of 18 after the legal status terminates.
 - 1. For children who have not graduated by the age of 18, payment will continue as long as the child remains in placement and is in high school and is to graduate within a year (or by the age of 20, if the child is a special education student.)
 - 2. The department will continue to have contact with the foster parent after the child is 18 years old and will require proof of school attendance.
- I. Higher education payment:

For any child who pursues higher education, he/she must apply for financial aid. Application should be made in his/her senior year of high school or at the time of acceptance to the college or vocational school.

Eligibility for higher education payments will be considered **ONLY** after all efforts to secure financial assistance is made by the student. The amount of board payments will then be determined by the type and amount of financial aid the student is able to secure.
- J. When the child is 18 years old and is not in school, the case can be closed. (Refer to Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING**)
- K. If the child wishes to return to higher education between the

ages of 18-22, the case can be reopened for higher education payment.

4.16 INDEPENDENT LIVING SERVICES

Independent living services include a range of activities and services that are provided to assess and facilitate the development of knowledge and skills necessary for the foster youth's or former foster youth's successful transition to self-sufficiency. Independent living services shall be directed at achieving or maintaining self-sufficiency.

Services are designed to provide assistance in areas such as completing high school, career exploration, vocational training, job placement and retention, learning daily living skills including budgeting and financial management, substance abuse prevention and preventive health activities including but not limited to nutrition education, smoking avoidance, and pregnancy prevention.

4.16.1 Scope

- A. Services shall be provided directly by the Department and through referral to a purchase of services independent living services provider.
- B. The following independent living services are provided to foster youth and former foster youth:
 - 1. Identification of youth age twelve years and older who are likely to remain in foster care until they are eighteen years of age;
 - 2. Referral to an appropriate independent living services provider;
 - 3. An individualized assessment of the youth's independent living knowledge base, skills and needs;
 - 4. A developmentally appropriate, strengths based, individualized independent living transition plan that is based on an assessment of the youth.
- C. Services on behalf of foster youth age twelve through fourteen years are focused on the development of life skills, such as self-identity, interaction with peers, emotional, psychological, spiritual well being, decision making, problem solving,

planning, goal setting, and communication.

- D. Services on behalf of foster youth age fifteen through eighteen years, and former foster youth, in addition to the above also include, but are not limited to:
 - 1. Counseling and supportive services related to:
 - a. Educational support and assistance in completing high school and obtaining a high school diploma or equivalent;
 - b. Sexual activity; contraceptives; prostitution; drug and alcohol use; smoking; gang membership; peer pressure; truancy; and running away;
 - c. Health, hygiene and medical insurance;
 - d. Money management; household budgeting, and banking services;
 - e. Building knowledge about community resources and how to access them, such as, clinics, housing assistance and transitional living arrangements;
 - f. Development of job readiness in accordance with the individualized independent living plan:
 - i. Assessment of vocation and employment choices and community referral as appropriate.
 - ii. Linkage with services provided under the Workforce Investment Act (WIA) of 1998 or the Welfare to Work (WTW) program.
 - 2. Liaison with community resources and public agencies shall include linkage with the Department of Labor, Department of Health and other state and federal Departments and programs providing services designed to facilitate the youth's transition to self-sufficiency.
 - 3. For youth interested in post-secondary education or training:
 - a. Assistance with accessing scholarship and financial

aid resources; supportive and directive services regarding class attendance, participation, and course work; guidance to support and facilitate the youth's attainment of academic, career, and vocational goals;

- b. Educational support and guidance for youth participating in the Department's higher education board allowance program, including regular meetings with the youth to review academic progress, career plans, and the youth's compliance with the terms of the higher education board agreement.

- E. Each youth in foster care under the responsibility of DHS who has attained 14 years of age receives without cost a copy of any consumer Credit Report pertaining to the youth each year until the youth is discharged from care, and receives assistance (including, when feasible, from any court-appointed advocate for the youth) in interpreting and resolving any inaccuracies in the report.

- F. RIGHTS – The SW must give each child who has attained 14 years of age the document called the Rights of Children and Youth in Foster Care and have the youth sign the document acknowledging that the youth has been provided with a copy of the document and that the rights contained in the document have been explained to the youth in an age-appropriate way.

4.16.2 Independent living transition plan(ILTP)

- A. An Individualized Independent Living Transition Plan (ILTP) for each foster child where appropriate for a child 14 or over: includes a written description of the programs and services which will help such child prepare for the transition from foster care to successful adulthood. With respect to a child who has attained 14 years of age, any revision or addition to the plan must be developed in consultation with the child and, at the option of the child, with up to 2 members of the case planning team who are chosen by the child and who are not a foster parent of, or caseworker for, the child. DHS may reject an individual selected by a child to be a member of the case

planning team at any time if DHS has good cause to believe that the individual would not act in the best interests of the child. One individual selected by a child to be a member of the child's case planning team may be designated to be the child's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child;

- B. The ILTP is based on an assessment of the youth's independent living knowledge and skills. The Ansell Casey Life Skills Assessment is the preferred assessment tool.
- C. The primary focus of the plans will be:
 - 1. For a foster youth, the programs and services available while the youth is in placement to prepare for the transition from foster care to self-sufficiency, including plans for the completion of high school, higher education, vocational training and social support.
 - 2. For a former foster youth, the services needed after discharge from foster care including plans to access programs, services and support needed to maintain eligibility for and successfully participate in the Department's independent living and higher education programs.
- D. The independent living transition plan shall be developed with the youth and contain:
 - 1. An individualized assessment of the youth's independent living knowledge base, skills and needs;
 - 2. Identification of the programs and services available while the youth is in placement to prepare for the transition from foster care to self-sufficiency, including plans for the completion of high school and graduation; higher education and college and financial aid applications, and vocational training; housing; health insurance; etc.;
 - 3. Identification of the programs and services available for the youth leaving foster care, including housing, education, employment and medical needs and

resources;

4. Measurable goals and objectives that can be used to determine progress.
- E. The ILTP is to be reviewed and updated at least every six months by the youth, and with respect to a child who has attained 14 years of age, any revision or addition to the plan must be developed in consultation with the child and, at the option of the child, with up to 2 members of the case planning team who are chosen by the child and who are not a foster parent of, or caseworker for, the child. DHS may reject an individual selected by a child to be a member of the case planning team at any time if DHS has good cause to believe that the individual would not act in the best interests of the child. One individual selected by a child to be a member of the child's case planning team may be designated to be the child's advisor and as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child;
- F. YOUTH CIRCLE (YC):
Youth Circle is a youth-driven group process to assist the youth in foster care in planning for his/her successful transition from foster care to independence. YCs are culturally sensitive, youth-centered and strengths-based. YCs assist the youth to identify their social support system once they leave foster care. Youth are supported to invite family members they identify. ILTP/Transition Plans can be developed with the youth in a Youth Circle, with the IL provider or with the SW. Transition Plans are required by Federal Law to be completed/updated by the time the youth attains 17 years and 9 months. The SW is to ensure compliance with this requirement of the Federal Law.
1. Referrals to the YC provider can be made for YC for youth: 14-21 y.o. by anyone; 22-27 y.o. if receiving higher ed; 17.5 y.o. are automatically referred
 2. Youth, however, will decide if they wish to hold a YC. The YC provider will do outreach to the youth who are disinterested.

3. SW is to attend; GALs are encouraged to attend. Youth decides on other participants who could provide support and resources for the youth.
4. Hybrid Youth Circle/`Ohana Conference can be held for youth who are outside of the YC eligibility—(i.e., youth in FS cases) or `Ohana Conference topics are relevant (i.e., minor birth mother/father, etc.)

4.16.3 Referral for independent living services

A referral to an appropriate independent living services purchase of service provider for foster youth, under the placement responsibility of the Department, who are likely to remain in foster care until they reach the age of majority **SHALL BE MADE** for youth age twelve years and older.

4.16.4 Application and referral for independent living services

- A. A written application for independent living services is not required for a youth under the Department's placement responsibility receiving foster care services.
- B. Former foster youth may submit a written application for independent living services, higher education and vocation related services available through the Department's purchase of service contracts.
- C. The application shall be in writing on a form prescribed by the Department. The form shall be dated and signed by the applicant under penalty of law and shall include all information needed by the Department to establish eligibility for the services.
- D. The application will be considered to be complete only after all required forms, documentation, and signatures have been received, in accordance with the Department's procedures.

4.16.5 Eligibility

To establish eligibility for services, the following conditions shall be met:

- A. The foster youth or former foster youth shall be at least twelve years old and not older than twenty-three years of age; and
- B. The foster youth is under the placement responsibility of the Department pursuant to chapter 587, HRS; or
- C. The foster youth or former foster youth was under the placement responsibility of the Department pursuant to chapter 587, HRS, at the time that placement responsibility was awarded to another child-placing organization; or
- D. The former foster youth was under the placement responsibility of the Department pursuant to chapter 587, HRS, at the time the former foster youth exited foster care because the age of eighteen years or older was attained.

4.16.6 Disposition of application

Dispositions on the written applications for independent living services shall be made within thirty calendar days of the receipt of the application.

4.16.7 Notice to applicant and recipient

- A. The written notice of disposition of the application shall be issued within fifteen calendar days after the determination is made.
- B. Written notice shall be given to all recipients of independent living services in accordance with the Department's procedures before initiating action to terminate, suspend, or reduce services.
- C. Written notices shall contain a statement of the actions taken, the reasons for the actions, the specific rules supporting the actions, and of the right to appeal the Department's decision through established hearing procedures.

4.16.8 Reporting changes

Individuals receiving independent living services shall be responsible to report to the Department within thirty days of occurrence any changes that may affect their continued eligibility, including but not limited to:

- A. Address, including place of residence and mailing address;
- B. Circumstances which may affect the eligibility for continuing independent living services, such as the withdrawal from services and leaving school.

4.16.9 Termination of independent living services

Independent living services shall be terminated when the youth no longer meets eligibility requirements, including criteria relating to:

- A. Age;
- B. Compliance with program requirements participation in services;
- C. Emancipation through marriage;
- D. Relocation of the youth to another state, or location where the provision of services is hindered by the distance, political, or legal barriers;
- E. Commitment to a public institution, long-term placement in nursing facility or nursing facility; or
- F. When the Department no longer provides specific independent living services within the scope of Departmental services, due to changes in program or lack of funding.

4.17 TERMINATION OF SERVICES

Child welfare services are terminated in one of two ways. Either the family was not successful in making changes and permanency was established for the child or the family (including a permanent substitute family) demonstrated the ability to provide a safe family home. Each outcome is handled in a specific manner.

4.17.1 Unsuccessful completion

- A. Permanency ordered for a child:

Before the CWS social worker motions the court for permanent custody, the CWS social worker meets with the family to inform them of the decision and why the decision is being made.

Once permanent custody has been ordered, if there are no other children in the home that need to be monitored, the CWS social worker is then to proceed with closing the case record on the family and opening a new case record for the child. The child will continue to receive services geared toward the permanency goals ordered in court.

Refer to PART III, Section 11, RECORD **MAINTENANCE, DOCUMENTATION AND FILING**, as to how to close the family case and open the child's case.

The child's new case record is to be transferred to the proper permanency/unit worker within 30 days of the permanency order.

B. Disappearance of family (NON-COURT):

When the whereabouts of a family becomes unknown due to the family not informing the department of their move/relocation, the CWS social worker will need to determine the possible risk factors for the child in the home.

After 45 days, if the CWS social worker is unable to locate the family, the case shall be closed and the closing summary is to indicate the facts surrounding the closure and any concerns the CWS social worker has regarding the safety of the child. If the family is located prior to the PHYSICAL closing of the case, continue to service the case.

Families who relocate to the mainland need to be evaluated as to the safety of the child. The new state should be alerted to the presence of the family in their state and any concerns the department has regarding the safety of the child. It will be up to the new state to decide how to proceed. After the CWS social worker completes the alert to the new state, the case is to be closed with a closing summary outlining any concerns and the actions taken to protect the child.

Refer to Part 111, Section 11, RECORD **MAINTENANCE, DOCUMENTATION AND FILING**, for closing procedures.

4.17.2 Successful completion

A. Process of termination:

The decision to terminate services is based on a thorough evaluation of the family situation. Prior to termination the social worker shall:

1. Discuss the service plan progress with the service providers. Review possible case closure and get input from service providers regarding this plan.
2. Discuss the service plan progress with the family members. Part of the ongoing case management process is to keep the family informed of possible case closure, due to time limits for completion of services. Case closure should also be addressed in the case plan narrative reports. The family should always be aware of the time frames and the expected outcome of their participation or lack of participation in services.

B. Factors to consider when terminating a case:

Termination of casework services should be a planned and natural part of the casework process that the CWS social worker has thoughtfully prepared with the family. Some important factors to consider when terminating include:

1. **Building a support system:**

Helping the family locate and utilize outside support systems and resources throughout the treatment process is a positive way of empowering families to maintain the gains made and to sustain them.

2. **Beginning disengagement:**

Several weeks before the actual termination, the family should be reminded of it. The frequency and duration of the contacts with the family should decrease.

3. **Family reactions to termination:**

There are a number of reactions which families may use to avoid and forestall termination. These include:

- a. Denial:

The family forgets that their case is being terminated.

b. Regression:

The family may be backsliding in their abilities to cope with problems and placing additional demands on the social worker.

c. Expression of need:

Families may feel that the social worker will continue providing services if they show that a need still exists.

d. Recapitulation:

Families may express a desire to reminisce or repeat earlier experiences with the social worker.

e. Evaluation:

The process of repeating earlier experiences may become part of the process of evaluating the meaning and worth of the experience with the social worker.

f. Flight:

Positive - constructive steps toward disengaging from the helping relationship.

Negative - denial of any positive meaning of the experience.

C. Child and Family Assessment Matrix:

For child protective cases, **not permanency cases**, the CWS social worker is to complete the DHS 1519, "Child and Family Assessment Matrix" to insure that the risk factors have been eliminated or sufficiently reduced and that the home is safe for the child.

D. Supervisor approval:

Once the CWS social worker determines that the case can be closed, he/she needs to confer with the CWS unit supervisor to review case progress and the risk and safety assessment. A joint decision is to be made that the case can be closed.

E. Steps to closure:

After the joint decision has been made between the CWS social worker and the CWS unit supervisor, the CWS social worker shall:

1. Meet with the family (if the family is available) to discuss the termination. Discuss the projected date of case closure.
 - a. Determine that the family is linked to the necessary community resources and support systems which may be needed to maintain or improve the current level of functioning.
 - b. Determine that the family knows how to access support systems and resources, independently.
 - c. Provide feedback to family members on their achievements by referring back to the presenting problem and the goal accomplishment.
 - d. Prepare the family members to use problem-solving experiences in the future by reviewing examples where problem-solving was applied during the treatment process.
 - e. Confirm the closing decision and date of closing with the family members at least 10 days prior to the closing date by an entry in the dictation.
 - f. Notify the family of the termination of contracted services.
2. Inform all service providers of the proposed termination.
3. Inform the GAL and parent's attorney, if the case is a court case, of the impending request to close the case.
4. For court cases, complete the final narrative court

report, using the proper format (refer to Part III, Section 3, **FAMILY CASE PLAN**). Indicate the reasons that the home is safe and the recommendation to close the case.

5. Once the court has agreed to the termination of the case OR the case is non-court and the services were voluntary, the social worker will:
 - a. Send, via the CPSS, the G509/K509 form to officially notify the family and all POS service providers of the closure.
 - b. Complete the appropriate CPSS screens and follow all the procedures in closing the case as outlined in Part III, Section 11, **RECORD MAINTENANCE, DOCUMENTATION AND FILING**.
 - c. Give to each child leaving foster care at age 18, 19, or 20, unless the child has been in foster care for less than 6 months, with an official or certified copy of the United States birth certificate of the child, a social security card issued by the Commissioner of Social Security, health insurance information, a copy of the child's medical records and a driver's license or state identification card.
6. **Cases should be closed (off the CPSS) within 45 days of last service action.**