

NATIONAL RESOURCE CENTER FOR CHILD PROTECTIVE SERVICES

Technical Assistance Site Report



Prepared for Hawaii Department of Human Services, Child Welfare Services

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On site dates: February 13, 14, 15, 16, and 17

April 18, 19, 20 and 21

Situation and Technical Assistance Request

The technical assistance focus is related to improving state performance on Safety Items 1 and 2 and to achieving the CAPTA Triage requirements. The TA in this fiscal year is a continuation of TA begun last fiscal year. Last fiscal year a Differential Response system was designed and implemented. The TA this year is designed to support the implementation process

Site Visits

Nine days of on-site technical assistance have been provided to date. The on-site visits took place on the following days:

February 13, 14, 15, 16, and 17
April 18, 19, 20 and 21

The February on-site days involved site visits to all the implementing sites. All the Family Strengthening Services, Voluntary Case Management Services and CWS service staff were invited to the on-site visits. The agenda focused on discussing the status of implementation, questions related to procedures and processes, and clarifications related to decision making instruments. Additional support and training needs were identified and discussed.

The four days of on-site visits were followed by a de-briefing meeting in Honolulu. The meeting involved discussion by all PD, QA and Training staff. The key areas discussed were the following:

- Training
- Policy
- Procedures
- Communication
- Quality Assurance
- Automation
- Voluntary Case Liaison position
- Resource Capacity
- Supervision

- Tools

The above list was discussed in terms of a comprehensive system which supports safety management, beginning with the use of differential response at intake. Strategies to address each of these areas were discussed and laid out.

The April 18-21 on-site visit focused in large part on Quality Assurance. Each provider and CWS office was asked to send 5 cases to be reviewed. Each case was reviewed with a focus on the Intake Assessment, Safety Assessment and the Comprehensive Assessment.

A total of 47 cases were reviewed and a case review sheet was completed on each one. Esther Sherrard, the Quality Assurance Specialist for the state is compiling the case review results and will share these with all appropriate parties.

A de-briefing session on the case reviews was held to discuss procedural, practice and training issues.

➤ Intake:

- Generally good decision making related to DRS track
- Quantity and quality of information could be improved
- Selection of safety or risk factors not always supported by documentation
- Not sending intake assessment to providers routinely
- Need to reinforce procedures so that Intake MUST take back cases where FSS or VCM identifies safety factors

FSS:

- Generally good documentation of contacts and efforts to contact
- Supervisory review evident in cases
- Safety assessments completed as required in most situations – MUST be done in all situations. Supervisor oversight of this is essential
- Clarify that ANY safety factor warrants return to CWS – no exceptions
- Good linking with services for families

VCM:

- Timeliness of contacts good
- Generally good documentation of contacts
- Frequency of contacts good
- Safety assessments completed as required in all situations

- Supervisory review evident in cases
- Some excellent case tracking tools developed and in use
- Comprehensive Assessments generally completed but case documentation lacks analytical/critical thinking of significance of information
- No evidence of Interviewing Guide being used
- Safe Family Home Reports generally being completed but superficial
- Good service linkage for families

CWS:

- Not consistent completion of safety assessments
- Little completion of comprehensive assessments (going straight to safe family home report)
- Supervisory review evident in cases but not analytical or with focus on critical thinking
- Business as usual

Next Steps

The final on-site visit for this fiscal year will be July 25-28, 2006. These days will likely focus on on-site support for the overall Differential Response program with visits to the providers and CWS agencies.