
Study of Family Preservation Services and the Families Together Initiative

A Report to the
Governor
and the
Legislature of
the State of
Hawaii



THE AUDITOR
STATE OF HAWAII

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Submitted by

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STATE OF HAWAII

Report No. 94-2
January 1994

Foreword

This report was prepared in response to two provisos in the 1993 General Appropriations Act that requested the State Auditor to evaluate the State's family preservation, home-based services prior to the implementation of the Families Together Initiative, and to evaluate the newly funded Families Together Initiative program.

We wish to acknowledge the cooperation and assistance extended to us by officials and staff of the Departments of Human Services, Health, Accounting and General Services, Budget and Finance, Personnel Services, Education, and Attorney General; the Judiciary; the Office of Youth Services; and the Governor's Office of Children and Youth. We also appreciate the assistance of the private providers of services and staff of the Senate Ways and Means Committee.

Marion M. Higa
State Auditor

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Chapter 1

Introduction

The Legislature funded a new program called Families Together Initiative (FTI) in the 1993 General Appropriations Act. In addition to funding this program, the Legislature requested, in two provisos, that the State Auditor evaluate the State's prior family preservation, home-based services and the new FTI program.

One proviso requested the Auditor to assess family preservation, home-based services and report to the 1994 Legislature. The report is to include a detailed history and status and expenditure report of the services; an evaluation of program guidelines regarding the purposes, goals, and effectiveness of the services; and a follow-up on the families who had received the services.

The other proviso requested an evaluation of FTI for each year of the 1993-1995 fiscal biennium to ensure the proper expenditure of funds. The evaluation is to include a detailed status and expenditure report; review of federal fund expenditures and reimbursements, including funding under Titles IV-E and IV-A of the Social Security Act; a detailed review of all private providers and services; and recommendations on the continuance of the project and funding. An interim report is due to the Legislature in January 1994, and a final report is to be submitted for the 1995 regular session.

This report presents our findings on the family preservation, home-based services that preceded FTI, and our interim findings and recommendations on the FTI program.

Background

Prior to the implementation of FTI in July 1993, both the Department of Health (DOH) and Department of Human Services (DHS) provided family preservation, home-based services. The two departments did not coordinate their respective services. Each department contracted with private providers for services that were only loosely related to each other. However, the departments shared a common primary goal, which was to keep families intact through short-term, crisis intervention services. These services have now been merged into the FTI program.

FTI is a statewide, interagency program of family preservation, home-based services. Like the prior family preservation services, the FTI program seeks to keep families intact through short-term, crisis intervention. It is designed to avert out-of-home placement or reunite children with their parents. FTI is modeled on the "Homebuilders"

program which originated in Washington State in 1974. FTI uses a multiagency approach in implementing the Homebuilders model.

The impetus for the FTI program was a National Governors Association conference on family preservation, home-based services, which highlighted the Homebuilders program. To be eligible to attend the conference, the state had to show commitment to family preservation services.

The FTI program is also a response to the *Study of Foster Care in Hawaii*, issued by the State Auditor in 1990. We found that Hawaii uses foster care at a higher than national rate. Finally, FTI is an effort to capture more federal funding and comply with the federal Adoption Assistance and Child Welfare Act of 1980. The act conditions state funding on making “reasonable efforts” to prevent unnecessary out-of-home placement of children.

Planning for the FTI program has been done by an FTI interagency core team, with membership from the Departments of Human Services, Health, Education, Budget and Finance, Accounting and General Services, Personnel Services, and Attorney General; the Judiciary; the Office of Youth Services; and the Governor’s Office of Children and Youth. Since January 1993, an FTI executive board (which includes members of the FTI core team) has been in existence. According to the FTI plan developed by the FTI core team, the executive board is to serve as the policy-making body for the program.

Objectives

The objectives of this study were to:

1. Evaluate the administration, provision, and funding of family preservation, home-based services in the state prior to the implementation of the Families Together Initiative.
2. Evaluate the development, intended benefits, and implementation plan for the Families Together Initiative.

Scope and Methodology

To accomplish the objectives, we evaluated the history, funding, services, service delivery, measures of success, and monitoring of family preservation, home-based services prior to the implementation of the FTI. For the FTI portion, we evaluated the funding scheme and programmatic aspects, including concerns about the program.

We reviewed federal statutes and rules, state statutes, relevant literature, and documents and forms used by the state agencies and private providers. We interviewed personnel of all state agencies involved in FTI, members of the FTI core team, and all private providers prior to FTI and under FTI.

Our work was performed from July 1993 through November 1993, in accordance with generally accepted government auditing standards.

Chapter 2

Findings and Recommendations

In this chapter, we examine how family preservation, home-based services were funded, provided, and evaluated prior to the implementation of the Families Together Initiative (FTI). We then review the implementation of FTI and its funding.

Summary of Findings

1. The family preservation, home-based services that were merged into the FTI program were provided by the Department of Health (DOH) and Department of Human Services (DHS) through contracts with private organizations. These contracts called for services that were only loosely related to each other, and the data generated under the contracts are not comparable nor sufficient for determining the effectiveness of these services.
2. To be successful, administrators of the FTI program will have to plan for services that are culturally sensitive, sufficiently flexible, of sufficient duration, and supported by continuing wrap around services.
3. In requesting state funding of FTI and FTI-related budget items from the Legislature, DHS made financial representations based on very optimistic assumptions about federal reimbursements. At the conclusion of our study, there is uncertainty as to the actual amounts of federal reimbursements the State will receive.

Effectiveness of Family Preservation, Home-based Services Cannot Be Determined

There is insufficient data to determine the effectiveness of the family preservation, home-based services which preceded FTI. Family preservation, home-based services did not comprise a cohesive program, but were loosely related services privately provided under DOH and DHS contracts. The two departments served different target populations with varying services. The data collected by the two departments are not comparable. Additionally, the departments collected only limited data on outcome measures that might be used to assess the success of services. Generally, the providers were allowed to implement their own assessment tools.

DOH family preservation, home-based services were not uniform

The DOH contracts with private providers for short-term, family preservation/home-based services had evolved over time. The contracts had certain similarities, particularly with regard to type of clients served, but they differed significantly in the delivery of services. Monitoring was also inconsistent.

The contracts ran from January 1987 until the implementation of the FTI program in July 1993. The private providers were The Institute For Family Enrichment (TIFFE) on Oahu, Maui Youth and Family Services (MYFS) on Maui (services for Molokai were included from FY1992 to FY1993), and Hale Opio on Kauai.

The history of these contracts by year, island, cost, families served, and provider is shown in Exhibit 2.1.

**Exhibit 2.1
DOH Family Preservation/Home-Based Services Contracts by Year**

Year	Island	\$ Amount	Number of Families	Provider
1/87-6/87	Oahu	61,021	13	TIFFE
87-88	Oahu	93,534	14	TIFFE
	Maui	21,944	9	MYFS
88-89	Oahu	101,400	18	TIFFE
	Maui	23,920	9	MYFS
89-90	Oahu	146,470	28	TIFFE
90-91	Oahu	153,795	29	TIFFE
91-92	Oahu	272,889	47	TIFFE
	Maui/Molokai	230,000	43/16	MYFS
	Kauai	95,000	12	Hale Opio
92-93	Oahu	294,800	44	TIFFE
	Maui/Molokai	195,500	43/16	MYFS
	Kauai	95,000	12	Hale Opio

Legend

TIFFE - The Institute For Family Enrichment
MYFS - Maui Youth and Family Services

Clients served

The private providers mostly handled clients with mental health problems. In most cases, the child was the focus and not the parent, although family situations may have led to or aggravated the child's problem. Services were given to children who had been diagnosed with a disorder—a common example being attention deficit hyperactivity disorder. Other clients were older children who may have had violent or suicidal tendencies.

Variations in service delivery

The contracts called for services that were loosely built on the Homebuilders model. The Homebuilders model served as an approach or philosophy rather than a standardized way of providing services. There were many differences.

TIFFE's services were carried out using two therapists per case. Services were provided over a three-month period, with six weeks of intensive services, two weeks of stabilization services, and four weeks of follow-up. TIFFE accepted referrals only from the DOH children's mental health teams on Oahu, who were responsible for diagnosing, referring, and treating children with mental health problems.

Hale Opio provided similar services, with six weeks of intensive services and six weeks of follow-up, also using a two-therapist model. The DOH children's team on Kauai made referrals to Hale Opio.

Maui Youth and Family Services used a single therapist to provide services for four to six weeks. MYFS took "open referrals" from parents, the Department of Education, the Judiciary, etc., that were approved by the DOH children's team on Maui.

To be eligible for services, families had to have a child at risk of immediate placement out of the home. Hale Opio's services required that there be a risk of placement within 48 hours of a referral; TIFFE and MYFS, however, did not have the 48-hour requirement.

Generally, services included counseling and therapy. The services focused on problem solving skills to help the child or parent cope with problems. MYFS reported that it also provided concrete services, such as assisting clients in obtaining public entitlements for housing and food.

The DOH children's teams were responsible for any continuing services needed by the families after the providers had completed their services.

Hale Opio and TIFFE also did "follow-ups" at six and twelve months after they had completed their services. They assessed how the family was functioning, including whether the children remained in the home. MYFS continued to provide services during its follow-up. This consisted of up to six months of services at a maximum of six hours per month for each family.

Inconsistent monitoring

DOH's monitoring of the providers was inconsistent. TIFFE reports that there were two site visits a year by DOH—one for clinical purposes and

the other for fiscal purposes. Hale Opio, on the other hand, reports that there was a lack of communication and site visits by DOH. MYFS received a site visit by the DOH children's team in its first year, but no monitoring in the second year of its FY1992 to FY1993 contract with DOH.

DHS family preservation, home-based services also were not uniform

The DHS had more family preservation, home-based services contracts than the DOH. The DHS contracts had more in common with each other than did the DOH contracts, but there were significant differences in the way services were delivered.

Exhibit 2.2 shows the history of DHS contracts by island, providers, and costs. The only provider on the Big Island from FY1988 to FY1993 was Child and Family Services. On Maui, from FY1990, it was Maui Youth and Family Services, and on Kauai, it was Hale Opio (FY1991) and Child and Family Services (FY1992 and FY1993). Parents And Children Together and The Institute For Family Enrichment served Oahu from FY1990 to FY1993.

Variations in service delivery

DHS contracts contained some uniformity in referral criteria, nature of services, and delivery of services. Referrals to private providers were made by DHS workers for child protective services cases involving child abuse or neglect, conflicts between parent and child, or troubled youths. To be referred: (1) the child had to be at risk of imminent placement out of the home or (2) a child had been out of the home for less than 30 days, and there were plans to reunify the child with the family.

Providers were to give intensive, crisis intervention services that ran from four to six weeks. Extensions were granted upon request. Therapists were available 24 hours a day, seven days a week. Services covered under the contract included counseling, skill-building (including anger management, communication skills, and parenting skills), and concrete services (including obtaining food, diapers, and refrigerators). Providers were to refer clients to other, longer term services as needed.

Even with some uniformity in services among providers, significant differences existed among them in their delivery of services. Providers varied in the number of hours spent per week per family during the four to six weeks of intensive services. The number of hours ranged from a low of 8 to 12 hours per week to a high of up to 32 hours per week. Providers also varied in their "follow-up" to the intensive services. On Oahu, providers merely checked on the family to assess how well the family was functioning at specific points in time—at three months or six and twelve months after completion of services. On the neighbor islands, providers continued services to the families during a six-month

follow-up period, ranging from 2 hours per month per family to 60 hours per month per family.

Providers submitted monthly reports on the number of hours of service given to families and were paid by the hours of service.

Exhibit 2.2
DHS Contracts for Family Preservation/Home-Based Services prior to FTI

Fiscal year	Region	Provider	Cost of contract	% Cost difference from previous fiscal year	No. of families served	Approximate \$ cost per family by provider	Fiscal year average \$ cost per family	% Difference in the number of families served from the previous fiscal year
FY88	E. Hawaii	CFS	\$ 143,435	0.0%	41	3,498	3,498	0.0%
FY89	E. Hawaii	CFS	143,435	0.0%	41	3,498	3,498	0.0%
FY90	E. Hawaii	CFS	143,435		24	5,976		
	W. Hawaii	CFS	200,000		36	5,556		
	Maui	MYFS	106,920		35	3,055		
	Oahu	PACT/TIFFE	292,304		84	3,480		
		Totals:	\$ 742,659	417.8%	179		4,149	336.6%
FY91	E. Hawaii	CFS	148,385		24	6,183		
	W. Hawaii	CFS	206,000		36	5,722		
	Kauai	Hale Opio	150,000		12	12,500		
	Maui	MYFS	162,000		55	2,945		
	Molokai	MYFS	80,000		25	3,200		
	Oahu	PACT/TIFFE	317,845		86	3,696		
		Totals:	\$ 1,064,230	43.3%	238		4,472	33.0%
FY92	E. Hawaii	CFS	148,021		24	6,168		
	W. Hawaii	CFS	200,000		36	5,556		
	Kauai	CFS	124,688		40	3,117		
	Maui	MYFS	151,284		45	3,362		
	Molokai	MYFS	21,619		5	4,324		
	Oahu	PACT/TIFFE	317,053		72	4,404		
		Totals:	\$ 962,665	-9.5%	222		4,336	-6.7%
FY93	E. Hawaii	CFS	250,000		43	5,814		
	W. Hawaii	CFS	250,000		48	5,208		
	Kauai	CFS	205,000		49	4,184		
	Maui	MYFS	342,440		92	3,722		
	Molokai	MYFS	76,000		24	3,167		
	Oahu	PACT/TIFFE	748,049		181	4,133		
		Totals:	\$ 1,871,489	94.4%	437		4,283	96.8%

Source: Information provided by the Department of Human Services

Legend

CFS - Child and Family Services
 MYFS - Maui Youth and Family Services
 PACT - Parents And Children Together

Regular monitoring

In contrast to DOH's monitoring of its contracts, DHS' monitoring was done regularly, alternating yearly between (1) both a desk review and site review and (2) a desk review. The reviews appear to have been very thorough, especially the site reviews which included an evaluation of operations and files. Desk reviews involved having the organization complete a Contract Monitoring Questionnaire and a review of all documents submitted by the organization to DHS.

Inconsistent assessment tools

Both DOH and DHS left it up to individual private providers to develop and implement assessment tools for determining the effectiveness of their services. The two departments did not attempt to standardize assessment tools or collect assessment data other than the limited information they required providers to submit in the quarterly reports.

Quarterly reports required by DOH focused on the behavior of the child and measured achievements by the child rather than the family. The quarterly reports included information on the number of children who were not placed out of the home. However, DOH did not regularly compile the quarterly data from all the providers. Furthermore, in order to get data on the number of families "saved" (remaining intact) for FY1992 (to support the DHS funding request for FTI), the DOH had to contact each provider. The data DOH collected indicated a success rate of 92 to 97 percent for FY1992.

Providers under contract to DHS also submitted quarterly reports to DHS. The providers primarily reported on the number of children remaining with their families (as opposed to the number of families remaining intact) at the provider's "follow-up" check points. Providers differed in the time intervals between the completion of the intensive services and follow-up check points. Some had check points at three months, others at three and six months, and still others at six and twelve months following the intensive services. DHS also did not regularly compile this data. In order to present information to the Legislature during the 1993 session on the number of families remaining intact, DHS had to contact providers for information since the quarterly reports did not contain this information. According to data provided to us by DHS, in FY1992, the rates of success of the providers (by number of families remaining intact) ranged from 91 to 100 percent, at various check points of six weeks, three months, six months, or one year.

Conclusion on effectiveness

The effectiveness of the family preservation, home-based services supplied by private providers under contracts with DOH and DHS could not be assessed because of: (1) variations between departments in the

types of clients served, (2) variations in the delivery of services by providers, and (3) limited data collected by the two departments in the quarterly reports that are not comparable.

FTI Administrators Must Address Concerns About the Program

Many concerns have been raised about the new FTI program. These concerns include lack of cultural sensitivity, problems caused by the standardization of services, and inflexibility due to centralized referrals. In addition, “wrap around” services, or those support or treatment services needed by families following the completion of FTI services, are seen as vital to keeping families intact but lacking in availability. These wrap around services need to be evaluated and planned in conjunction with the planning of FTI. DHS appears to be aware of these concerns, and it is too early to tell how significant they might be.

FTI is a standardized interagency program

DHS implemented FTI in July 1993 as a uniform, interagency delivery of family preservation, home-based services. All services are provided through contracts with private providers. Exhibit 2.3 contains a list of providers and purchase of service (POS) contract amounts by year. DHS plans to spend \$2.75 million in FY1993-94 and \$1.76 million in FY1994-95.

Standardized services

All aspects of the services are standardized. Providers give services to families that are at risk of having a child immediately placed out of the home (within 24 to 48 hours), or families that need to reunify a child with the family within seven days of the referral to FTI. Services consist of four to six weeks of intensive crisis intervention using one therapist. Therapists may carry no more than two cases at any time.

Providers must contact families within 4 hours and see the families within 24 hours after they receive a referral. During the four to six weeks of service, families receive up to 20 hours or more of services a week. Clients must have access to therapists 24 hours a day, seven days a week, including holidays.

Providers must develop individualized service plans with the families. Services are to be practical, hands-on assistance (such as cooking, cleaning, repairing, and transportation); role-modeling; short-term therapy; skill-building (such as anger management, communication, and problem-solving); and concrete services (including assistance in obtaining basic needs such as food, medical care, and housing).

Exhibit 2.3
POS Contracts for Families Together Initiative

Fiscal year	Region	Provider	Total \$ cost (by provider)	% Cost difference from previous fiscal year	No. of families served	Approximate \$ cost per family by provider	Fiscal year average \$ cost per family	% Difference in the number of families served from the previous fiscal year
FY 94	E. Hawaii	TIFFE	304,009		55	5,527		
	W. Hawaii	CFS	318,492		58	5,491		
	Kauai	CFS/Hale Opio	301,341		69	4,367		
	Maui/							
	Molokai	MYFS	506,671		116	4,368		
	Oahu	PACT/TIFFE/ PA/Cath. Ch./CFS	1,321,251		308	4,290		
		Totals	\$ 2,751,764		606		4,541	
FY 95	E. Hawaii	TIFFE	195,161		35	5,576		
	W. Hawaii	CFS	212,765		38	5,599		
	Kauai	CFS/Hale Opio	191,693		45	4,260		
	Maui/							
	Molokai	MYFS	326,065		75	4,348		
	Oahu	PACT/TIFFE/ PA/Cath. Ch./CFS	823,758		189	4,359		
		Totals	\$ 1,749,442	-36.2%	382		4,580	-37.0%

Source: Projected figures provided by DHS

Legend

TIFFE - The Institute For Family Enrichment
 CFS - Child and Family Services
 MYFS - Maui Youth and Family Services
 PACT - Parents And Children Together
 PA - Parents Anonymous
 Cath. Ch. - Catholic Charities

During FTI services, therapists are expected to try to link clients up with other needed and continuing services (wrap around services). At the completion of the FTI services, therapists recommend to the referring case worker the wrap around services still needed by the client.

At three, six, and twelve months following the termination of FTI services, the provider must follow-up with the family by telephone to assess whether the family is still intact. The provider submits this follow-up information to the FTI interagency coordination team (ICT) in quarterly reports.

Centralized referrals

The FTI interagency coordination team runs a centralized referral system based in Honolulu. It accepts referrals from the Department of Human

Services, Family and Adult Services Division; the children's teams (and, possibly, the Developmental Disabilities Division) of the Department of Health; Office of Youth Services (OYS) through parole employees at the Hawaii Youth Correctional Facility and OYS' private providers; and Family Court probation officers. The OYS implemented a new program for runaways called the "Hookala Program." The private providers of the new program make referrals to FTI when appropriate.

A referring case worker must call the ICT, fax in a referral form and a consent form, and mail in the referral form. The ICT determines if slots are available. If a slot is available, ICT faxes the referral form to the provider. Slots are filled on a first come, first served basis.

ICT accepts referrals 24-hours a day. The ICT office is open during normal state working hours. Except for Maui, during nights, weekends, and holidays, DHS child protective services workers who are on call take the FTI referrals for the ICT. On Maui, DHS has a purchase of service contract with a private contractor for after hours, weekend, and holiday calls for DHS, Child Protective Services cases and FTI referrals.

The ICT has been staffed by employees deployed from DHS and DOH on a temporary basis. At the time of this study, the ICT positions were in the process of being filled.

Cultural sensitivity is a concern

One of several concerns is the perceived lack of cultural sensitivity in the program. Some state employees perceive the therapists as being not necessarily familiar with the multi-ethnic cultures of their clients. This may hinder the success of FTI services. DHS employees in Hilo, in particular, would prefer to deliver family preservation, home-based services themselves if they can get additional staff. They believe that long-time staff would better understand the difficult social and economic problems of their community and the cultural aspects of these problems.

DHS has considered using its own staff to deliver these services, but DHS appears to be a long way from actually achieving this result. DHS reports that many issues would need to be worked out, including collective bargaining issues and funding for additional staff.

DHS is planning a one-time, one-day training on cultural awareness for private providers sometime in December 1993. The training will be generalized to avoid stereotyping ethnic cultures. The training will encourage therapists to examine their own cultural framework and the cultural framework of their clients. DHS hopes that the providers and referring agencies in each area will put together a panel for a one-half day follow-up training session subsequent to the initial training.

Standardization could create inflexibility

Standardization has its benefits, but it also reduces flexibility. Neighbor island DHS workers and some providers feel that the standardization of services and centralization of referrals will hamper the program.

In the past, DHS workers on Kauai could request a particular therapist that they thought would be appropriate for a specific client. This is no longer possible under FTI because determinations of slot availability and referrals to providers are made by the ICT in Honolulu.

In Maui county, concerns are raised about travel and logistical problems. Significant travel time between the provider's office and rural communities makes it difficult for providers to meet FTI time requirements. Emergency referrals to FTI are hampered on Molokai and Lanai because the DOH children's team on Maui visits Molokai and Lanai only a few times a week. The Maui DHS child protective services referring workers do not have a fax machine in their building. Workers must go two buildings away to fax referrals to the ICT in Honolulu.

In West Hawaii on the Big Island, both the provider and DHS workers share a concern about the loss of their ability to work together to prioritize cases. While prioritization was possible prior to FTI, under FTI, cases are accommodated on a first come, first served basis.

FTI proponents believe that the standardization and centralization of services is needed to collect and evaluate relevant data. Prior to FTI, services were not standardized and data were not centrally collected. In the long run, FTI plans to implement models that would create flexibility in the program. But before implementing other models, proponents say that they need to collect data centrally using a standard model.

An FTI evaluation committee is currently working on data collection forms for evaluation purposes. Some forms have already been issued. In determining what data needs to be collected, the committee finds that the simple three, six, and twelve month Homebuilders' follow-up to see whether the family is still intact is inadequate for evaluation purposes. The committee is working on gathering additional data, including number of referrals, characteristics of the families, specifics on service delivery, and the availability of wrap around services.

Services may be too short

Inadequate duration of services

Concern has been expressed that the length of FTI services—four to six weeks—is not long enough to ensure their success. Some providers and DHS workers on the neighbor islands believe that four to six weeks is insufficient because of geographic distances and the lack of wrap around services. Distances between services located in the main town and rural communities make travel time significant. The number and availability

of wrap around services are believed to be inadequate. FTI services may need to be extended to compensate for the inadequacy of continuing, wrap around services.

Longer-term DOH services

The DOH has implemented another family preservation, home-based program for severely disturbed clients which is used along with FTI. The DOH Children and Adolescent Mental Health Division believes that four to six weeks of services under FTI are not long enough for the division's severely disturbed clients. The DOH's new "Hospital Diversion Program" uses the same private providers it had for family preservation services prior to FTI. The program is a modified, more uniform version of the previous DOH family preservation, home-based services. The program gives 12 weeks of intensive home-based services and 40 weeks of follow-up case management services per family. Families targeted are those with severely emotionally disturbed youth in imminent danger of hospitalization or out-of-home placement.

To cover much of the funding needs of the DOH Hospital Diversion Program, the division is looking at federal funding through Title IV-A of the Social Security Act. The division is also looking at the Medicaid Program (Title XIX) of the Social Security Act—specifically, the early and periodic screening, diagnostic, and treatment provisions (commonly referred to as "EPSDT") and rehabilitation provisions. Other states have used these funding sources. The DOH has hired a consultant for advice on federal funding sources.

Wrap around services are inadequate

There is general consensus among persons involved in FTI that the success of FTI services for a significant number of families depends upon wrap around services. Wrap around services support the continuation of skills learned by families during the short-term, intensive FTI services. The intent of wrap around services is to avert further crises and keep the children in their homes. DHS estimates that 89 to 100 percent of the families need other community resources for support or treatment services following FTI services. DHS also says that only 25 to 40 percent of the families needing wrap around services actually receive them. The FTI program is in the process of gathering data on wrap around services. A resources "gap" form is being used with each family to collect data on needs for and availability of wrap around services.

FTI providers and DHS workers on the neighbor islands, in particular, feel that wrap around services are inadequate. For Maui and Molokai, the perception is of only a handful of wrap around services with limited accessibility because of scheduling, distances between the services and rural communities, and lack of public transportation.

On Kauai, some wrap around services are available because of federal relief moneys for problems associated with Hurricane Iniki. However, these moneys will cease in 1994. Even with these moneys, services for youth offenders and the sexually abused are seen as inadequate.

On the west side of the Big Island, state-funded wrap around programs are seen as limited, and most wrap around services are provided by private therapists. The larger problem appears to be the clustering of services around Kona. Distances from Kona pose a problem for people in Waimea and Ka'u.

On the east side of the Big Island, the provider perceives Hilo as lacking in structured activities for emotionally or developmentally delayed children and on-going supportive services such as parenting training. The provider feels that, under FTI, a lot of parenting skills are taught, but wrap around services are needed to ensure that parents follow through with the skills. DHS workers report that there are long waiting lists for individual and family counseling.

Funding limited to DHS wrap around services

We wish to point out that of the \$4.8 million DHS requested for FTI and support items for FY 1993-94, \$2.4 million was for DHS wrap around programs (and a couple of non-wrap around programs that were in danger of losing funding). Exhibit 2.4 lists these services.

Exhibit 2.4

DHS Wrap Around Services and Other Services Funded by \$2.4 Million of the \$4.8 Million Appropriation

Program ID#:	Program Name:	Amount	Are these services wrap around services ?
HMS 301-03	Mother/Infant Support Teams for Infants at Risk	\$ 110,608	Y
HMS 301-04	Outreach Services for CAN	276,145	Y
HMS 301-05	Group/Family Treatment for CAN	64,630	Y
HMS 301-06	Interfamilial Sex Abuse Treatment	210,779	Y
HMS 301-07	Multidisciplinary Team Consultation Services	195,857	Y
HMS 301-10	Crisis Intervention for Domestic Violence	22,239	Y
HMS 301-11	Child Welfare Services Case Management/Family Reunification	173,566	Y
HMS 301-12	Standby, After Hours Crisis Intervention/Counseling	56,525	Y
HMS 303-01	Emergency Shelter Care for Children	834,445	Y
HMS 303-02	Independent Living Program	221,126	N
HMS 303-03	Therapeutic Foster Care Services for Children	212,089	Y
HMS 303-04	Foster Parent Training	<u>25,267</u>	N
	Total:	\$ 2,403,276	

The wrap around programs are for DHS clients only. Generally, other FTI referring agencies must have their own wrap around services for their respective clients. The DOH children's teams provide continuing services for their clients following FTI services. The Judiciary also has some wrap around programs for families under its jurisdiction. The Office of Youth Services reports that it has not yet had to deal with cases needing wrap around services.

DHS indicates that it plans to look at strategies to facilitate interagency access to the wrap around programs of the referring agencies.

Conclusion

FTI administrators need to address many concerns as the program continues to be implemented. In particular, DHS should evaluate the need, availability, and accessibility of wrap around services by island and community.

The FTI program is making a good start by collecting general data through the "gap" list which asks for information on services needed by and available for clients in a particular community. However, a more detailed assessment of actual, specific services available in each community on each island (whether state, federal, or privately funded) and the accessibility of such services is needed. Accessibility should be evaluated in terms of geography and scheduling and also in terms of access to programs among state agencies. This detailed assessment of existing services is necessary to determine the extent to which services are lacking or inadequate.

Only with a complete evaluation of current wrap around services can adequate planning begin for the funding of these services. Planning for the funding of wrap around services should be done in conjunction with the planning of FTI services. DHS, the FTI executive board, and ICT should consider the needs of the clients of all referring agencies, instead of just the needs of DHS clients. If wrap around services continue to be limited in availability and accessibility, DHS, the FTI executive board, and ICT should consider extending the duration of the FTI services.

DHS Was Very Optimistic in its Representations to the Legislature

DHS proposed a funding scheme for FTI to the Legislature based on some very optimistic assumptions. The department assumed that the federal government would readily approve amendments to the State's plans on Title IV-A and Title IV-E of the Social Security Act. The department assumed that its amended plans would meet most of the requirements set by the federal government. The department was also very optimistic about the expected amounts of federal reimbursements.

During the 1993 legislative session, DHS requested an additional \$4.8 million in general funds from the Legislature. The department planned to spend part of the additional moneys on a Title IV-A reimbursable program to maximize federal dollars.

DHS represented that it would be able to capture \$2.4 million through the Title IV-A Emergency Assistance for Needy Families program. The Title IV-A program reimburses the department at a 50 percent match. The \$2.4 million would be an increase in the amount of federal funds received by the State.

The department estimated that it could capture at least an additional \$4.8 million in reimbursement from the federal government under Title IV-E for foster care. The increase in Title IV-E funds would be accomplished by requesting that Region IX, U.S. Department of Health and Human Services (DHHS) raise the Title IV-E administrative costs reimbursement rate from 30 percent to 40 percent. DHS testified that it would give the \$4.8 million of federal funds to the State's general fund to offset the \$4.8 million requested in general funds.

The FTI funding mechanism ran into problems

DHS sought to fund the FTI program at zero cost by proposing a funding scheme. To convince the Legislature to fund the request, the DHS scheme tied together two separate federal programs that were only partially related to FTI—the Title IV-E program and the Title IV-A program. The scheme is very confusing. We separated the funding scheme into its two component parts for clarity. DHS has been encountering some problems with its proposed funding scheme.

The Title IV-E program

Title IV-E, "Federal Payments for Foster Care and Adoption Assistance," reimburses states for foster care, adoption assistance, and independent living programs. It has a requirement that reasonable efforts be made (1) prior to the placement of a child in foster care to avoid removal of the child from the child's home; and (2) to make it possible for the child to return to the child's home. Title IV-E makes the state responsible for making "reasonable efforts," but it has no funding for family preservation or related services.

Title IV-E does not have a direct impact on FTI. It is linked to FTI only in that it requires the State to make "reasonable efforts" to prevent child placement, and DHS plans to use it as the mechanism to return the \$4.8 million to the general funds.

In prior fiscal years, the department had requested, and the Governor had allowed it to keep some of the amount reimbursed from the Title IV-E

program. To obtain the \$4.8 million for the general fund, DHS is planning to increase the amount the program reimburses and return all of it to the general fund.

Prior to 1990, DHS could claim very few IV-E eligible children. Title IV-E reimbursement for administrative costs is based on a ratio of the number of children eligible for IV-E over the total number of children needing placement, on a cumulative basis. During 1990-1991, DHS worked with Region IX to increase the reimbursement rate. Region IX allowed the department to use a different ratio in order to claim a reimbursement rate of 30 percent. This ratio represents the number of new eligible IV-E children per month over the total number of children placed within that month.

DHS submitted to Region IX an amendment to its IV-E plan to increase the administrative costs reimbursement ratio from 30 percent to 40 percent. It expected to increase claimable administrative costs (and some maintenance costs) based on the State's current ability to claim more eligible children. DHS used information from the previous fiscal year (FY1993) to justify its request for an increase.

DHS has run into difficulty in getting the increased reimbursement. Region IX has required DHS to collect data for federal FY1992 to verify that it met the 30 percent reimbursement rate. Currently, instead of a flat 40 percent rate, the department says that Region IX is allowing it to submit claims based on the actual percentage obtained each quarter, using the percentage of the total foster care population. For the quarter ending in September 1993, the actual percentage was 57 percent (up from 20 percent in December 1991).

The Title IV-A program

Title IV-A, "Assistance to Families with Dependent Children" (AFDC), encourages the care of dependent children in their own homes. Under this title, a program called "Emergency Assistance to Needy Families with Children" allows the State to provide emergency assistance to families in a crisis.

This portion of the funding scheme is directly related to FTI. DHS plans to use the Title IV-A Emergency Assistance to Needy Families with Children program to capture federal reimbursements for some of the FTI and wrap around services programs. DHS had used this program in prior fiscal years to get federal reimbursement for emergency assistance to homeless families.

DHS learned about the possibility of using the Title IV-A, Emergency Assistance program as a funding mechanism through its participation in the National Governors Association (NGA) conference on family

preservation in Washington D.C. (June 23-24, 1992). DHS submitted its first proposal to Region IX in January 1993. Testimony to the Legislature on the proposed funding mechanism assumed that Region IX would approve the DHS plan.

The emergency assistance program may be used to provide services to families only once every 12 months. During the course of negotiating the State's IV-A plan with Region IX, DHS discovered that it had no way to track families among various agencies to ensure that they receive IV-A eligible services only once in a twelve-month period. FTI was designed as an interagency effort and DHS has no way to track families on an interagency basis.

DHS is currently working on a proposal to modify its computer, the Child Protective Services System, to track the required data. If DHS is unable to modify its system to get the data, it will capture considerably less federal moneys. DHS estimates that it would only be able to capture \$600,000 without the computer system in place.

The department has had difficulty getting its Title IV-A, emergency assistance plan approved. DHS modeled its plan after Michigan's and Missouri's and had various consultants (from states with similar plans) assist in the planning. Since other states in other regions had gotten their plans approved, DHS assumed that Region IX would approve Hawaii's plan.

Region IX may not follow the "precedent" set in other regions. Region IX has required DHS to provide more detail to the state plan. The department is currently working diligently to modify the plan to make it acceptable to Region IX. DHS was planning to submit a third draft of its IV-A plan by October 1993. This means that DHS will not be able to claim reimbursement retroactively. Region IX has told DHS that the effective date of its plan will be October 1, 1993, and will not be retroactive to the starting date of the FTI program. The department has lost Title IV-A reimbursements for the first quarter of the State's FY1993-94.

Title IV-B—another federal funding source

Under the 1993 Congressional House budget bill, Title IV-B of the Social Security Act was amended to provide an additional funding source for family preservation services. The amendment was for the purpose of "encouraging and enabling each State to develop and establish, or expand, and to operate a program of family preservation and community-based family support services."¹ The amendment will impact FTI in two ways, one of which is significant with regard to collecting reimbursement under Title IV-A.

The amendment provides an additional source of funding for the State. The program will reimburse the State based on the average monthly number of children receiving food stamp benefits in the three most recent fiscal years. The amount will be the lesser of: (1) the state's allotment amount determined by the food stamp percentage or (2) at a 75 percent matching rate for expenditures.

The actual amount received under this program will not be significant until later fiscal years. The amendment provides \$60 million nationwide for federal FY1994, \$150 million for FY1995, \$225 million for FY1996, and \$240 million for FY1997.

The amendment will also have a significant impact on claims for reimbursement under Title IV-A because it will reimburse costs for a computer data collections system. It provides for a 75 percent reimbursement for the "planning, design, and development, or installation of a state-wide mechanized data collection and information retrieval system."² It also provides a 50 percent reimbursement for the cost of operating the system.

DHS is pursuing this as a possible way of paying for the cost of computer modification work being done to the Child Protective Services System to track the IV-A eligibility of families. DHS stated that Region IX estimated that program instructions would be released by December and that a notice of proposed rule-making would be out by April 1994. Region IX estimated that funds would be available by May or June 1994. DHS has sent Region IX a letter of intent which is a requirement for claiming current, on-going costs under this program.

Uncertainty in Actual Amounts of Federal Reimbursements

DHS has been very optimistic in its assumptions and representations to the Legislature. But at the time this study was being conducted, there was uncertainty in the actual amounts of federal reimbursements that DHS would be able to receive under Titles IV-E and IV-A. The amounts will depend on: (1) the State's quarterly reimbursement ratio under Title IV-E; (2) Region IX's approval of the State's Title IV-A plan for emergency assistance; and (3) modifications being made to the Child Protective Services System.

No major problems with reimbursement under Title IV-E are expected by DHS. However, if the amount falls short of \$4.8 million, DHS indicated that it plans to cut the services funded by the \$4.8 million in general funds to make up the difference between the amount reimbursed by the federal government and the \$4.8 million needed to reimburse the general fund.

The approval of and the amount of reimbursement from the Title IV-A plan seem to be in question. This will not affect the return of the \$4.8 million to the general fund, but it will have an impact on whether DHS will be able to maximize federal funds and expand its FTI program. DHS had planned to request that the governor allow it to use the amount reimbursed to expand FTI and offset the cost of other services and positions. It is likely that the amount of reimbursement for this fiscal year will not even be close to the \$2.4 million that the department initially stated it would capture. However, DHS states that \$2.4 million will be captured in FY1995. Exhibit 2.5 provides a comparison of representations and estimated reimbursements as of November 1993.

**Exhibit 2.5
DHS Funding Scheme: Representations and Expected Reimbursements for FY1993-1994**

	Title IV-A	Title IV-E
Presented to Legislature: February 1993	\$ 2,400,000	\$ 4,800,000
Estimate as of November 1993	\$ 600,000	\$ 4,800,000

DHS plans to expend \$4.8 million

The \$4.8 million reimbursement from Title IV-E to refund the \$4.8 million general fund appropriation is very important to DHS. Any decrease in this reimbursement could have a significant impact on DHS' planned expenditures for FTI, support services, and positions. The department has planned to use the \$4.8 million general fund appropriation in three separate areas. The department planned to spend \$1.0 million on FTI. It intended to use the remaining \$3.8 million to fund other ongoing programs and positions within the department.

It planned to spend \$1.4 million on existing temporary, unbudgeted positions. The department claims that the positions are necessary and would be used to meet the "reasonable efforts" requirement of Title IV-E. Some positions are directly related to the funding scheme since the personnel work on claims for Title IV-E reimbursements. Other positions are social work positions that are used to satisfy the reasonable efforts requirement.

The department plans to spend \$2.4 million from the \$4.8 million appropriation on wrap around programs. Some of the programs are related to FTI. They provide follow-up services to the initial intensive services. Other programs have no direct relationship to FTI, but were included because their funding was inadequate or cut. Exhibit 2.4 identifies these programs.

Exhibit 2.6 breaks down the \$4.8 million into the three separate components. Columns one and two give the program identification number and name. Column three is the amount of money DHS had allocated from its budget for POS contracts, the ICT, and training. Moneys transferred to DHS from OYS and DOH for FTI purchase of service contracts are included in this figure. Column four gives the breakdown of the additional \$4.8 million appropriated. Columns five and six are the legislative add-ons and restrictions. Column seven is the total amount to be spent.

Interdepartmental funds

Built into DHS' FTI funding mechanism are funds contributed by other departments. In planning FTI, DHS coordinated with other agencies that placed children. The agencies included were OYS, DOH, and the Judiciary. The agencies agreed to "pool" their money and resources to use them more effectively. In addition, OCY (Office of Children and Youth) also agreed to add to the "pool."

The Departments of Accounting and General Services and Budget and Finance set up a special "U" fund that allows departments to make interdepartmental transfers of moneys to DHS. Transferred money was divided into three categories.

The agencies have set aside part of the money to pay for training, part to set up the ICT, and part to fund the POS contracts. Exhibit 2.7 shows the sources of funds for the FTI program by agency and the purposes for which the funds will be spent. DHS plans to spend about \$3.05 million on FTI, including the \$1.0 million out of the \$4.8 million appropriated. Over 97 percent of this will be spent on contracts with private providers.

Conclusion on Funding

The FTI program serves an important purpose in trying to avert the break up of families and problems associated with foster placement. Nevertheless, DHS should be accountable for its representations to the Legislature. The Legislature relied on those representations in authorizing the \$4.8 million to DHS for FTI purchase of service contracts, wrap around programs, and supporting positions.

The Legislature should insist that federal reimbursements based on the Title IV-E funding mechanism be immediately refunded to the State's general fund. Until the \$4.8 million is fully refunded, the Legislature should not expand FTI services, wrap around services, and supporting positions beyond their current levels.

**Exhibit 2.6
Planned Expenditures for \$4.8 Million Appropriated by the Legislature, FY 1993-1994**

(1) Program ID RFP#	(2) Program Name	(3) Previously Allocated Money	(4) Additional Appropriation	(5) Legislative Add-ons	(6) Restriction Adjustments	(7) Adjusted Total
I. FTI=\$1.0 million						
HMS 301-01	Family Preservation	\$ 1,773,138**	\$ 1,008,428	\$ 0	\$ (29,801)	\$ 2,751,765
II. POS Wrap Around Services=\$2.4 million						
HMS 301-02	Individual/Family Counselling for CAN	\$ 315,521	\$ 0	\$ 52,392	\$ (5,519)	\$ 362,394
HMS 301-03	Mother/Infant Support Teams for Infants at Risk	306,116	110,608	0	(6,251)	410,473
HMS 301-04	Outreach Services for CAN	0	276,145	0	(4,142)	272,003
HMS 301-05	Group/Family Treatment for CAN	178,869	64,630	44,170	(4,315)	283,354
HMS 301-06	Interfamilial Sex Abuse Treatment	583,348	210,779	0	(11,912)	782,215
HMS 301-07	Multidisciplinary Team Consultation Services	542,053	195,857	0	(11,078)	726,832
HMS 301-08	Interstate Compact (ICPC) Services	174,801	0	0	0	174,801
HMS 301-09	Domestic Violence Shelter and Support Services	1,077,243	0	1,101,950	(32,688)	2,146,505
HMS 301-10	Crisis Intervention for Domestic Violence	61,547	22,239	0	(1,257)	82,529
HMS 301-11	Child Welfare Services Case Management/Family Reunification	413,315	173,566	0	(8,803)	578,078
HMS 301-12	Standby, After Hours Crisis Intervention/Counselling	0	56,525	0	(848)	55,677
HMS 303-01	Emergency Shelter Care for Children	672,278	834,445	550,000	(204,370)	1,852,353
HMS 303-02	Independent Living Program	0	221,126	0	0	221,126
HMS 303-03	Therapeutic Foster Care Services for Children	0	212,089	0	0	212,089
HMS 303-04	Foster Parent Training	0	25,267	0	0	25,267
Totals:		\$ 4,325,091	\$ 2,403,276	\$ 1,748,512	\$ (291,183)	\$ 8,185,696
III. Staff to ensure "reasonable efforts" requirements =\$1.4 million						
HMS 301	Families Together Coordinator	\$ 0	\$ 0			
HMS 301	12 CAN investigator positions	0	0			
HMS 301	6 paraprofessional positions-Hawaii Branch	0	118,127			
HMS 301	1 paraprofessional position-Kauai Branch	0	25,388			
HMS 301	5 paraprofessional-Maui Branch	0	98,439			
HMS 301	20 paraprof. pos., 1 inst. abuse, 3 adopt. spec.-Oahu	0	507,745			
HMS 301	CWS staffing, 25 permanent positions	0	0			
HMS 301	Chore/Family Case CFI	0	0			
HMS 303	Family Preservation Training	0	0			
HMS 303	2 ILP Spec., 2 IMW positions-Hawaii Branch	0	102,132			
HMS 303	1 ILP Spec., 1 IMW position-Kauai Branch	0	50,416			
HMS 303	0 ILP Spec., 1 IMW position-Maui Branch	0	24,240			
HMS 303	6 IMW, 1IMW Supt., 1 CT positions-Oahu Branch	0	259,781			
HMS 303	2 SW III, 1 SSSA III positions-Oahu Branch	0	126,672			
HMS 303	1 IV-E ACC, 1 IMW/CC, 1 Foster Care Coordinator	0	154,728			
Total:			\$ 1,467,668			
**Figure includes DOH and OYS			\$ 1,008,428			
POS moneys (\$500,000 for OYS, \$294,000 for DOH)			\$ 2,403,276			
			\$ 1,467,668			
GRAND TOTAL:			\$ 4,879,372			

Exhibit 2.7
Sources of Funding for the Families Together Initiative program,
FY1993-1994

Agency	Amount	Purpose	Agency Total	Method of Transfer
DHS***	\$ 1,900,000 75,000 12,000	POS ICT Training	\$ 1,987,000	Budget Budget Budget
DOH	294,800 125,000 70,000	POS ICT Training	489,800	"U" Fund "U" Fund Journal Voucher**
OYS	500,000	POS	500,000	Intradepartmental Transfer - OYS administratively attached to DHS
OCY	53,000	Training	53,000	Journal Voucher**
Judiciary	25,000	ICT	<u>25,000</u>	Journal Voucher
		Total:	\$ 3,054,800	

** Money encumbered through agreements made last fiscal year

*** Figure includes the DHS budget and \$1.0 million out of the \$4.8 million appropriated

Recommendations

1. The Department of Human Services, Families Together Initiative executive board, and Families Together Initiative interagency coordination team should: (a) address the concerns of providers and referring case workers regarding the need for cultural sensitivity and flexibility; (b) evaluate the need, availability, and accessibility of wrap around services by island and community; and (c) plan for wrap around services in conjunction with FTI services. A balance needs to be struck between the duration of FTI services and the availability and accessibility of wrap around services.
2. The Legislature should mandate that federal reimbursements resulting from the Title IV-E funding mechanism be immediately refunded to the general fund. Until the \$4.8 million is fully refunded, the Legislature should not expand FTI services, wrap around services, and supporting positions beyond their current levels.

Notes

Chapter 2

1. U.S. Congress, *Title IV-B of the Social Security Act*, Sect. 430.
2. U.S. Congress, *Title IV-B of the Social Security Act*, Sect. 474.

Responses of the Affected Agencies

Comments on Agency Responses

We transmitted a draft of this report to the Department of Human Services, Department of Health, and Families Together Initiative executive board. A copy of the transmittal letter to the Department of Human Services is included in this report as Attachment 1. Similar letters were sent to the Department of Health and the FTI executive board. The responses of the Department of Human Services, the FTI executive board, and the Department of Health are included in this report as Attachments 2, 3, and 4, respectively.

The Department of Human Services found our study to be very comprehensive. The department generally agreed with our findings and recommendations. It added comments and clarified and updated information provided in the draft. We incorporated some of the clarifications into the report.

The FTI executive board also agreed generally with our findings and recommendations. The board says that “FTI has already taken steps to address the concerns raised in the study.”

The Department of Health concurred with our recommendations on assessment and for culturally sensitive services of sufficient flexibility and duration that are supported by a range of wrap around services.

ATTACHMENT 1

STATE OF HAWAII
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917



MARION M. HIGA
State Auditor

(808) 587-0800
FAX: (808) 587-0830

December 22, 1993

COPY

The Honorable Winona E. Rubin, Director
Department of Human Services
1390 Miller Street
Honolulu, Hawaii 96813

Dear Mrs. Rubin:

Enclosed for your information are three copies, numbered 6 to 8 of our draft report, *Study of Family Preservation Services and the Families Together Initiative*. We ask that you telephone us by Monday, December 27, 1993, on whether or not you intend to comment on our recommendations. If you wish your comments to be included in the report, please submit them no later than Monday, January 3, 1994.

The Department of Health, Families Together Initiative Executive Board, Governor, and presiding officers of the two houses of the Legislature have also been provided copies of this draft report.

Since this report is not in final form and changes may be made to it, access to the report should be restricted to those assisting you in preparing your response. Public release of the report will be made solely by our office and only after the report is published in its final form.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marion M. Higa".

Marion M. Higa
State Auditor

Enclosures

JOHN WAIHEE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

WINONA E. RUBIN
DIRECTOR

LYNN N. FALLIN
DEPUTY DIRECTOR

LESLIE S. MATSUBARA
DEPUTY DIRECTOR

December 31, 1993

Ms. Marion M. Higa
State Auditor
State of Hawaii
465 South King Street, Room 500
Honolulu, Hawaii 96813-2917

RECEIVED
DEC 30 11 59 AM '93
OFC. OF THE AUDITOR
STATE OF HAWAII

Dear Ms. Higa:

Thank you for this opportunity to comment on the draft copy of the Study of Family Preservation Services and the Families Together Initiative.

The Department found the study to be very comprehensive. We would like to make a few comments and have also added an attachment (Attachment 1) to clarify specific items in the study:

BACKGROUND - We agree that, prior to the implementation of the Families Together Initiative (FTI), intensive home-based services were delivered in a varied manner, which was difficult to monitor and evaluate. It is for that reason that we centralized and standardized the services. We are monitoring the interagency implementation very carefully and will modify the program if our data indicates, over time, the need to do so in order to better serve our most at-risk families.

CULTURAL SENSITIVITY - We are very aware of the need to be sensitive to the varied cultures represented by our state's diverse ethnic mix. For that reason, we are offering an initial cultural awareness training, which includes local follow-up sessions so that resources knowledgeable in the various cultures can be identified on the various islands. On-going interagency workshops on cultural diversity will also be available from various agencies.

WRAP AROUND SERVICES (FTI definition: Wrap around services are developed for one family at a time, designed in accordance with their goals, and are community-based. They address all of the basic needs of the family as they work to stay together: i.e. does the family need help with housing, with day-to-day management, with family interactions, with school, with friends, with legal problems, with health, with employers or employment, or with safety or environmental issues?) - We concur with your

Study of Family Preservation Services
and the Families Together Initiative

Page 2:

Paragraph 4 - "According to the FTI plan developed by the FTI core team, the executive board is to serve as the policy-making body for the program."

Please be advised that the role of the executive board has been changed. They are now charged with advising the Director of the Department of Human Services on policies pertaining to the implementation of FTI.

Page 12:

FY 94:	Kauai	CFS	252,582	58	4,355
		Hale Opio	48,759	11	4,433
FY 95:	Kauai	CFS	153,762	36	4,271
		Hale Opio	37,931	9	4,215

Paragraph 1 - "During the four to six weeks of service, families receive up to 20 hours or more of services per week."

Page 13:

Paragraph 3 - The Developmental Disabilities Division of the Department of Health can also make referrals.

Paragraph 4 - should read: "A referring case worker must fax in a referral form and a consent form and mail in the originals. The ICT determines if slots are available. If a slot is available, the ICT telephones the referral to the provider. Slots are filled on a first come first served basis."

Paragraph 5 - should read: "Except for Maui, during nights, weekends, and holidays, DHS child protective services workers make referrals directly to FTI providers."

Page 14:

Paragraph 3 - the last sentence should read: "DHS is arranging for the providers and referring agencies in each area to put together a panel for a one-half day follow-up training session subsequent to the initial training."

Paragraph 6 - Please note that arrangements have been made for any referring agency that does not have access to a fax machine to phone in their referrals, then to mail in the original referral and consent forms. Maui does this on a regular basis.

The Honorable Marian Higa
December 31, 1993
Page 2

findings that wrap around services are inadequate to meet the needs of Hawaii's families. While the Interagency Coordination Team (ICT) is assisting with data collection for the FTI families, the issue of adequate wrap around services is broader than the population served by FTI. Therefore, the Core Team, in conjunction with private sector and legislative representation, has begun to look at strategies for mapping out existing family support services delivered in this State by geographic area. They will also be addressing ways to increase broader access to existing services by the families needing them.

FUNDING - This Department assured the Legislature that we would reimburse the general fund with \$4.8 million in Title IV-E funds to repay the general funds advanced last year. We are targeted to reimburse at least the promised \$4.8 million to the State.

We had also promised to try and maximize new Title IV-A funds. Due to our writing the state plan broadly enough to maximize funds across departments and to cover 180 days rather than 90 days of emergency services, we experienced a delay in the plan approval from Region IX. However, we have now received verbal approval and should be able to start claiming for FTI services beginning in January. While we anticipate bringing in about \$600,000 this year, we should be able to meet our targeted \$2.4 million reimbursement for DHS services in FY 1995. Other agencies should also be able to claim reimbursements next fiscal year if we can get our computer tracking services on line.

The most significant aspect of FTI, which you alluded to in your report, is its success in bringing the various agencies together to work collaboratively for the first time. It is our fervent expectation that this spirit of collaboration will be maintained as Hawaii continues to nurture its children and families.

Please do not hesitate to call us if we can provide any further clarification.

Sincerely,


Winona E. Rubin
Director

Attachment



Families Together Initiative

"A Cooperative Venture to Preserve Hawai'i's Families"

December 30, 1993

RECEIVED

DEC 30 12 47 PM '93

OFF. OF THE AUDITOR
STATE OF HAWAII

Marion H. Higa
Office of the Auditor
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917

Re: Response of the Executive Board of the
Families Together Initiative

Dear Ms. Higa:

The Families Together Initiative (FTI) is family preservation services which are intensive, family-centered and home-based services designed to prevent the out-of-home placement of children which would otherwise be necessary.

This is a multi-agency collaborative effort which includes the Departments of Human Services, Health, Education, Budget and Finance, Accounting and General Services, Personnel Services, Attorney General, the Office of Youth Services, the Governor's Office of Children and Youth, and the Family Court.

The FTI Executive Board consists of representatives from each of these agencies, plus representatives from the Salvation Army in Hilo, Hale 'Opio on Kauai, the National Association of Social Workers (the current representative is from Maui), The Institute for Family Enrichment (TIFFE), Parents and Children Together (PACT), Hawaii Families as Allies, the Honolulu Police Department, the Military, and a member from each Legislative body. This collaborative effort is a new and successful way of conducting business for the state.

THE STUDY

The Study of Family Preservation Services and the Families Together Initiative made a number of recommendations: The study recommended, in pertinent part, that:

1. The Department of Human Services, Families Together Initiative executive board, and the Families Together Initiative interagency coordination team should: (a) address the concerns of providers and referring case workers regarding the need for cultural sensitivity and flexibility; (b) evaluate the need, availability, and accessibility of wrap around services by island and community; and (c) plan for wrap around services in conjunction with FTI services. . . .

2. The Legislature should mandate that federal reimbursements resulting from the Title IV-E funding mechanism be immediately refunded to the general fund. . . .

The Executive Board of the Families Together Initiative (FTI) will respond to each of these recommendations.

CULTURAL SENSITIVITY

The FTI Executive Board agrees that FTI services need to be culturally sensitive. To address that issue, the FTI Executive Board and DHS arranged training in cultural sensitivity for all providers on all islands. A total of 177 individuals were trained - 18 in Hilo; 32 on Kauai; 22 in Kona; 34 on Maui; 21 on Molokai; and 50 on Oahu. Follow-up training sessions are also scheduled to be completed by February, 1994. These follow-up sessions are to address specific areas of concern which the participants, themselves, identified.

Those who received the training were very favorably impressed. For example, some of the written evaluations of the training included comments, such as:

"Very stimulating; pertinent."

"The tools provided at this workshop will be very helpful. The ideas shared and the history shared was very profound."

"Excellent!!"

The FTI Executive Board hopes that these types of training sessions can be provided on an ongoing basis.

FLEXIBILITY

We agree with the auditor that home-based services which preceded FTI did not comprise a cohesive program, had variations in the delivery of services, and had inconsistent monitoring. FTI was developed in response to that state of affairs and to the Study of Foster Care in Hawaii of 1990.

In choosing a state-wide model for the delivery of intensive home-based services, FTI decided upon the Homebuilders model for a number of reasons. Homebuilders has been in existence for nineteen (19) years; Homebuilders has been replicated in 30 states; Homebuilders has an evaluation component which shows that, 12 months after the intervention, it has succeeded in avoiding out-of-home placement of children in at least 70% of the families served; and Homebuilders is cost effective - costing less per family than the average cost of foster care for a child. In addition, the National Governors' Association and the National Conference of State Legislatures have encouraged states to utilize the Homebuilders model. Furthermore, some local providers of intensive home-based services had already been using the Homebuilders model. No other model has such an impressive track record.

NEED, AVAILABILITY AND ACCESSIBILITY OF WRAP AROUND SERVICES

Wrap Around services could be defined as those services which will assist in maintaining children in their home. Such services include, but are not limited to, mental health services, counseling, parenting education, drug treatment, alcohol treatment, educational training, tutoring, job training and placement, public health nursing services, homemaking services, and the like. These services existed long before FTI and continue to exist today.

Both private and public providers of services to families have felt that there are insufficient wrap around services. To address this concern, FTI is collecting data to determine which wrap around services are most needed and to determine which communities need which services. This data is being collected by each provider in FTI.

WRAP AROUND SERVICES IN CONJUNCTION WITH FTI SERVICES

FTI is just one piece of a continuum of services which should be made available to families at risk. Wrap around

The Honorable Marion H. Higa
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services come into play in two ways in conjunction with FTI. First, wrap around services should be available to families before FTI becomes necessary. Second, once FTI has become necessary, wrap around services should be available to families to support and further the progress they made through FTI. FTI is not, nor should it be, a substitute for wrap around services.

FEDERAL REIMBURSEMENTS

The Department of Human Services (DHS) is the agency responsible for ensuring this State's draw-down of federal funds. Therefore, the FTI Executive Board will defer comment on this section of the study to DHS.

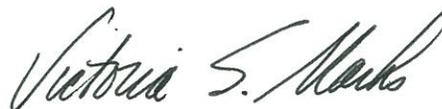
Nonetheless, one area of concern deserves mentioning. If wrap around services are to be provided to the extent necessary to service our families in a proper fashion, then any new federal monies received by the state should be returned to those state agencies responsible for providing wrap around services, rather than going into the general fund.

CONCLUSION

FTI has already taken steps to address the concerns raised in the study.

The FTI Executive Board thanks you for your thoughtful review of FTI and also thanks you for the opportunity to respond to your study.

Very truly yours,



Victoria S. Marks
Chair, FTI Executive Board

cc: FTI Board members

JOHN WAIHEE
GOVERNOR OF HAWAII



JOHN C. LEWIN, M.D.
DIRECTOR OF HEALTH

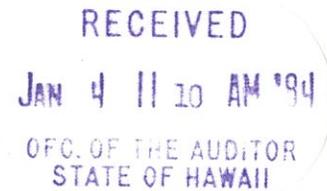
STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
File: FHSD/MCHB

December 27, 1993

Ms. Marion M. Higa, State Auditor
State of Hawaii
Office of the Auditor
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917



Dear Ms. Higa:

Thank you for allowing the Department of Health to comment on your report Study of Family Preservation Services and the Families Together Initiative. The Department of Health concurs with the reports recommendation for:

Standardize assessment and outcome measures to document program effectiveness for all family preservation type services within the Departments of Health and Human Services. It is suggested that outcome measures to document the effectiveness of family preservation be correlated with the Governor's Family Policy Academy set of objectives.

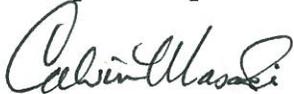
Culturally relevant interventions which are flexible, of extended durations and supported by a range of wrap around community services.

The report concluded that there was insufficient data to determine the effectiveness of home bases services which preceded the Families Together Initiative. However, the report was quite narrow in its interpretation of family preservation and home based services. It focused primarily on the home builders model. There are other family preservation and home based programs such as the Family Centers and Healthy Start which has documented program success. Family Preservation services should begin before the point of crisis, program intervention early within the lifecycle of families will prevent foster care placement in the long run.

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The Department of Health is a participant in the Families Together Initiative planning effort in conjunction with the Department of Human Services. This new planning effort will conduct a needs assessment of the range of family preservation services which will include primary and secondary prevention services beyond the home builders model. Including a broad range of family preservation services will have a positive impact on the state's ability to capture Title IV A-B- E funds.

Very Truly Yours,



Dr. JOHN C. LEWIN, M.D.
Director of Health