
Study of the Families Together Initiative, Final Report

A Report to the
Governor
and the
Legislature of
the State of
Hawai'i

Report No. 95-6
February 1995



THE AUDITOR
STATE OF HAWAII

The Office of the Auditor

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OVERVIEW

THE AUDITOR
STATE OF HAWAII

Study of the Families Together Initiative, Final Report

Summary

In response to the Legislature's request, we described and evaluated (1) the current situation and general success of the Families Together Initiative (FTI) program, including the funding of FTI and FTI funding in comparison with the funding of other programs, and (2) any significant changes from the original program. The FTI program seeks to prevent out-of-home placement of children and to reunify families. Program services are based in the homes and provided by private vendors.

We found that FTI services are needed, but limited. The program is not designed to meet the needs of all families. The Department of Human Services (DHS) has not demonstrated that FTI can reduce the foster care caseload; no direct link between FTI and the foster care caseload has been established. We found that the funding and budgeting of FTI and other DHS social services programs are too tenuous to justify expanding FTI. We also found that the organizational structure for the program with its executive board has led to confusion and conflict. Additionally, we found that the program has only partially addressed the concerns in our interim report.

Recommendations and Responses

We recommend that the FTI program be continued, but kept in perspective with the need for other social services programs. We believe that the Legislature should not expand funding for FTI beyond its current level and that the funding for the operations of FTI's Interagency Coordination Team should be expanded *only* with additional contributions from participating agencies. DHS should present to the Legislature separate funding requests for the FTI program, the positions, and wrap around programs now included in the \$4.8 million yearly appropriation.

We recommend that FTI determine "success" using multiple outcome measures, including the safety of the child as the primary criterion. We recommend that FTI define factors for determining "imminent risk" to ensure that decisions on eligibility for FTI will be more standardized. We restate our prior recommendation that FTI evaluate and plan for wrap around services to be used in conjunction with FTI. Finally, we recommend that the FTI executive board be dissolved and the interagency coordination be outlined in a memorandum of agreement.

Both the Department of Human Services and the Families Together Initiative executive board generally agreed with our findings and recommendations. Both DHS and the FTI executive board added their own comments and points of clarification.

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Submitted by

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STATE OF HAWAII

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Foreword

This report was prepared in response to a proviso in the 1993 General Appropriations Act that requested the State Auditor 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, Human Resources Development, Education, and Attorney General; the Family Court; 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.

Marion M. Higa
State Auditor

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Chapter 1

Introduction

In 1993, the Department of Human Services (DHS) initiated the Families Together Initiative (FTI) to improve programs that seek to prevent out-of-home placement of children and to reunify families. FTI would merge existing intensive, home-based, family preservation services into one program with standardized services consisting primarily of four to six weeks of intensive home-based services provided through private providers. To decide whether FTI should be continued beyond the 1993-95 fiscal biennium, the Legislature requested that the State Auditor evaluate both FTI and its predecessor programs. The Legislature requested a report to the 1994 session on the state's family preservation services and evaluation reports on FTI to both the 1994 and 1995 sessions of the Legislature.

The earlier family preservation programs consisted of a loose collection of counseling and therapy services. They differed from FTI in not having a central referral process and a common set of services. In our *Study of Family Preservation Services and the Families Together Initiative*, Report 94-2, we evaluated the administration, provision, and funding of family preservation, home-based services in the state prior to the implementation of FTI, and evaluated the development, intended benefits, and implementation plan for FTI.

This final report evaluates the progress of FTI one year after its implementation. The Legislature had asked that the evaluation include a detailed status and expenditure report; review of federal 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.

Background

Family preservation programs are based on the philosophy that keeping the family together is in the best interest of the child. Family preservation programs have become a national trend, although their purpose, philosophy, and claims of cost savings have been criticized. In 1993, Congress earmarked nearly \$1 billion to be spent over a five-year period for family preservation services and other family support programs.¹ Currently, 30 states have some form of family preservation services.²

Both FTI and its predecessor programs have had heavy reliance on private providers to serve the at-risk families. Private contractors to the Department of Health (DOH) and Department of Human Services (DHS) delivered the earlier family preservation services. These services, however, were uncoordinated and not standardized. In May 1992, Hawaii seized an opportunity to develop a statewide plan for family preservation services. DHS presented a multi-agency plan at a conference of the National Governors Association that was instrumental in establishing the multi-agency core team that implemented FTI.

FTI was also established in response to the *Study of Foster Care in Hawaii*, issued in 1990 by the Office of the Auditor. The study concluded that Hawaii over-used foster care at a rate three times higher than the national rate.³

Additionally, FTI was established to capture more federal funding under Title IV-E and Title IV-A of the Social Security Act, and to comply with the Title IV-E requirement that states make “reasonable efforts” to prevent unnecessary out-of-home placement of children.

Current FTI program

FTI represents the planning efforts of many agencies. In addition to DHS and DOH, the Departments of Education, Budget and Finance, Accounting and General Services, Human Resources Development, and the Attorney General; the Office of Youth Services (OYS); the Governor’s Office of Children and Youth (OCY); and the Family Court are involved with planning. Representatives from these agencies form an executive board that should oversee and make policy decisions about the program’s direction.

An Interagency Coordination Team (ICT) administers the program. At the inception of FTI, ICT was part of the Office of the Director of Human Services. In Spring 1994, DHS moved ICT into one of its divisions. ICT currently has a staff of three—the FTI coordinator, a program specialist, and a secretary.

As a central clearinghouse, ICT receives phone calls and faxes from case workers who refer families needing help. Children who are abused, neglected, runaways, youth offenders, or emotionally disturbed and under the jurisdiction of DHS, DOH, OYS, or Family Court are referred to ICT. The ICT refers eligible cases to private providers under purchase of service contracts. ICT prepares and monitors contracts with private providers and serves as staff to the executive board.

Unlike the predecessor programs, FTI services are standardized. The children must be at risk of being placed out-of-home within 24-48 hours or designated to be reunified with their families from an out-of-home

placement within seven days. For four to six weeks, therapists offer short-term therapy and try to build skills in anger management, communication, and problem-solving. They also give such hands-on assistance as cooking, cleaning, repairing, and transportation. They try to link clients with other support services called "wrap around services" during or after FTI services. At the end of the FTI period, therapists recommend to the referring case workers the types of services still needed by the family. The private vendors are paid \$4,251 per family. FTI defines success as the child remaining safely in the home one year after services are completed.

FTI was implemented on July 1, 1993. It has been the impetus for the appropriation of an additional \$4.8 million to DHS for each year of the fiscal 1993-95 biennium. The funding scheme is complex. DHS said that the yearly \$4.8 million in additional general funds would be replaced by federal reimbursements. About \$1.4 of the \$4.8 million is used for existing temporary, unbudgeted staff positions, which the department claims are necessary to meet Title IV-E requirements. Another \$2.4 million is used to fund contracts for wrap around services that may or may not be related to FTI. The remaining \$1.0 million is added to funds from participating agencies to buy FTI services from private providers (see Exhibit 1.1).

Exhibit 1.1
Funding Scheme for FTI, FB1993-95

| <u>Purpose</u> | <u>FY1994</u> | <u>FY1995</u> |
|--------------------------|------------------|------------------|
| FTI Purchase of Service | \$ 1,008,428 | \$ 1,008,428 |
| DHS Wrap around Services | 2,403,276 | 2,369,805 |
| DHS Staff (57 positions) | <u>1,487,668</u> | <u>1,458,645</u> |
| Total | \$ 4,899,372 | \$ 4,835,878 |

FTI's services cost a total of \$2.9 million for fiscal year 1995. Participating agencies contributed funds of about \$0.87 million; DHS contributed \$1.97 million, of which \$1.008 million was additional (from the \$4.8 million) and \$0.96 million was from existing DHS funds (see Exhibit 1.2).

**Exhibit 1.2
Funds for FTI, FB1993-1995**

| <u>Source</u> | <u>FY1994</u> | <u>FY1995</u> |
|------------------------------|---------------|---------------|
| Department of Human Services | | |
| Existing funds | \$ 978,572 | \$ 963,661 |
| Additional for FTI | 1,008,428 | 1,008,428 |
| Department of Health | 489,800 | 369,800 |
| Office of Youth Services | 500,000 | 500,000 |
| Office of Children & Youth | 53,000 | ----- |
| Judiciary | <u>25,000</u> | ----- |
| Total | \$ 3,054,800 | \$ 2,916,889 |

FTI served 564 families last fiscal year. Exhibit 1.3 shows the families served for each of the participating agencies and Exhibit 1.4 shows the distribution of families served by county. The largest portion of families, or 363 out of a total of 564 families, are DHS clients. The majority of families reside on Oahu.

**Exhibit 1.3
Number of Families Served FY1993-1994**

| <u>Agency</u> | <u>Number Families</u> | <u>Percentage</u> |
|------------------------------------|------------------------|-------------------|
| Department of Human Services (DHS) | 363 | 64.36 |
| Department of Health (DOH) | 96 | 17.02 |
| Office of Youth Services (OYS) | 24 | 4.26 |
| Family Court (FC) | <u>81</u> | <u>14.36</u> |
| Total | 564 | 100% |

Exhibit 1.4 Number of Families Served by County FY1993-1994

| <u>Agency</u> | <u>Hawaii</u> | <u>Kauai</u> | <u>Maui</u> | <u>Oahu</u> | <u>Total</u> |
|------------------------------------|---------------|--------------|-------------|-------------|--------------|
| Department of Human Services (DHS) | 77 | 25 | 43 | 218 | 363 |
| Department of Health (DOH) | 13 | 18 | 26 | 39 | 96 |
| Office of Youth Services (OYS) | 0 | 0 | 19 | 5 | 24 |
| <u>Family Court (FC)</u> | <u>10</u> | <u>11</u> | <u>11</u> | <u>49</u> | <u>81</u> |
| Percentage of Total | 18% | 10% | 18% | 55% | 100% |

Interim Report

Our interim report on FTI, Report No. 94-2, described the program's planned expenditures for FY1993-94 and sources of funding. We also reported on its initial implementation and capture of federal reimbursements. We found that DHS had optimistic assumptions about federal reimbursements and was uncertain as to the amounts of reimbursements the State would actually receive.

Our evaluation of the early stages of FTI indicated that FTI program managers should be addressing issues of cultural sensitivity and program flexibility, and should be planning for wrap around services in balance with FTI services. We also recommended that the Legislature mandate that any federal receipts under Title IV-E be immediately reimbursed to the general fund. The Legislature should not consider expanding FTI or wrap around services, or positions, funded by the \$4.8 million, until the \$4.8 million is fully refunded.

Objectives

The objectives of this study were to:

1. Evaluate funding and expenditures for the Families Together Initiative, including tracking and evaluating federal fund reimbursements under Title IV-E and Title IV-A of the Social Security Act.
2. Describe changes in FTI since the Auditor's interim report, and evaluate the implementation and effectiveness of FTI.
3. Make recommendations on the continuance of FTI.

Scope and Methodology

To accomplish the objectives, we conducted an extensive literature review on various family preservation, home-based programs and models in use nationally. We evaluated the funding, services, service delivery, criteria, and measure of success of the FTI program. We evaluated DHS' use of state and federal funds, the management structure of the program, and the effectiveness of the program. We also reviewed applicable statutes, documents, and forms.

We reviewed 110 FTI case files to determine the extent of services, consistency of criteria, and assess the measure of success. We examined demographic information on the target population (such as age, gender, race, and education level) and service trends (such as the number of hours spent serving the family, the type of service provided, and the therapist's assessment of the family). The sample size was based on a confidence level of 90 percent with a margin of error of plus or minus 3.5 percent.⁴

We interviewed all state agencies participating in the FTI program and supervisors of the referring case workers. We also interviewed FTI private providers and members of the FTI executive board.

Our work was performed from June through December 1994 in accordance with generally accepted government auditing standards.

Chapter 2

Findings and Recommendations

In this chapter, we assess the viability and effectiveness of the Families Together Initiative (FTI) and its program design. We report on progress made since our interim report and update the financial picture. We believe that FTI should be continued, but changes need to be made to its organization, program design, and funding.

Summary of Findings

1. FTI may be needed, but it is a limited service.
2. DHS has not demonstrated that FTI can reduce the foster care caseload; no direct link between FTI and the foster care caseload has been established.
3. FTI has only partially addressed the concerns in our interim report.
4. The funding and budgeting of FTI and other DHS social services programs are too tenuous to justify expanding FTI.
5. The organizational structure for the program with its executive board has led to confusion and conflict.

FTI May Be A Needed Service, But It Is Limited

The Families Together Initiative is planned and designed as a discrete, limited program. It is a short-term program that has its place in an array of social services needed by certain families. FTI may show some effectiveness in the short-run, but its ability to affect positively the lives of the families in the long-term is questionable.

FTI is not a panacea for families at risk of having children placed out-of-home. It should not be oversold. The program is designed for and measures only short-term results using an oversimplified measure of effectiveness. In addition, actual program operations that are inconsistent with the program design obscures the extent to which FTI actually accomplishes what is intended.

FTI is designed for only limited, short-term results

FTI is a limited service providing four to six weeks of intense, home-based services. Most FTI providers indicate a need for follow-up services that are not included in FTI.

FTI's measure of success and "follow up" consist merely of checking cases, after termination of FTI services, at three, six, and twelve months to see if the family remains intact. During this follow-up evaluation period, no additional FTI services are offered and no continuing assessment is made of the child's safety or the functioning of the family.

Questionable claims of success

Using a single measure of whether a family stayed together, for the first year of implementation, FTI has claimed a success rate of 92 percent; that is, FTI says that 1002 or 92 percent of the 1093 children referred to FTI remained with their families 180 days or six months after FTI services ended. Of the total number of FTI children served, 37 were placed out-of-home while receiving FTI services and the remainder were placed after FTI services ended. A total of 91 were placed out-of-home between July 1, 1993, and August 31, 1994 (see Exhibit 2.1).

Exhibit 2.1
FTI "Success" Rate, July 1, 1993 - August 31, 1994

| | Number of Children Served | Number Placed | Percent Success |
|-----------------------|---------------------------|---------------|-----------------|
| Total | 1,093 | ----- | 100 |
| During FTI | 1,056 | 37 | 97 |
| 30 days after FTI | 1,044 | 12 | 96 |
| 31-90 days after FTI | 1,021 | 23 | 94 |
| 91-180 days after FTI | 1,002 | 19 | 92 |

FTI's definition of success—an intact family one year following FTI services—is questionable. FTI's effect beyond six months is unknown. A Connecticut study on family preservation services suggests that very few families can stay together without further less intense services.¹ A New Jersey study found that service benefits dissipate over time—within the first nine months.²

In addition, the FTI evaluation design does not assess the relative impact of other services or events that occur during the FTI service or follow-up period. The design does not assess the extent to which other services,

like wrap around programs or non-program events, such as the departure of the abusing parent from the home, may have contributed to the family's remaining intact.

DHS' own program management and evaluation (PM&E) staff has reported less optimistic results. During the course of our study, DHS' Program Management and Evaluation Office compared FTI families with families that had been referred to FTI but were denied due to non-availability of provider slots. The non-FTI group received DHS' child welfare services. The preliminary draft of the study reported little difference in the success rates of FTI cases from those of child welfare services cases in keeping children in the home. In fact, child welfare services did one percent better. However, FTI did 36 percent better in reunification cases.

Questionable counting of "success"

In addition, the success rate may be misleading. The Interagency Coordination Team (ICT) that administers FTI counts "success" in inconsistent ways. While the original FTI definition of success was that the child remain safe in the home for one year, the ICT counts a family that remains intact at three, six, and twelve months as indication of "success." But a child who voluntarily leaves the home at no cost to the State is also counted as a "success."

Another reporting practice of "success" needs comment. ICT counts *children* rather than *families* that avoid out-of-home placement. The counting of children rather than families allows ICT to count partial successes. But the purchase of service contracts are based on units of service. A unit of service for FTI is a family. A provider treats the whole family rather than just the children referred. Counting children instead of families may increase the success rate because partial successes are counted. For example, when one child leaves home voluntarily, but another child is placed out-of-home, the program claims a 50 percent success instead of zero for the child who left voluntarily.

Narrow and simplistic measure of effectiveness

The single measure of success—no out-of-home placement of children—is inadequate. The literature on family preservation and other social services programs recommends multiple outcome measures.³ Interviews with providers and referring case workers indicate that prevention of placement alone is a poor measure of success. It is particularly inappropriate for measuring long-term effects.

More important, using non-placement as the only measure of success fails to consider the safety of the child. FTI considers placements outside the home as "failures." This works against actions that the

program, providers, and the referring agencies may take that could well be in the best interest of the child. Sometimes, removing a child, even after the family has received FTI services, may be best for the safety of the child.

Some critics suggest that the philosophical basis of family preservation services is flawed.⁴ FTI and other family preservation services are based on the assumption that keeping families together is always in the best interest of the child. Critics of family preservation services question whether keeping the family together at almost any cost is really the best alternative. Some evidence shows that a continuous relationship with a caring adult is necessary for normal development of a child. The adult does not have to be a birth parent.⁵ Some family situations are too dangerous for the child. In these cases, placement is in the child's best interest.

Relying solely on preventing placement as a goal and single measure of success is a flaw in the program design that may work against at-risk children. It is too narrow and ignores research in the field. The definition of "success" should encompass an assessment of the impact of other services provided to the family, other events that may have affected the family, and the condition of the child.

Program has other design and implementation problems

A number of providers and referring workers agree on the need for longer-term services. Some workers say that follow-up services are needed, such as less intense follow-up services to transition families out of FTI. Others in the field say continuing, wrap around services are needed to maintain the gains achieved during the FTI period.

Currently, reinforcement of improvements made under FTI is left to other social service or wrap around programs to which families are referred during or after the completion of FTI services. FTI must be viewed as part of a continuum and array of services that are available to families, particularly since the decision on whether cases fall under FTI is subjective and may not always be appropriate.

Decisions on FTI services often subjective

FTI is designed to serve children at *imminent risk* of placement out-of-home. Intensive family preservation services are based on crisis intervention theory that views a crisis as an opportunity for growth and change.⁶ It is not evident that all families referred to FTI are truly at imminent risk (in crisis). This means that FTI may not be applying this theory.

FTI has not clearly defined imminent risk factors other than “risk of placement within 24-48 hours.” Its *Referral Procedures and Guidelines* merely say that an eligible family is one in which at least one child under age 18 is at immediate risk for out-of-home placement or in an out-of-home placement and in need of family reunification services. This has left decisions on FTI eligibility largely to the subjective judgment of referring workers who determine imminence of placement in a variety of ways.

The reasons for agency referrals vary from case to case; therefore, determining imminence of placement is difficult. Our review of case records found that some cases clearly showed severe problems while others were not as clear. Some cases involved physical harm with visible evidence to justify removing the child. Other cases involved potential or feared emotional or psychological harm. In these cases, it was difficult to determine whether removal of the child was imminent. However, there were indications that the criterion of imminent risk was inconsistently applied.

We found that the 24-48 hour imminent placement criterion was often not met. The average elapsed time between the referring worker’s last contact with the family and referral to the ICT was 14.6 hours. At the longest, it was 96 hours. ICT refers cases to private therapists who are supposed to make face-to-face contact with the family within 24 hours. We found that the average elapsed time was 39.6 hours. Elapsed time ranged from a few hours to 288 hours, or 12 days. The average total time between the referring worker’s last contact with the family and the therapist’s initial face-to-face contact with the family exceeded the 48 hour limit by six hours. Children who are truly at imminent risk of placement within 24-48 hours could be endangered.

Some cases were re-referred a number of times, between one and 27 days, suggesting that placement was likely but not imminent. According to FTI’s service criteria, these would be families who are not appropriate for FTI services. Other types of social services, such as wrap around services, may be a better alternative.

We also found that in certain geographic areas, families are on a “wait list” for FTI slots. A wait list suggests that families are being inappropriately referred to FTI. Because of the imminent risk criterion, FTI should not have any wait lists unless the referring workers or other programs are able to provide services to keep the family together while waiting for FTI services. If the family can wait for a long period of time for FTI services, then imminent risk probably does not exist.

FTI should identify specific factors for determining imminent risk. It should ensure that judgments about imminent risk are standardized to the extent possible and not based on intuition, value judgments, or nonclinical issues.

FTI inappropriate for some clients

Our research into family preservation services and FTI suggests that certain types of families may be inappropriate for FTI. These include families with children who are not at imminent risk of placement or where the child's well-being is better served in placement.

The Department of Health (DOH) indicates that FTI may not be appropriate for some of the department's target population—the more seriously emotionally disturbed. However, DOH intends to use it to help comply with a federal court consent order to meet the mental health needs of all children. DOH intends to use FTI as part of the home-based services component of its comprehensive compliance plan to meet the mental health needs of children.

DOH indicates that FTI services may be too short in duration for the seriously emotionally disturbed. DOH's children's teams indicate that they would prefer to expand the department's own home-based program, one that calls for three months of intense services and one year of follow-up services. But the ICT reports that the success rate for DOH's FTI clientele is 94.5 percent. DOH should reassess if FTI is truly effective for its clients. If not, DOH should discontinue its participation in FTI.

DHS Has No Evidence That FTI Has Reduced Foster Care Caseload or Costs

One reason for creating FTI was to lessen Hawaii's reported overuse of foster care. Nationally, about 10 percent of abused and neglected children are placed in foster care. Hawaii's placement rate is nearly 30 percent.⁷ By preventing out-of-home placements of children, DHS hoped that FTI would reduce the number of children placed in foster care. However, DHS has not established any direct link or cause/effect relationship between FTI and foster care placement.

Despite the implementation of FTI, the number of foster care placements has increased. There is no clear explanation for the increase. The department claims, but cannot demonstrate, that without FTI, the number of placements would be greater.

Studies in other states have shown that there is no significant difference in placement rates between families who received family preservation, intensive services and control groups who did not.⁸

Studies have found that because the risk of placement among families referred to intensive family preservation programs is so low, the effect of these programs on placement may be hard to detect.⁹ Problems with FTI's imminent risk criterion make it difficult to assess the program's

impact on foster care. Our case file review showed that some FTI families did have children at imminent risk while others may not have had the imminent risk. For the latter, FTI may have served more as a transition or crisis prevention service. In addition, FTI families could have received other social services. The impact of other social service programs on FTI clients is not known.

No cost data is available

DHS has no data available for an accurate comparison between the total costs of both FTI and foster care. FTI tracks only FTI program expenditures. It does not track other costs or savings, such as the cost of other social services needed by the family or savings resulting from averted court proceedings. Furthermore, until the modification to the Child Protective Services (computer) System is completed in January 1995, DHS will not have the computer capability to track expenditures on a per child basis for those children in foster care.

Critics question determinations of cost effectiveness of home-based, intensive family preservation services. A federal report characterizes as flawed any calculation of cost savings when based on the assumption that families will go through the program once or will not require additional services.¹⁰ This assumption particularly cannot be used in calculation for FTI because a family may be referred a number of times, and providers indicate a need for wrap around services.

FTI Has Only Partially Addressed Concerns in Our Interim Report

We made several recommendations for the FTI program in our 1994 interim report. We recommended that DHS address the concerns of providers and referring workers regarding cultural sensitivity, flexibility in service delivery, and duration of FTI services. We also recommended that the program evaluate the need, availability, and accessibility of wrap around services by island and community. We said that wrap around services should be planned in conjunction with FTI services.¹¹

FTI has only partially implemented these recommendations. FTI's model of delivery, including its duration of services, remains the same, except for a new contract for follow-up services. No progress has been made toward evaluating wrap around services and planning for them in conjunction with FTI services. We do note, however, that workshops have been provided to enhance cultural sensitivity.

No changes made in service delivery

DHS has made no changes in the program to address the concerns of providers and referring workers about flexibility in the delivery of FTI services, including the duration of services.

Providers and referring workers we interviewed still believe that the service period needs to be longer, follow-up activities should include actual services instead of merely checking whether the families are still intact, and more wrap around programs are needed.

No progress in evaluating and planning for wrap around programs

In our last report, we recommended that DHS assess the need, availability, and accessibility of wrap around services by island and community. This should be done to operate FTI and wrap around services in tandem and to better allocate resources between the two.

Existing wrap around services are extensive and costly. DHS' wrap around services cost \$7.6 million annually. Of this, \$2.3 million is from the additional \$4.8 million appropriated by the Legislature for the FTI funding scheme and \$5.3 million is from the DHS base budget. Other departments also have wrap around programs. For example, DOH has a program called the Hospital Diversion Program, which is a much longer term, intense home-based services program. The Office of Youth Services has outreach and youth activity programs. The Family Court provides a wide range of service and treatment programs.

FTI has done little to assess wrap around services within the communities. So far, its "evaluation" has only consisted of using a resource checklist to categorize services as "needed," "referred," or "unavailable" because there are no slots or services. The checklist is a very limited assessment tool that offers little basis for planning FTI and other needed services. The checklist does not recognize accessibility problems associated with physical distance. The checklist also does not account for other agencies' existing services.

Cultural sensitivity workshops have been conducted

In our last report, we also recommended that FTI conduct cultural sensitivity training. FTI therapists need to recognize social interactions based on the family's cultural background. DHS has conducted a two-day workshop for referring workers and FTI providers on cultural sensitivity. Most of those who attended felt the workshops were helpful and informative. We urge FTI to continue to sponsor such cultural sensitivity training sessions for new providers, therapists, and referring workers.

Funding and Budgeting are Too Tenuous to Justify Expanding FTI

Funding and budgeting for FTI and other DHS social services programs are too tenuous to warrant any expansion of FTI. There is too much uncertainty in the funding and budgeting of these programs. FTI was implemented while funding levels of DHS wrap around programs decreased. FTI should be funded in perspective with the funding of other programs and does not warrant expansion over other social services programs.

DHS has mixed results with federal reimbursements

Another purpose of FTI was to maximize federal fund reimbursements. DHS used Title IV-E and Title IV-A of the federal Social Security Act as a funding scheme for FTI and related programs. Title IV-E, "Federal Payments for Foster Care and Adoption Assistance," reimburses states for foster care, adoption assistance, and independent living programs. Title IV-A, "Assistance to Families with Dependent Children," has an "Emergency Assistance to Needy Families with Children" program that allows the State to provide emergency assistance to families in a crisis. The 1993 Legislature approved DHS' request for additional funding with the understanding that the \$4.8 million would be returned to the general fund through Title IV-E reimbursements. DHS also intended to collect \$2.4 million in Title IV-A reimbursements to expand the FTI program.

DHS has had mixed success in its federal funding efforts. DHS has generated more than sufficient Title IV-E reimbursements to refund the general fund, but its Title IV-A collections have fallen far short of the amounts anticipated.

DHS claimed \$7.6 million in Title IV-E funds for FY1993-94. As of August 1994, DHS had transferred \$6.1 million to the general fund, exceeding the \$4.8 million that it had promised to return. DHS plans to collect \$8.4 million in Title IV-E funds for FY1994-95.

For Title IV-A funds, DHS has collected only \$186,784 for FY1993-94 and plans to collect \$1.2 million for FY1994-95. These numbers fall far short of the \$2.4 million DHS had anticipated collecting each year under Title IV-A.

The Title IV-A emergency assistance program allows DHS to collect federal funds for FTI and some wrap around service programs. We had explained in our 1994 report that to recover federal funds, DHS needed to track Title IV-A emergency assistance recipients on an interagency basis. Since DHS did not have this capability, Title IV-A reimbursements would be significantly lower than anticipated. The department had responded that a modification to its computer system (CPSS) would enable it to track these recipients. It estimates that it will collect approximately \$300,000 each quarter with the modification. However, even with the modification, the \$1.2 million in reimbursements for FY1994-95 will fall far short of the projected \$2.4 million.

Shortfalls exceed reimbursements

The 1994 Legislature, in Section 63.3 of Act 252, allowed DHS to use any excess of Title IV-E and Title IV-A reimbursements to offset shortages in its budgets for Aid to Families With Dependent Children (AFDC), General Assistance (GA), and foster care board payment programs.

We determined that the excess in federal reimbursements for FY1993-94 will not be sufficient to cover DHS shortfalls in FY1994-95. DHS projected shortfalls total an estimated \$12.2 million: \$9.5 million for the AFDC and GA programs and \$2.7 for the foster board payment program. Total reimbursements will be \$8.8 million: \$7.6 million for Title IV-E and a projected \$1.2 million for Title IV-A. After reimbursing the general fund \$4.8 million, DHS will have approximately \$4.0 million to cover the overall shortage of \$12.2 million. This means that DHS will still have a remaining shortage of \$8.2 million. This leaves no money for DHS to expand FTI.

Computer funds will not be forthcoming

In our interim report, we indicated that DHS planned to use the 1993 amendment to Title IV-B regarding family preservation services to collect federal reimbursements for improving its computer system to track Title IV-A recipients on an interagency basis and for other services.¹² The department now indicates that Title IV-B will be used for other programs.

FTI budget request format is confusing

DHS requests to the Legislature for funding FTI are confusing and obscures total costs. The \$4.8 million funding scheme DHS presented to the Legislature lumped together funds for (1) FTI purchase of service contracts, (2) additional DHS positions, and (3) wrap around services. Moreover, these funds were appropriated to two budget categories, HMS 301 and HMS 303.

Only the purchase of service contracts are directly related to FTI. Existing DHS positions and new and old wrap around programs are only peripherally related to FTI. DHS justified the positions as part of the \$4.8 million appropriation because they are supposed to be used for obtaining Title IV-E reimbursements. The wrap around programs are justified as the continuing social services needed by families. However, the wrap around programs are for DHS clients only. The other participating agencies in FTI fund their wrap around programs within their own budgets.

Exhibit 2.2 provides a breakdown and comparison of the \$4.8 million funding scheme for FY1993-94 and FY1994-95. The table shows the mix of programs, positions, and the different budget appropriation categories that are being funded by the \$4.8 million. FTI is only a portion of the scheme. Each year, DHS has used only about \$1 million for FTI purchase of service contracts with private providers. DHS has used the remainder of about \$2.4 million for DHS wrap around programs and \$1.4 million for DHS positions. This creates some confusion as to the actual amount spent on FTI.

Exhibit 2.2
Expenditures of the \$4.8 million by Program ID
Fiscal Biennium 1993-95

| Program ID | Program Name | FY1994 | FY1995 |
|-------------|---|------------------|------------------|
| HMS301-01 | FTI Purchases of Service - Subtotal | | 1,008,428 |
| | DHS Wrap around services - Subtotal | | 2,403,276 |
| HMS 301 | Child Welfare Services Case Management | 173,566 | 1,526 |
| HMS 301-03 | Mother/Infant Support Teams for Infants at Risk | 110,608 | 110,609 |
| HMS 301-13* | Outreach Services for CAN | 276,145 | 276,146 |
| HMS 301-05 | Group/Family Treatment for CAN | 64,630 | 64,630 |
| HMS 301-06 | Interfamilial Sex Abuse Treatment | 210,779 | 210,779 |
| HMS 301-07 | Multidisciplinary Team Consultation Services | 195,857 | 195,857 |
| HMS 301-10 | Crisis-Intervention for Domestic Violence in Medical Facilities | 22,239 | 11,122 |
| HMS 301-11 | Family Reunification Visitation Center | 0 | 138,566 |
| HMS 301-12 | Standby, After-Hours Crisis Intervention/Counseling | 56,525 | 56,525 |
| HMS 303-01 | Emergency Shelter Care Services for Children | 834,445 | 834,445 |
| HMS 303-05* | Independent Living Program | 221,126 | 221,127 |
| HMS 303-06* | Therapeutic Foster Care Services for Children | 212,089 | 237,354 |
| HMS 303-04 | Foster Parent Training | 25,267 | 0 |
| | Existing temporary staff for DHS - Subtotal | | 1,467,668 |
| HMS 301 | 6 Paraprofessional positions - Hawaii Branch | 118,127 | 118,127 |
| HMS 301 | 1 Paraprofessional position - Kauai Branch | 25,388 | 25,388 |
| HMS 301 | 5 Paraprofessional positions - Maui Branch | 98,439 | 98,439 |
| HMS 301 | 20 Paraprofessional positions - 4 SW | 507,745 | 507,745 |
| HMS 301 | 4 temp. exempt position for ICT | N/A | 113,736 |
| HMS 303 | 1 temp. acct, 2 IMW positions | N/A | 75,000 |
| HMS 303 | 2 SW, 2 ILP Spec., 2 IMW positions - Hawaii Branch | 102,132 | 97,025 |
| HMS 303 | 1 SW, 1 IMW positions - Kauai Branch | 50,416 | 47,971 |
| HMS 303 | 1 IMW position - Maui Branch | 24,240 | 23,951 |
| HMS 303 | 6 IMW, 1 IMW Supt., 1 CT positions - Oahu Branch (9 temp. pos.) | 259,781 | 249,790 |
| HMS 303 | 2 SW III, 1 SSSA III positions - Oahu Branch | 126,672 | 101,473 |
| HMS 303 | 1 IV-E Acc., 1 IMW/CC, 1 Foster Care Coordinator | 154,728 | 0 |
| | Total | 4,879,372 | 4,825,759 |

* Budget ID changed from previous year.

We urge the Legislature to require DHS to identify clearly how much money it is requesting for FTI. Requests for the funding of positions and wrap around programs should be presented separately and clearly.

FTI increases in expenditures correspond to decreases for other DHS programs

FTI is important, but it is but one component in an array of DHS social service programs. It should not be expanded at the expense of other programs, but placed in perspective as part of a continuum of services.

Exhibit 2.3 is a graphic representation of expenditures for various DHS social service programs. We note that contract amounts for intensive home-based services increased significantly with FTI's implementation. Expenditures for all other social services contracts have decreased since FY1992-93, except for the Interstate Compact Services program, which remained the same. The creation of FTI corresponds with a decrease in funding of other DHS social services programs.

Legislative expansions of ICT funding not warranted

Exhibit 2.4 provides a breakdown and comparison of the interagency pooling of funds for FY1993-94 and FY1994-95. The figures include the \$1 million in "new" money to DHS as well as funds already in agency budgets. Agencies specifically contributed funds for the ICT of \$225,000 in FY1993-94 and \$150,000 in FY1994-95. In light of our conclusion that FTI should not be expanded beyond its current level and that funding should be placed in perspective with other social services programs, funds for the ICT should also not be expanded unless the participating agencies contribute more from their existing budgets.

The FTI Executive Board is Unnecessary

It is customary for new programs to experience start-up problems, but FTI is undergoing some extraordinary internal problems involving the executive board. Uncertainty about the authority and role of the board has undermined its ability to lead FTI. Furthermore, we find an executive board places undue emphasis on FTI and should be assigned more appropriate responsibilities.

Authority and role of executive board are unclear

FTI was initially planned jointly by DHS and the Departments of Health, Education, Budget and Finance, Accounting and General Services, Human Resources Development, and the Attorney General; the Office of Youth Services; the Governor's Office of Children and Youth; and the Family Court. These agencies formed an executive board to oversee and make policy decisions about the direction of the FTI program.

Referring agencies agree that the interagency effort has been worthwhile. But uncertainty over the legal status and authority of the executive board contributes to confusion over leadership of the program.

Exhibit 2.3
DHS POS Expenditures for FY1992-93 and FY1994-95

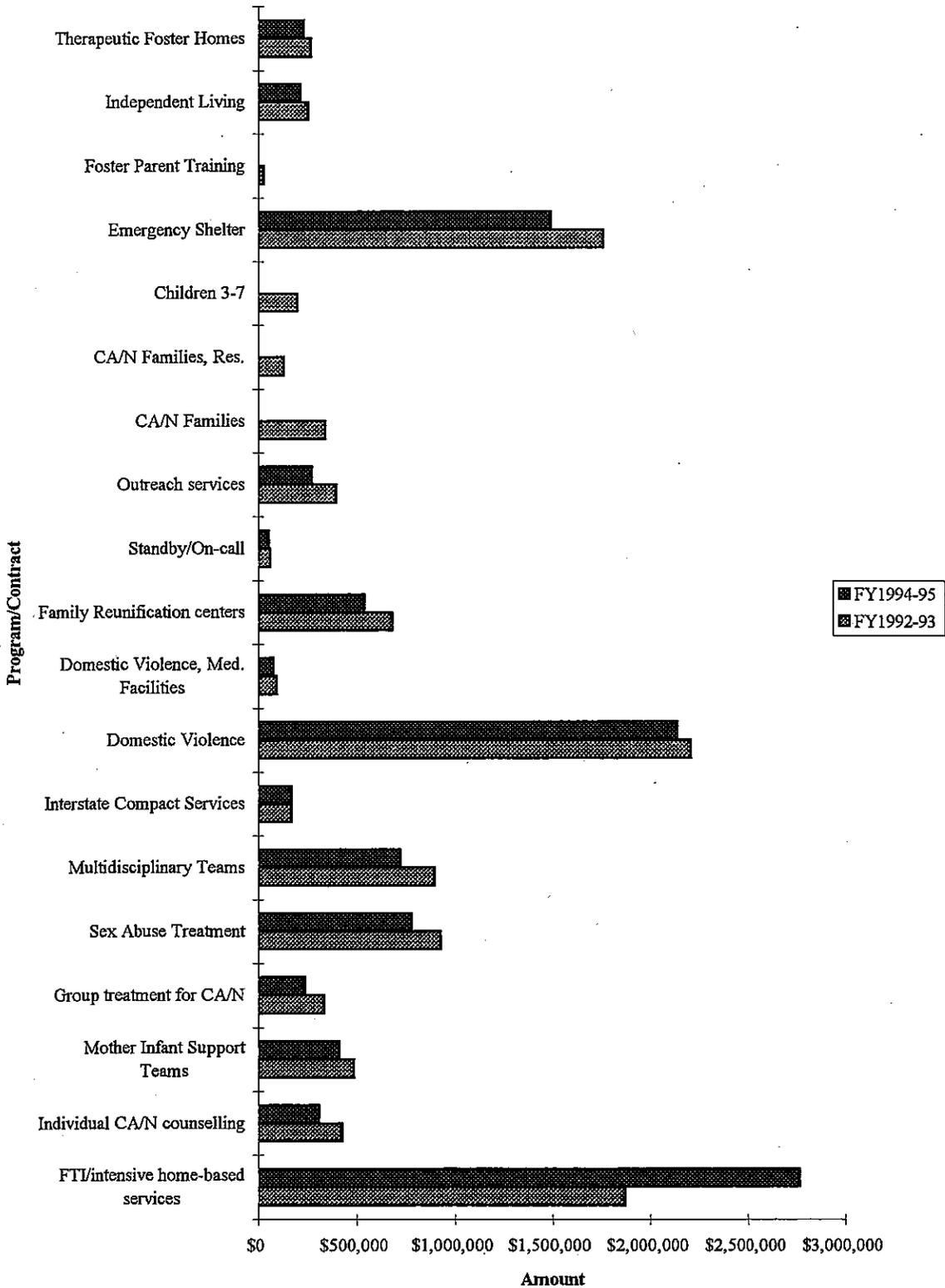


Exhibit 2.4
Interagency Funds for FTI

| Agency | Purpose | FY1994 | FY1995 |
|--|----------|--------------|--------------|
| DHS | POS | \$ 1,900,000 | \$ 1,897,089 |
| | ICT | 75,000 | 75,000 |
| | Training | 12,000 | 0 |
| DOH | POS | 294,800 | 294,800 |
| | ICT | 125,000 | 75,000 |
| | Training | 70,000 | 0 |
| OYS | POS | 500,000 | 500,000 |
| OCY | Training | 53,000 | 0 |
| Judiciary | ICT | 25,000 | 0 |
| Total | | 3,054,800 | 2,916,889 |
| Source: Data from agencies as of November 1994 | | | |

The original FTI plan called for the executive board to be a policy-making body, but the board had no specific legal authority and therefore no explication of its powers and role. The executive board's role was changed to advisory because of its lack of legal authority.

Since then, DHS, as the lead agency, made certain unilateral decisions without consulting the executive board. One decision involved a change in contract allocations. DHS reallocated the number of slots to be given specific providers based on slot usage for the first six months of the program. DHS made these changes as it does for its other programs. DHS also moved the program from the Office of the Director to its Family and Adult Services Division. Certain members of the executive board felt that these decisions should not have been made without involving the board. The Family Court representative resigned in protest.

DHS is making an effort to address the concerns of the executive board. The department drafted an executive order for the governor's approval that would place the executive board in DHS for administrative purposes only and give the board operational authority over the FTI program and its staff. This would make the board and the ICT an independent entity.

As of December 1994, the executive board was still waiting for the executive order to be signed. The executive board has continued to meet, but with no defined authority and with a temporary chairperson.

Executive board is not essential for FTI collaboration

Focusing on FTI and the executive board as a separate entity is a misdirected effort. The agencies involved in FTI, both public and private, are pleased with the interagency collaborative effort of FTI and would like to see it continue. One agency representative says that FTI has promoted an awareness of a shared responsibility for children among the agencies. However, creating a separate entity for FTI services divorces FTI from other social services FTI families will need.

FTI is not a panacea for at-risk families. It is but one of an array of various social services needed for a certain target population. FTI should be kept in perspective with other social services programs. An executive board would hinder efforts by the state to place FTI in perspective with other programs in the continuum of social services.

Assigning the executive board to only FTI is a misplacement of priorities and responsibilities. The FTI executive board consists of administrators from 10 state agencies. It determines policy and operates just this one program. A more appropriate role for a body of administrators should be planning and policy formulation for all child welfare programs statewide instead of a single program.

FTI could be administered more efficiently through an interagency memorandum of agreement. The memorandum could set out the authority of the participating agencies and representatives, whether public or private, and the functions of the participating agencies.

DHS should supervise ICT

The ICT should remain within DHS. DHS, with its expertise in social services programs, could administer the program. This includes contract monitoring, staffing the ICT, collecting research data, and so on.

Currently, in addition to its function of screening and referring cases, ICT is responsible for developing and monitoring any future FTI contracts. These functions may be better handled by DHS staff who already have the contracting and monitoring expertise. Private providers already complain about a lack of communication from the executive director. Providers report difficulty in obtaining information, such as on funding and the status of revised FTI forms. Placing additional responsibility on the ICT may further aggravate communication problems.

The executive board for FTI should be dissolved and replaced with a memorandum of agreement among the agencies. This would strengthen leadership and accountability for the FTI program. The roles of the agencies, and their respective accountability and responsibilities, could be better identified through such a memorandum of agreement.

Recommendations

We recommend the following:

1. The Families Together Initiative program should be continued and its funding placed in perspective with the funding for other social services programs. The Legislature should not expand funding for the Families Together Initiative beyond its current level.
2. The executive board of the Families Together Initiative should be dissolved and interagency coordination should be outlined in a memorandum of agreement.
3. The Department of Human Services should present a separate funding request for the FTI program to the Legislature. Funding for positions and wrap around programs now included in the \$4.8 million yearly appropriation should be separately requested.
4. The Interagency Coordination Team should not be expanded without additional contributions from participating agencies.
5. The Families Together Initiative program should determine "success" by using multiple outcome measures. The safety of the child should be the primary criterion.
6. The Families Together Initiative program should identify specific factors for determining "imminent risk" to ensure that decisions on eligibility for FTI will be more standardized.
7. The Department of Human Services should consider FTI to be part of a continuum of services needed by families. The Families Together Initiative program should evaluate and plan for wrap around services to be used in conjunction with FTI.

Notes

Chapter 1

1. Mac Donald, Heather, "The Ideology of 'family preservation'", *The Public Interest*, Spring 1994, p. 48.
2. *Ibid*, p. 45.
3. Legislative Auditor of the State of Hawaii, National Child Welfare Resource Center for Management and Administration, University of Southern Maine, *Study of Foster Care in Hawaii*, February 1990, p. 30.
4. Sampling Seminar for Auditors, 1990, p. 9.

Chapter 2

1. Quinn, Anne E., *Advancing Family Preservation Practices (Chapter 3)*, Sage Focus, 1993, p. 35.
2. U.S. General Accounting Office, *Foster Care: Services to Prevent Out-of-Home Placements are Limited by Funding Barriers*, GAO/HRD-93-76, June 1993, p. 33.
3. Littell, Julia, *Advancing Family Preservation Practices (Chapter 7)*, Sage Focus, 1993, p. 112.
4. Ingrassia, Michele and John McCormick, "Why Leave Children with Bad Parents?", *Newsweek*, April 25, 1994, p. 54.
5. Grigsby, Kevin R., *Advancing Family Preservation Practices (Chapter 2)*, Sage Focus, 1993, p. 22.
6. *Ibid*, pg. 17.
7. Legislative Auditor of the State of Hawaii, National Child Welfare Resource Center for Management and Administration, University of Southern Maine, *Study of Foster Care in Hawaii*, February 1990, p. 30.
8. Mac Donald, Heather, et al, pp. 53-54.
9. Littell, Julia, *Advancing Family Preservation Practices (Chapter 7)*, Sage Focus, 1993, p. 101.

10. U.S. General Accounting Office, et al, p. 34.
11. Legislative Auditor of the State of Hawaii, *Study of Family Preservation Services and the Families Together Initiative*, Report No. 94-2, January 1994, p. 25.
12. Ibid, pp. 20-21.

Responses of the Affected Agencies

Comments on Agency Responses

We transmitted a draft of this report to the Department of Human Services and the 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. A similar letter was sent to the FTI executive board. The responses of the Department of Human Services and the FTI executive board are included in this report as Attachments 2 and 3, respectively.

The Department of Human Services generally agreed with our findings and recommendations. It pointed out that FTI is a relatively new program and is still in the process of changing. It added other comments and points of clarification.

The FTI executive board also generally agreed with our findings and recommendations. The board did not agree that the executive board as presently structured hinders state efforts to keep FTI in perspective with other social services programs. The board also had other comments and points of clarification.

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

January 30, 1995

COPY

The Honorable Susan Chandler
Director
Department of Human Services
Liliuokalani Building
1390 Miller Street
Honolulu, Hawaii 96813

Dear Dr. Chandler:

Enclosed for your information are three copies, numbered 6 to 8 of our draft report, *Study of the Families Together Initiative, Final Report*. We ask that you telephone us by Thursday, February 2, 1995, 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 Wednesday, February 8, 1995.

The 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,

Marion M. Higa
State Auditor

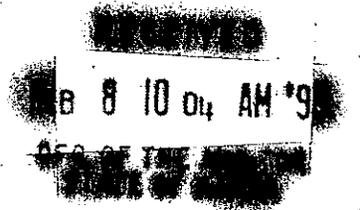
Enclosures



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Post Office Box 339
Honolulu, Hawaii 96813

February 8, 1995



Mrs. Marion M. Higa
State Auditor
OFFICE OF THE LEGISLATIVE AUDITOR
Kekuanao'a Building
465 South King Street, Room 500
Honolulu, Hawaii 96813

RE: STUDY OF THE FAMILIES TOGETHER INITIATIVE, FINAL REPORT

Dear Mrs. Higa:

We appreciate the opportunity to review and respond to the Study of the Families Together Initiative, Final Report, submitted to the Governor and the Legislature of the State of Hawaii. The FTI program is a new and evolving program and it is relatively early to discern more than general indicators on program effectiveness and/or impacts at this time.

Additional comments by the Department of Human Services are based on the recommendations in the audit.

1. THE FTI PROGRAM SHOULD BE CONTINUED AND ITS FUNDING PLACED IN PERSPECTIVE WITH THE FUNDING FOR OTHER SOCIAL SERVICES PROGRAMS. THE LEGISLATURE SHOULD NOT EXPAND FUNDING FOR THE FAMILIES TOGETHER INITIATIVE BEYOND ITS CURRENT LEVEL.

DHS is in total agreement that the delivery of Family Preservation: Intensive Homebased Services is a needed but limited service delivery program which should be continued. FTI and its homebased services program are multi-agency operations and the funding for the services will be placed in perspective with other social service programs. In this connection, the Department wishes to point out that the POS contracts for homebased services include funds from other agencies which should not be compared to contracts for DHS clients only.

2. THE FTI EXECUTIVE BOARD SHOULD BE DISSOLVED AND INTERAGENCY COORDINATION SHOULD BE OUTLINED IN A MEMORANDUM OF AGREEMENT.

The FTI Executive Board demonstrates a multi-agency, state-wide collaboration. The Board was to have oversight of the service delivery program in order to test a

different operation of health and human services programs in Hawaii. The recommendation to have Memorandums of Agreement between state agencies would replicate the standard way of operating. However, the Department will examine this vis-a-vis other modes of collaborative operations.

3. DHS SHOULD PRESENT A SEPARATE FUNDING REQUEST FOR THE FTI PROGRAM TO THE LEGISLATURE. FUNDING FOR POSITIONS AND WRAP AROUND PROGRAMS NOW INCLUDED IN THE \$4.8 MILLION YEARLY APPROPRIATION SHOULD BE SEPARATELY REQUESTED.

DHS was charged with pursuing federal dollars through subsections of Title IV-E, Title IV-B and Title IV-A. The supplemental budget request by DHS provided \$4.8 million dollars for programs and positions which allowed DHS to increase the Department's capacity to draw down these federal funds. The Biennium Budget Request for FY 1995-1997 has separated, by line item, the operations and POS contracts for FTI from the positions and contracts for wrap around services for DHS clients only.

4. THE INTERAGENCY COORDINATION TEAM SHOULD NOT BE EXPANDED WITHOUT ADDITIONAL CONTRIBUTIONS FROM PARTICIPATING AGENCIES.

This Initiative was to operate as a collaborative effort demonstrating that the pooling of resources including funds and personnel could be effective in the area of family preservation. Expansion of the ICT operations should be based on contributions for operations from participating agencies other than DHS.

5. THE FTI PROGRAM SHOULD DETERMINE "SUCCESS" BY USING MULTIPLE OUTCOME MEASURES. THE SAFETY OF THE CHILD SHOULD BE THE PRIMARY CRITERION.

Since the inception of FTI and its intensive homebased services program the safety and well-being of the children in the home has been a primary concern. The FTI Executive Board has contracted for an evaluation study on the effectiveness of the Family Preservation: Intensive Homebased Services Program. Multiple outcome measures are currently being explored.

6. THE FTI PROGRAM SHOULD IDENTIFY SPECIFIC FACTORS FOR DETERMINING "IMMINENT RISK" TO ENSURE THAT DECISIONS ON ELIGIBILITY FOR FTI (INTENSIVE HOMEBASED SERVICES) WILL BE MORE STANDARDIZED.

The recommendation to identify specific factors for determining "imminent risk" is now being implemented in order to provide referring workers with a set of criteria to be met prior to making a referral.

7. DHS SHOULD CONSIDER FTI TO BE PART OF A CONTINUUM OF SERVICES NEEDED BY FAMILIES. THE FTI PROGRAM SHOULD EVALUATE AND PLAN FOR WRAP AROUND SERVICES TO BE USED IN CONIUNCTION WITH FTI (INTENSIVE HOMEBASED SERVICES).

DHS is in total agreement with this recommendation. The FTI Executive Board through its ICT staff is the principal vehicle for studying community needs for services across agency lines to supplement the crisis intervention services in Family Preservation. Many services currently exist and it is a matter of creating linkages rather than establishing new programs. FTI has been established as one of the links.

Again, thank you for this opportunity to review and comment on your audit, Study of the Families Together Initiative, Final Report. Please feel free to contact me or Kristi Dinell, Administrator of the Families Together Initiative, should you require any additional information.

Sincerely yours,



SUSAN M. CHANDLER, M.S.W., PhD
DIRECTOR



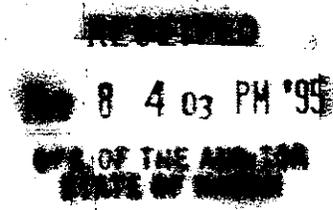
STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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Phone: (808) 973-9494
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February 8, 1995

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



Dear Ms. Higa:

The Families Together Executive Board appreciates the opportunity to respond to your report, *Study of the Families Together Initiative, Final Report*. The report was a fair and well documented appraisal of Families Together Initiative (FTI) and family preservation: intensive home based services in Hawaii. We concur with many of the issues that were highlighted in the report.

The Board would like to comment on three areas covered in the report: the FTI intensive home-based programs, these programs within a continuum of services, and the Executive Board.

- 1) Intensive home based services are a needed component in the array of services available to families in Hawaii. The program issues that the report cited have also been recognized by the board as areas that needed attention. Work to try and solve some of these problems has already been started through our partnership with the University of Hawaii, School of Social Work. They have been assisting us in developing more sensitive measures of effectiveness that would include changes in family functioning. "Success" and imminent risk" are terms that programs are struggling to clearly define here in Hawaii and nationally. We will continue to work together to more clearly define the criteria for participation and success so that the families will be receiving the most appropriate available service.

The family preservation homebased services utilized the nationally recognized Homebuilder's Model as a starting point for coordinating intensive homebased services statewide. The intention was to hold the model intact until the evaluation component could be implemented. We are aware that some elements of the program will need to be adjusted in order to accommodate the diversity of the families that are enrolled and other regional or agency considerations. Now that this model has

been implemented throughout the state for over a year, we have enough information to begin to assess the specific areas where "flexibility" is needed.

- 2) We agree with the report's emphasis on the safety of the child should be considered at all times. The safety of the child has always been and will remain the cornerstone of the family preservation homebased services. Families should only be referred to these services when it has been determined by the referring worker that it is safe for the child to remain in the home. If at any time during or after the family's participation in the services the safety of the child is in question, the therapist will recommend that the child be removed. In addition, these services should always be viewed as part of a continuum of services. The multi-agency aspect of homebased services broadens that continuum to include services supported by any of the participating agencies.
- 3) The Families Together Initiative of intensive homebased services is an innovative plan intended to cross agency boundaries and open up an essential service to all children and their families in need regardless of their agency "affiliation". This has been accomplished through a single point of access and the elimination of multiple state contracts for the same service. The traditional categorical funding and separate agency eligibility criteria often frustrate a family's access to needed services. The initiative has been successful in overcoming these obstacles and qualifying for federal 4A reimbursement.

The initiative has not been as successful in fulfilling its intent to create a multi-agency executive board with policy making authority. The board agrees with the report finding that the authority and role of the executive board are unclear and we are committed to critically examining our composition and functions. The board does not agree that "an executive board would hinder efforts by the state to place FTI in perspective with other programs in the continuum of social services". Rather, we feel that some form of interagency team is essential to maintain the programs in the broader continuum of services covered by the all of the involved state agencies.

Thank you again for this opportunity to provide our comments.

Sincerely,



Lucille Calderon

Interim Chair

Families Together Initiative Executive Board

