MPAC

MANAGEMENT PLANNING & ADMINISTRATION CONSULTANTS, INC.

FINAL REPORT TO THE HUMAN SERVICES/RESOURCES TASK FORCE

ON THE EVALUATION OF WEST HAWAII PILOT PROJECT

EXECUTIVE SUMMARY

Submitted by

MPAC INC.

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I. OVERVIEW OF CASE MANAGEMENT AND THE WEST HAWAII PILOT PROJECT

     The efficacy of case management in the delivery of health and
human services has been well substantiated and documented. Based
upon its demonstrated strengths as a conceptual and practical model
for the effective delivery of health and human services, the case
management approach provided the underpinnings of the West Hawaii
Pilot Project which was initiated via the efforts of Governor
Waihee's Human Services/Resources Sub-Cabinet Task Force for the
period January 1988 through June 1989.

     The Task Force members represented the Departments of Health
(DOH), Human Services (DHS), and Labor and Industrial Relations
(DLIR) who worked in coordination with the Office of State Planning
and the Department of Budget and Finance. In its attempt to
address Governor Waihee's mandate to resolve the problems of
fragmentation, inaccessibility, inappropriate and low quality
services in the health and human services/resources delivery
system, the Task Force designed the Human Services/Resources Plan
of which the West Hawaii Pilot Project is an integral part.

     The Pilot Project is the result of the tri-agency effort to
rectify the identified service delivery problems through an
interdepartmental case management approach. To this end, each
department committed resources to the combined effort to provide
coordinated, holistic, community based services to clients in need.

     The leadership for the West Hawaii Pilot Project was provided
by a Management Council comprised of administrative staff from the

DOH, DHS, and DLIR. The Management Council was charged with the overall responsibility for the Pilot Project and authorized to develop policies and procedures, provide operational direction for the project, provide supervision to the project coordinator, and serve as the problem solving mechanism for the line staff assigned to implement the program.

The target group specified by the Task Force was abused or neglected children in families where other household members were in need of employment services. More specifically, the criteria for inclusion in the Pilot Project were: (1) confirmed child/youth abuse or neglect, AND (2) underemployment or unemployment of one or both parents.

The Department of Human Services (DHS) was designated as the lead agency with the Child Protective Services (CPS) Unit of the Family and Adult Services Division of West Hawaii Section as the point of entry for all clients.

A key element of the Pilot Project's case management program was the formalization of the interdisciplinary team approach. While one individual was assigned responsibility as case manager, the team approach was implemented to insure collective input and foster interdepartmental/interagency coordination in all phases of the case management process.

The following sections of this report review and evaluate the West Hawaii Pilot Project's community based, single access, case management system with co-location of service components.

II. SURVEY OF KNOWLEDGEABLE SOURCES: METHODOLOGY

The consultant participated in several orientation and
information gathering meetings (both individually and collectively)
with members of the Task Force and Management Council to establish
rapport and to delineate the scope and specific nature of the
evaluation and review process.

It was determined that the following groups involved in the
Pilot Project would be surveyed:

1. Key Informants - persons directly involved in and most
    knowledgeable about the West Hawaii Pilot Project. (Members of
    the Management Council were included). This group was
    interviewed face-to-face.

2. Clients - persons who satisfied the criteria for inclusion in
    the project (abused/neglected children/youth in families with
    member(s) in need of employment services. Identified by case
    workers.

3. Social Service Workers - case workers directly and indirectly
    involved in the project. Identified by Deputy Director of DHS.

4. Social Service Providers - persons representative of groups or
    organizations providing needed services to clients. Identified
    by members of the Management Council.

Questionnaires were developed with the participation of
members of the Task Force, Management Council, and representatives
of the respondent groups (clients, workers, service providers).
Each form of the questionnaire was pilot tested and revised several
times until deemed appropriate.

Each of the respondent groups - clients, workers, service
providers - was sent questionnaires with cover letters and a self
addressed stamped envelope for return. In the case of the clients,

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a special process for distributing and collecting questionnaires was devised to assure anonymity and confidentiality. Where necessary, follow-up phone calls were made to maximize the number of respondents in each group.

The following shows the response rate for each participating group:

Respondent Group	Total Sample	Number Completed	Response Rate
Key Informants	10	10	100%
Clients	20	11	55%
Workers	48	34	71%
Service Providers	40	23	58%

The return rate on the surveys was fairly good.

III. GENERAL OVERVIEW OF SURVEY RESULTS DIRECTLY RELEVANT
      TO PILOT PROJECT

Each respondent group questionnaire consisted of about 40
items except for the key informants' questionnaire which asked only
10 open ended questions. While most of the items on the
questionnaire for each respondent group were unique to that group's
relationship to the Pilot Project and the field of Child and Family
Services, several questions asked of each group specifically
addressed the overall effectiveness of the demonstration Pilot
Project concept of decentralization in West Hawaii. The results
of the questions follow.

A. KEY INFORMANTS

All of the key informants said they were involved in the
conventional as well as the Pilot Project approach to delivery of
services and thus were in a position to judge the differences
between the two approaches.

The main differences cited focused on the resultant changes
due to interagency coordination and the impact that had on actual
delivery of services. With the agencies' deliberate effort at
cooperation and integration, there appeared to be less duplication
of services, inconsistencies, and cross purposes. The multi-agency
involvement in planning and management of administrative and
clincal issues enhanced compatible goal setting thus making it less
confusing for clients. In addition, additional resources/services
made available to the project provided support to case managers and

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case workers who normally did everything regarding a case from "birth to death."

The <u>main</u> <u>advantages</u> of the Pilot Project reported were many. The "team" concept from state department level to case management level was identified as being advantageous. The communication and interchange among the participants and agencies resulted in greater consistency, efficiency, and effectiveness of services. The Pilot Project's support in terms of energy, attention, and resources facilitated the workers' ability in the various phases of the case management process. The quality of professional interaction, service options, and client involvement was enhanced. Of benefit to the clients was the holistic approach advocated by the project.

Most of the key informants said there were no <u>main</u> <u>disadvantages</u> to the Pilot Project approach. Those who cited disadvantages mentioned the initial start up time and investment of resources, the stress of making the project work, the selection of CPS client cases rather than regular DHS client cases, the sometimes superficial support from top management, the time expended on meetings, and the occasional difficulties of working with an agency (DLIR) that is less familiar with the social service perspective.

B. WORKERS

Social service workers were asked to rate the degree of <u>advantage</u> the Pilot Project decentralized team approach to social services had regarding various aspects of service delivery. The following resulted.

	Big Advant.	Slight Advant.	No Advant.	N=
a. ease of administration – less red tape	39%	48%	13%	23
b. better assessment of client's needs	82%	13%	5%	23
c. better coordination of services	86%	14%	0	22
d. more accurate assessment of service effectiveness	77%	18%	5%	22
e. easier for client to obtain needed services	83%	13%	4%	23
f. greater overall efficiency of services	70%	26%	4%	23
g. less reluctance by clients to approach services	52%	30%	18%	23
h. easier for client to get to service agencies (in terms of transportation)	67%	21%	12%	24

In general, far more than the majority of workers reported "slight" to "big advantage" on every item they were asked to rate.

The vast majority (85%) did not report any disadvantages to the Pilot Project decentralized team approach to social services. Those who did, cited inadequate supervision; problems with working relations, including too many supervisors; bickering between agencies/workers over priority of their work; each agency still making eligibility determination; and possible overkill with other projects or programs providing the same services.

C. SERVICE PROVIDERS

When asked how they felt about the "team concept" (several co-workers working on the same case) in terms of their working

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experience, the service providers responded as follows.

	Yes	No	Don't Know	N=
a. would enhance personal re- lations with co-workers	83%	0	17%	18
b. would be more efficient in getting the job done	74%	0	26%	19
c. would make better use of facilities	65%	6%	29%	17
d. would broaden base of worker input in a variety of case work	94%	0	6%	18
e. would increase freedom of workers	53%	21%	26%	19
f. would improve working atmosphere	89%	0	11%	18
g. would improve worker- client relationships	80%	7%	20%	16

Far more than the majority of service providers felt positive about the team approach and its effect on various factors such as interpersonal relations, job efficiency and effectiveness, working atmosphere, and broad based participation.

The service providers rated the degree of advantage of the Pilot Project decentralized team approach to social sevices as follows.

	Big Advant.	Slight Advant.	No Advant.	N=
a. ease of administration less red tape	69%	25%	6%	16
b. better assessment of client's needs	94%	6%	0	17
c. better coordination of services	100%	0	0	17
d. more accurate assessment of service effectiveness	81%	19%	0	16
e. easier for client to obtain needed services	81%	19%	0	16
f. greater overall efficiency of services	69%	25%	6%	16
g. less reluctance by clients to approach services	67%	20%	13%	15
h. easier for client to get to service agencies (in terms of transportation)	80%	13%	7%	16
i. closer monitoring of client participation	88%	12%	0	16

The majority of service providers clearly rated the Pilot Project decentralized team approach to social services as having "slight" and more so "big advantage" in contrast to the conventional approach.

Most of the service providers (75%) did not indicate any disadvantages to the Pilot Project decentralized team approach to social services. Those who reported disadvantages mentioned the lengthy team meetings; personnel inadequately trained or equipped in all areas of service; possible resistance or conflict to team process or decisions; some loss of confidentiality; family feeling overwhelmed; need to maintain "good guy" image to build rapport

with clients; and the need for a monitoring system as well as flexible workers.

D. CLIENTS

In direct relation to the Pilot Project, clients were asked if they thought it was helpful to have their entire record history from all agencies readily available to one case manager. More than the majority (67% N=6) said yes, while 22% (N=2) said no, and 11% (N=1) answered don't know.

In general, clients felt it was beneficial to have their case histories accessible to one case manager.

In sum, the various respondent groups - key informants, workers, providers, clients - appeared to evaluate the Pilot Project approach to social services quite positively. Most of the respondents did not report any major disadvantages. In general, most of the respondents rated the Pilot Project decentralized team approach as advantageous over the conventional approach to social services.

IV. CLIENTS: SURVEY RESULTS

A. SOCIO-DEMOGRAPHIC DATA

Eleven (11) of the 20 clients (55%) serviced through the Pilot
Project responded to the questionnaire. Any generalizations must
be considered in this context.

All of the responding clients were female whose ages ranged
from 18 years to 41 years, with an average age of 33 years.

The primary ethnicity of the clients was Hawaiian/Part
Hawaiian followed by Caucasian.

All of the clients lived in the North (80%) and South (20%)
Kona areas. The majority (55%) lived there 10 or more years
indicating a fairly high percentage of the clients being long time
residents. Thirty-three percent (33%) lived in West Hawaii from
0 to 4 years, with the remaining living there from 5 to 9 years.

Most of the clients (70%) lived in their current place of
residence for at least 13 months, with 30% of these living in their
residence for 6 to 8 years. The others (30%) reported living in
their residence 0 to 12 months.

Sixty-three percent (63%) of the clients were from single-
parent families, having an average of 3 family members living at
home. The average number of children in the household was 2, and
these children were typically 10 years or older.

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Far more than the majority (80%) of respondents had an income of $15,000 or less per year. Fifty percent (50%) said they were unemployed, with the remaining working mainly on a full time basis in service industry jobs.

More than half (56%) of the clients received between 9 and 11 years of schooling. Another 22% graduated from high school and 22% completed at least two years of college.

A little more than one-half (57%) of the clients had access to a car (their own, family's, friend's) and about one-third (29%) of them walked from place to place.

B. QUESTIONS RELATED TO SERVICES RECEIVED

All of the respondents indicated they received CPS assistance. About one-fourth received Public Health Nursing services. Sixty-four percent (64%) received psychological mental health counseling, and 55% received job counseling services. These data validate the criteria for the Pilot Project's eligibility determination.

Clients reported they needed the following additional services in this order: more money, clothing, food; more medical care; transportation; better child care; counseling; legal assistance; and faster service. None of the clients indicated they needed "better service", which was one of the response options.

More than the majority of clients (66%) indicated they had been receiving public services 12 months or less. The remaining 34% received services for more than a year. A good number of

clients had some experience receiving services prior to as well through the Pilot Project.

Most of the clients (70%) said they met with their social service worker at least once per month. Sixty percent (60%) indicated that their worker first contacted them by visiting their home and that this initial meeting occurred "right away" without having to wait for an appointment.

Forty-six percent (46%) of the clients reported they received services within less than a week from their first meeting with their worker. Another 27% received services in one to two weeks of their meeting. This means that 73% of the clients received services within 2 weeks of their initial meeting with their worker.

These data reinforce the clients' report that their needs were cared for fairly to very quickly (81%). Additionally, 90% felt the services were somewhat to very effective and 90% said the services were somewhat to very important to them.

The data clearly reveal client satisfaction with respect to timely response and effectiveness of services.

In the area of client-worker relationships, clients rated their interactions with their workers in an overall positive manner. At least one-half or more of the clients viewed their relationship with their workers as close, friendly, personal, equal and helpful.

A related question about how clients viewed their social

service workers from their meetings with them indicated that clients generally saw their workers as non-threatening, friendly, personal, egalitarian, receptive and helpful. In general, the clients' perspective of their workers was positive.

Seventy percent (70%) of the clients said they were treated with dignity and respect.

Client views regarding other aspects of their social service workers' role showed that they generally felt their workers were somewhat to very much satisfied (70%) with the services they were able to provide them. They also felt that workers were "concerned to the proper degree" about clients "cheating" on their benefits, and 50% of the clients said the agency did not "seem to screen out or restrict people from obtaining services", while 30% said they did not know if this was the case. Also, clients (89%) reported that agency workers were a little to very closely identified with the local community.

Clients were divided on their feelings about receiving assistance, with no strong feelings either way regarding assistance being a right or a privilege. The comments made by some clients point to the complexity of this issue.

Clients' preference for meeting places with workers was in the workers' office (46%) over the clients' home (36%) with some having no preference. This slight preference for office meetings may be related to feelings about information gathering and confidentiality issues. Seventy-three percent (73%) of the clients felt the

agencies had enough information on their service histories.
Clients unanimously felt that it was "very important" that their
case records be treated confidentially. In this regard, 46%
reported "yes", their workers respected their privacy and treated
their case confidentially, while 27% reported "no" and another 27%
said they "did not know" whether this was so.

Issues of privacy and confidentiality are sometimes at odds
with the need to share information in a team setting or approach.
Extreme care must be taken not to breach confidentiality. It
appears that while clients felt that workers did not need more
information about them, they generally were not opposed to their
case histories with the various public agencies being readily
available to one case manager. This approach appears to enhance
coordination of services.

Clients indicated an average number of 3 to 5 workers
attending to them and expressed neutral to positive feelings about
the number of workers interacting with them.

Responding to criticisms regarding the State Employment
Office, in general more than two-thirds of the clients disagreed
or had no opinion on such matters as rude or non-caring workers,
inappropriate training, undesirable jobs, jobs only in Honolulu,
red tape, and unadvertised programs.

The foregoing data reveal clients' generally positive response
to their workers and the services they received. This is supported
by the fact that 82% of the clients said they were somewhat to
very satisfied with the services they received. This reflects

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favorably on the workers, the agencies, and the Pilot Project.

Although clients reported that the best solutions to their difficulties were (in order of priority): higher income, a good job, more education, health care, a car, better housing, a new neighborhood, and more assistance from public service agencies, they consistently expressed feelings of satisfaction with their workers and services received.

The few comments relating to suggestions for improvement of services included expansion of the scope of employment services and more counseling services.

In sum, when asked how they felt about life, clients indicated that while they were not necessarily happy with their situations, they generally felt they could solve their problems, felt holistic about themselves, and expressed optimism about the future.

V. WORKERS: SURVEY RESULTS

A. SOCIO-DEMOGRAPHIC DATA

Thirty-four (34) of the 48 workers (71%) surveyed responded to the questionnaire. They were assigned to various West Hawaii units and also worked out of the Kohala, Kamuela and Kau units. Their position titles reflected a cross-section of staff: administrative and supervisory, social workers, social service aides and assistants, income maintenance, clerical support, and vocational rehabilitation.

Twenty four percent (24%) indicated they were involved in CPS functions; 12% service counseling, and 47% income maintenance functions.

Most of the workers (77%) had 4 years or more of college and about one-half also reported special professional training which varied and included social work graduate programs, sex assault, alcohol and drug abuse training, and business related programs. Most of the workers (72%) attended the University of Hawaii or community colleges within the State, while 28% identified various mainland colleges.

The data generally indicated that more than a majority of the workers lived in Hawaii for a period of time and had some understanding of the ethnic, cultural, and political/economic situation. The workers primarily lived in the North and South Kona

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areas and were females with an average age of 34. Ethnically, they were in order of frequency: Japanese, Caucasian, Hawaiian/Part Hawaiian, Filipino and Chinese. This corresponds with the typical ethnic composition of social service workers and stands in contrast with the majority ethnicity of Hawaiian/Part Hawaiian of the client group. Since most of the workers lived in the areas they serviced, it is likely they are aware of the particular problems confronting the West Hawaii area.

Since 47% of the workers indicated they worked over 5 years with their current agency and another 38% worked between 1 to 5 years with their agency, we can infer they have an understanding of the Pilot Project approach and clients as well as the conventional system.

B. QUESTIONS RELATING TO JOB AND CLIENTS

Significantly, almost all (98%) of the workers reported they felt their job was somewhat to very important. In response to how satisfied they were with their jobs, 70% said they were somewhat to very satisfied and 30% reported feeling somewhat to very dissatisfied.

1. Factors Contributing to Worker Satisfaction

The areas listed as the most pleasant or enjoyable aspects of their job were (in order of frequency): assisting clients, helping others; positive relationships with co-workers; and meeting the challenges of the job.

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Throughout the survey, the workers were relatively consistent in their positive feelings of helping their clients. They generaly characterized their relationships with their clients as helpful and friendly, and felt their clients viewed them as non-threatening, friendly, personal, receptive and helpful.

Furthermore, the workers characterized their own experiences when dealing with clients as informative, pleasant, at ease and open. While still generally positive, they did seem to feel to a lesser degree that their relationships with their clients were close, personal and equal. They also indicated they felt their clients viewed them as somewhere between egalitarian and authoritative. In general, the workers have an overall positive view of their client-worker relationships and correspondingly they also feel that their clients view them favorably.

The data allude to potentially conflicting qualities needed in effective job performance - interpersonal, communication, and empathetic skills as well as non-judgmental, limit setting, and legal/ethical skills. Maintaining a balance can be difficult. In spite of this situation, 61% of the workers felt very much to somewhat satisfied with the services they provided for their clients. Also, 73% felt their clients were very much to somewhat satisfied with these services.

As a rule, the workers seemed to have positive views of their clients. At least 80% felt their clients were proud (vs. ashamed), friendly, and communicative. Also, on a 7 point scale of good to bad, they felt their clients were generally "good".

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Interestingly, in their evaluation of their "average" client in terms of comparative qualities such as lazy vs. industrious, deserving vs. undeserving, active vs. passive, and weak vs. strong, the workers most frequently selected the neutral point on the 7 point scale. This is consistent with the need to maintain a non-judgmental posture in the client-worker relationships.

When asked if they thought that clients tend to abuse their privileges with regard to social services they received, workers by far answered "sometimes, maybe and yes" rather than "no". In spite of this view, they seem to consistently perceive their clients and their relationships with them in favorable terms.

The workers generally felt that clients were justified in their complaints of service provision. They felt that the main sources of client dissatisfaction were (in order of frequency): red tape (e.g. delays, qualifying for services, etc.), agency not being able to help, transportation problems, and agency worker-client interaction. They offered the following suggestions to resolve these problems: more services, increased agency efficiency (faster delivery of service), better communication with clients, inservice training and increased benefits/higher income.

The workers characterized their relationships with co-workers positively. Most workers basically felt their relationships were friendly, pleasant, cooperative, close, informal, deep, important, helpful and equal. This view is likely to have impact on the degree of satisfaction with their job.

Another important factor in this area is how supported workers felt by their supervisors. Generally the workers felt their relationships with their supervisors were pleasant, cooperative, close, informal, deep, important, helpful and equal. Some workers assigned more negative ratings, but this is not unusual. In the same way that fellow worker relationships are often a critical satisfying factor, supervisor-worker relationships are also.

Workers reported that "meeting the challenges of the job" was enjoyable to them. One particular challenge the workers were asked to evaluate was the team approach implemented in the Pilot Project. Generally, the majority of the workers responded quite positively to the tri-agency coordinated team approach. They felt this approach would enhance personal relationships between agency workers, would be more efficient in getting the job done, would make better use of facilities, would broaden the base of worker input in a variety of case work and would improve worker-client relationships. The workers were less certain, however, about the team concept's ability to increase the freedom of workers or improve the working atmosphere.

The workers did offer a number of suggestions for improvement of the Pilot Project. These mainly focused on addressing efficiency and effectiveness problems of the program, working out interagency/interdepartmental responsibilities and relationships, additional training/information sharing, as well as broadening the target population serviced. Comments reflected a variation in actual experience with the Pilot Project. A number of comments

indicated that these individuals did not have sufficient experience with the project to judge it.

Another question relating to the team approach focused on the workers' evaluation of the advantages of a decentralized team approach to social services, as opposed to having each service performed through separate agencies in separate locations. Again, the workers generally felt this approach would promote ease of administration--less red tape, provide for better assessment of client needs, better coordination of services, more accurate assessment of service effectiveness, facilitate the client to obtain needed services, provide greater overall efficiency of services, promote less reluctance by clients to approach services and help clients to get to service agencies (transportation).

As far as citing the disadvantages of the Pilot Project's decentralized approach, a few workers related the following concerns: 1) possible duplication of efforts, with each agency continuing to conduct its own eligibility determinations 2) the need for additional training for supervisory staff in order to familiarize them with each aspect of the agency's job 3) increased problems with co-worker and worker-supervisor relationships 4) more conflict between agencies/workers 5) possible duplication of efforts with other programs that also provide the same type of service.

Workers also indicated that they did not feel they had enough information about clients' histories and current service provision. As the Pilot Project expands, limitations such as these may well

become more pronounced if something is not done to intervene.

New and developing programs are generally wrought with aspects that need to be worked out, that require careful attention. The workers' overall positive evaluation of the Pilot Project, however, is an encouraging basis from which to proceed towards further refinement of the concept.

2. Factors Contributing to Worker Dissatisfaction

The most unpleasant or unenjoyable aspects of the job cited by the workers most frequently were frustrations in dealing with their clients. In subsequent order, the following items were also mentioned: heavy workload, paper work, busy work, working conditions (e.g. no air conditioning, crowding), problems in cooperation with other personnel, getting clients access to services, resistance to change by agencies, and commuting.

Other questions in the survey addressing some of these areas also reinforce the above responses. For example, the main sources of worker dissatisfaction with regard to servicing clients were (in order of frequency): inadequate resources, inadequate staffing, inadequate referral services and unwillingness to cooperate on the part of clients. Additionally, a variety of individual comments such as continual interruptions, poor worker attitudes, uncooperative and not understanding supervisor, eligibility requirements and complex care were noted.

Worker responses to identification of the major sources of dissatisfaction regarding the services provided by their agency

also reflect similar factors. Bureaucratic problems, inadequate services and heavy caseload were most frequently cited.

Workers reported that the major sources of dissatisfaction with the nature of their interactions with their clients were (in order of frequency): uncooperative or dishonest clients, client-agency worker interactions, and a variety of other problem areas such as the need for more services, more client education of the agency's particular scope of services and logistical problems.

In response to specific questions about their caseloads, 60% of the respondents felt their caseloads were too heavy. Seventy four percent (74%) also indicated their salary was inadequate in relation to their level of training, experience and job duties.

Regarding their comments about any aspects of their jobs that could be done just as well by non-professionals, 67% indicated that yes, in fact, there were some areas that could be delegated. These were: paper work, some errands which are a waste of time professionally speaking, follow-up with clients and a number of other tasks such as clerical work, gathering information for several monthly reports, transportation of clients and answering the phone.

These general dissatisfiers are common in the human services area. This is not to devalue them. Rather, these ongoing and consistent concerns expressed by workers highlight the continued importance of addressing what can be positively altered.

Despite acknowledging the unenjoyable or unpleasant aspects of their jobs, the workers on the whole were quite positive in their assessment of the Pilot Project. Their responses indicate a very favorable situation for the continued development of the concept.

VI. SERVICE PROVIDERS: SURVEY RESULTS

A. AGENCIES' BACKGROUND INFORMATION

Twenty three (23) of the 40 service providers (58%) surveyed responded to the questionnaire. While the number of years of service provision ranged from 1 to 50 years, the average number of years of service was 7. The agencies, therefore, were in a position to evaluate the services, having had experience in client and inter-agency relationships.

The number of persons employed by the agencies differed. Generally, agencies had both full-time and part-time employees, with only two organizations citing 1 volunteer staff each. The average number of full-time employees was approximately 7, with part-time employees numbering about 2.

Typically, each organization had 1 administrative staff, an average of 4 professional and 4 paraprofessional staff, and 1 to 2 clerical support staff. Only 3 of the 14 agencies responding indicated having 1 or 2 persons in the home visitor or program services areas.

Almost all (95%) of all regular full-time, part-time employees and volunteers lived in the West Hawaii area, with 5% living in adjacent areas or in Hilo.

The ethnicity of the employed staff, service providers indicated Caucasian (59%), followed by Japanese (26%), Hawaiian

(8%) and Filipino (3%). This ethnic breakdown contrasts with the clients' ethnicity which was primarily Hawaiian/Part Hawaiian followed by Caucasian.

B.   SERVICES RELATING TO CLIENTS

The top five problems listed by providers as playing a major role in child abuse and neglect were substance abuse, economic hardship, ignorance of parenting skills, housing, a history of abuse in the family and inadequate day care alternatives. Identification of these factors come from many years experience in working with the target population.

When asked to identify the characteristics of high quality services in Kona, providers noted efficiency and follow through (including good communication), commitment by individuals in service agencies and well-trained professionals. They also felt that staff competence in establishing rapport with the local population, agency networking and good administrative support contributed to high quality service provision.

While agency responses to the request to list the individual natural helping networks or youth groups that enhanced their services were varied, the most frequently mentioned were: Hawaii Island Teen Service (HITS), KCAC, Family Support Groups, church congregations and the YWCA/YMCA. These natural helping networks and youth groups generally are vital resources to service providers. They help to assist in various phases of service provision.

The average number of clients referred to agencies or serviced by them ranged from 2 to 500. The huge variation is attributed to the caseloads of the Public Health Nursing and School Health Branches of the Department of Health. Their caseloads ranged between 300 to 500. More typically, agencies serviced about 31 clients per month.

Seventy five percent (75%) of the agencies said they had no clients waiting for services. Additionally, 86% of these agencies indicated their referrals were not confronted by a waiting list. The data seem to show that in spite of identified limitations in resources, agencies have been able to access some type of available resources for most of their clients in a fairly timely manner.

C. INTER-AGENCY INTERACTION AND COMMUNICATION

The service providers were asked to identify the agencies providing services to children and families in West Hawaii that they interacted with most often. The Department of Health, Department of Human Services, Child and Family Services and the Department of Education were the organizations most frequently listed. Given the target population, these organizations have understandably been integrally involved in interagency relationships. The nature of the contacts was identified (in order of frequency) as: referrals in general, referrals regarding abuse, networking activities and counseling services.

The most frequent number of interactions listed was three times a week followed by everyday and once a week. Interactions on

a once and twice a month basis were mentioned, but much less frequently. Interagency contact three times a week is quite high and could be attributed to a large caseload and/or the complexity and intensity of client problems. It indicates the apparent close communication and ongoing coordination between and among agencies.

According to service providers, both formal and informal relationships existed with other agencies. Their interactions were mainly conducted by telephone conversations followed by person-to-person communication and memos/written communications. Ninety-three percent (93%) of the providers indicated they made referrals to other agencies, with professional staff primarily making these referrals. The methods of making referrals included telephone conversations, person-to-person contact, written communication and client initiative, in that order of frequency. Generally, however, no one method of making referrals was used exclusively.

Responses regarding how often cases were improperly referred showed that while 55% of the providers reported that cases were "sometimes" improperly referred, the remaining 45% noted that cases were "never" improperly referred. This indicates that these providers have a relatively good understanding of the available resources, the scope and nature of other agencies' services, as well as their specific eligibility criteria.

At least 80% of the providers noted that they sometimes referred cases to CPS, while 13% responded that they often made referrals. Reasons for these referrals in order of frequency were: abuse or neglect, appropriateness of service, placement and

consultation/evaluation.

D. PILOT PROJECT - TEAM APPROACH

Regarding their evaluation of the team approach, the service
providers expressed very positive feelings. They generally felt
that this concept would enhance personal relationships with co-
workers, would be more efficient in getting the job done, would
make better use of facilities, would broaden the base of worker
input in a variety of case work, would improve the working
atmosphere and would improve worker-client relationships. While
the majority also felt that the team approach would increase
worker freedom, their responses to the other areas listed above
were much more dramatic.

The service providers' assessment of the advantages of the
Pilot Project's decentralized team approach was again
overwhelmingly supportive. Close to 90% felt that there were big
to slight advantages in the areas of: ease of administration--less
red tape, better assessment of client's needs, better coordination
of services, more accurate assessment of service effectiveness,
increased ease for the client to obtain needed services, greater
overall efficiency of services, less reluctance of clients to
approach services, increased ease for clients to get to service
agencies (in terms of transportation) and closer monitoring of
client participation.

Service providers, however, did note several disadvantages of
having a decentralized team approach. The concerns listed were:

possible conflicts, loss of confidentiality, time constraints (in terms of agency staff being unable to attend long meetings), and possible team dynamic problems. These concerns are valid but are not insurmountable. Given the necessary administrative support, a factor that strongly determines the success or demise of a program, commitment and willingness of participants in the implementation process generally follow. The responses of these providers reflect a very favorable environment in which the development and refinement of a coordinated team approach program such as the Pilot Project can continue.

E.   GAPS IN SERVICE TO YOUTH AND FAMILIES IN WEST HAWAII

The major gaps in services to youth and families in West Hawaii identified by the providers were: counseling for children, services for troubled youth, child care services, inadequate support systems for sexually abused persons, inadequate substance abuse programs, inadequate low cost housing and employment programs. Generally, while there is a real limitation of these types of services in the State, the situation tends to be magnified in rural areas.

When asked to rate from most to least important the reasons for the gaps in services, the providers indicated the following: inadequate funding, inadequate staffing and facilities, not enough providers, burdensome administrative tasks and unwillingness of providers to accommodate CPS clients.

Providers offered the following suggestions to address the

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gaps in services: increased funding for development of more services in this rural area; improving planning for a coordinated, private and public sector cooperative approach; improving educational opportunities and public informational services; improving leadership and making children a priority. These overall suggestions can provide additional input towards the development of a community-based, cooperative, proactive program.

The specific and primary existing barriers/obstacles to youth and families actually obtaining services were identified as inadequate transportation, inadequate staffing/services, financial limitations, lack of outreach--lack of information regarding available services and poor communication/coordination. Removal of these barriers will require a comprehensive, creative and concerted community effort.

As an integral part of immediately addressing the need to maximize the utilization of existing limited resources and provide for increased integration and coordination of services, effective case management was frequently identified by the service providers. Other suggestions included providing public transportation to all areas, additional funding, and provision of an executive or legislative mandate to county and state officials to improve coordinated services.

To further attend to the identified gaps in services, a number of agencies also indicated they were planning to expand services by increasing staff, increasing their scope of services and facility development, seeking additional funding and providing for substance

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abuse services. It is important to coordinate these efforts to help support the overall community effort.

In response to the question regarding data collection efforts or available surveys/information to assist in planning for services for children and families, 44% of the respondents identified data sources such as Aloha United Way statistics, Public Health Nursing statistics, Peer Education Project data, specific agency data and Kona Police Department data on juvenile cases. Information gathering of this nature is essential to the planning and coordinating process. Perhaps this can proceed as one of the initial coordinated efforts.

Additionally, since each agency appears to utilize various means of assessment (i.e. personal observations by professionals, information from other service providers, psychological and medical testing, and interviews with clients), it may be worthwhile to discuss the possibilities of coordinating and standardizing a basic assessment tool that may be helpful to each agency. This would help to maximize the experiences gained in servicing this target population, and possibly could work towards minimizing the duplication efforts for both clients and service providers.

Finally, service providers shared their additional suggestions for improvement of services. The most frequently written suggestions were the need for a therapeutic, treatment-oriented facility/group home or revised foster system to help in the recovery process for abused children; the need for state agencies to share information; the need for increased decentralization;

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improved funding; increased co-location of services; further

development of the team approach and the need for a more creative

and versatile school curriculum.

VII. COMPARATIVE DATA FINDINGS

A. WORKER - PROVIDER COMPARISONS

The comparison of worker and provider responses relating to
the team approach generally showed more positive provider
assessments of the decentralized team concept. This probably
reflects the fact that the workers were most affected by the
changes required by the implementation of the Pilot Project. New
programs in general provide challenges to predictability,
familiarity and order. Where individuals are given the primary
responsibility for implementing a new program, the level of stress
is understandably greater.

Although there was some ambivalence in responses in the areas
of increased freedom of workers, improvement of the working
atmosphere, ease of administration, feelings about having another
worker involved in their cases, the workers were generally positive
in their evaluation of the Pilot Project. The survey data showed
that the provision of quality services for clients is valued by the
workers and providers. It is noteworthy that the overall sense is
that they believe the Pilot Program can/will assist in client
services. This indicates very favorable ground for the continued
development of the Pilot Project.

A comparison of worker and provider responses regarding the
Pilot Project's disadvantages showed that both groups cited
"possible conflicts" as a concern. While this is a realistic

concern in the coordination efforts of different agencies and groups, thoughtful participation and communication can help to minimize conflict. It is a credit to the Pilot Project that input from the various groups involved was actively solicited. Attention to the development of interdisciplinary team dynamics as well as to intra-departmental, inter-departmental and public/private sector relationships will be required on a continuing basis.

Other areas of concern cited by workers and providers must also be addressed in order to maximize the potential for the Pilot Project's success. For example, the worker group's concern about the fragmentation and duplication of efforts, fostering the single access concept, as well as integration of services and maximization of limited resources--human resources and other service resources--are high priority items.

Organizational concerns, lengthy meetings and client confidentiality also require attention. Additionally, the inadequate number of knowledgeable and flexible workers that was identified by the provider group as a concern is important to investigate. Minimally, standardized orientation, training and information sharing are essential in this area.

B. CLIENT - WORKER COMPARISONS

The comparison of data relating to client-worker relationships generally reflects corresponding views from both groups. The clients, however, tended to be generally more positive and definitive in their views. Interestingly though, the worker group

thought their clients viewed them as less threatening, more receptive and more helpful.

The nature of the client-worker relationship especially with regard to this particular target population (i.e. CPS clients) often presents very complex situations. While the workers are there to assist and facilitate, given the scope of their responsibilities, they are also required to assist with limit-setting and compliance issues, must provide monitoring activities and a number of these individuals also perform crisis intervention. These types of functions as well as others provide the framework around which the worker-client relationship revolves. It is understandable that at times clients may see their workers as somewhat threatening, unreceptive and not helpful.

In spite of these circumstances, the clients basically felt that they were treated with dignity and respect. One probable factor accounting for this perspective may be the workers' relatively non-judgmental stance in their view of their clients. Most workers selected the neutral area on the 7 point scale relating to the evaluation of their average client.

The comparison of data relating to worker satisfaction indicated that both clients and workers generally corresponded in their assessments. The worker respondents were a little more positive than their clients about their own level of satisfaction in the provision of client services. In their ongoing interaction with their workers, clients may have sensed their workers' frustration which led them to believe that the workers were not as satisfied with the services they were providing for them.

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The data indicated that the workers were generally more
satisfied with the services they provided to their clients than
with their jobs. The area identified as the most unenjoyable
and unpleasant was "frustration dealing with clients". It is very
possible that this was perceived by some of the clients.

Other areas such as bureaucratic problems, heavy caseload and
inadequate services and staffing, busy work and paper work that
could be delegated to paraprofessional or clerical support staff,
were concerns identified by the workers. These concerns
must be addressed if the Pilot Project is to succeed since they
impact directly on the workers' and clients' overall satisfaction
with the Pilot Project.

In terms of the comparison of the service needs identified
through this study, some of the more frequently mentioned by both
providers and clients were: counseling services, child care
services, better housing and employment options. Additionally,
higher income, a good job, more education and health care were also
cited by clients as some of the best solutions to their problems.

No doubt the development of more community-based services in
rural areas continues to exist as a critical need. A comprehensive
assessment of needs is required for the development of an
appropriate plan that could be implemented through public and
private funding sources. Only a coordinated, creative and
cooperative effort can provide for a comprehensive, holistic,
client-centered continuum of services aimed at promoting the
empowerment of clients and fostering their independence.

VII. CONCLUDING REMARKS

The West Hawaii Pilot Project could have been better tested with regard to the effectiveness and efficiency of both the management (i.e. decentralization) and service delivery (i.e. case management - team approach) components using a target population with a much broader range of clients. The CPS client population had relatively more stringent rules of confidentiality which put constraints on the number of clients cleared for the Pilot's case management team approach and made available to the evaluation and survey process.

However, even given the fact that CPS clients were utilized as the target population to test the efficacy of the West Hawaii Pilot Project, the overall results of the evaluation of the Pilot Project were positive from all groups surveyed, including the clients.

The majority of the clients had some experience receiving social services prior to the Pilot Project. Under the Pilot Project, clients indicated an overall trend of having timely appointments with social service workers and 70% indicated that their workers first contacted them by visiting their home and that their initial meeting occurred "right away" without having to make an appointment.

A majority of the clients also indicated they received services within less than a week from their first meeting with their workers, while 73% said they received services within two weeks.

Ninety percent (90%) of the clients reported that the services

provided by the Pilot Project were important to them and that these services were effective in meeting their needs. Overall, 81% of the clients felt that these needs were cared for quickly.

Prompt and expeditious response from the Pilot Project social service workers and the ability to provide appropriate meaningful services are important and integral elements in the determination of satisfaction, efficiency and effectiveness.

Clients indicated that they were not opposed to their history or records with all agencies being readily available to one case manager and further indicated that this may be helpful to their case. Presently, they said about 3 to 5 workers interact with them on their case.

With regard to the DLIR component and job training and employment services, 80% of the clients indicated that workers really care about persons seeking help and that job counselors were not rude or unfriendly. The majority of the clients reported that there was not too much red tape and that they were not given the run-around. A majority of the clients further indicated that the DLIR Employment Office does find jobs for clients and they do not feel recycled through training programs.

Overall, 82% of the clients said they were satisfied with the services they received.

As detailed in chapter III and subsequent chapters, the key informants, workers and providers were uniformly more positive about the Pilot Project's initial performance and potential for the future as a more efficient and effective alternative with regard to decentralized administration, the team approach (i.e. DOH, DHS,

DLIR, etc.) and case management service delivery.

A. OTHER STRATEGIES EMPLOYED TO SUPPLEMENT CLIENT SURVEY DATA

The MPAC team attempted two additional strategies to supplement the client survey data. One was to get "comparable group" client data from clients in West Hawaii who were NOT part of the Pilot Project using the same questionnaire and methodology utilized for the Pilot Project clients.

The other strategy was a pre-test/post-test approach in which the same clients surveyed in September and October, the early stages of the project, were surveyed again in June and July utilizing a short form of the questionnaire which focused on the Pilot Project's effectiveness. The same methodology was used as employed earlier with the same clients.

Results of these attempts to supplement the client data were too sketchy with minimum response and for the most part not very useful because of the timing of these attempts in the evaluation process.

B. EFFICIENCY AND COST-EFFECTIVENESS

Several members of the Governor's Human Services/Resources Sub-Cabinet Task Force expressed concern about the efficiency and cost-effectiveness of the Pilot Project. Although this was not the main purpose of the evaluation which was rather to focus on the effectiveness of the process of decentralization effort, MPAC consultants have identified several areas and gathered data to provide some explanation of the efficiency and cost-effectiveness

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of the West Hawaii Pilot Project.

1. Timeliness of Service

One of the measures of cost-effectiveness is whether or not
the services are provided in a timely manner. In other words, does
the extra cost result in better services and service when you need
it? One of the measures of efficiency is the degree to which the
agency maximizes the use of its resources, that is, provides better
and perhaps more services to clients in less time and with less
cost in staff time.

The results of the survey of clients, key informants, workers,
and providers support the Pilot Project as cost-effective and
efficient as based on the measures described above.

2. Overall Project Cost-Effectiveness

As of June 30, 1989 the total project cost was $57,331 of the
$100,000 appropriated for the project. Investigation revealed that
there was considerable savings for the Pilot Project because of the
team effort on the part of various staff members.

Appropriations for certain services were covered in-house by
the team and actually required less staff time because of team work
and therefore less expenditures overall. Also, many committed
staff put in overtime as a matter of continuity of service and
commitment to the group. Therefore, amounts appropriated for
overtime ($14,268) and service on a fee basis ($4,249) were not
needed and resulted in savings for the Pilot's first year
operational budget. In keeping with the commitment to the group

effort and continuity of care, very few of the staff took advantage of the $7,720 appropriated for employee car mileage and less than 1% ($34) of that fund was used.

These three items accounted for over 60% of the $42,669 savings which were appropriated but not spent in the first year's operation.

C. WHAT COULD THE WEST HAWAII PILOT PROJECT HAVE DONE DIFFERENTLY TO IMPROVE THE TRI-AGENCY COOPERATION AND SERVICE TO CLIENTS?

Several areas were identified as barriers to cooperation and service delivery that should be improved if the tri-agency concept is to be continued or expanded in West Hawaii and implemented in a Pilot Project in East Hawaii or elsewhere in the State.

1. Consent With Respect To Confidentiality Should Be Made As Uniform As Possible

Apparently, rules which guide consent and the entire issue of confidentiality are being applied differently by the various agencies often causing confusion and barriers to tri-agency cooperation and service delivery. Although the law and guiding principle allow for the release of confidential information "if it is for the benefit or in the best interest of the client", in actual practice this principle is apparently not uniformly known, accepted, or applied.

2. Rules, Guidelines, and Specifications Regarding Service Delivery Should Be Made As Uniform As Possible

Some obstacles to tri-agency cooperation were caused by the different intra-agency rules, guidelines, and service

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specifications. Sometimes this is due to the existing arrangements with the various funding sources which have different and/or additional requirements. It is recommended that these differences be worked out in formal and/or informal sessions to make them as uniform as possible.

It is further recommended that the Management Council be involved from the start of any Pilot Project in the review of the policies, rules, and guidelines of the various participating departments and divisions and make recommendations on how they might be changed or modified to improve tri-agency cooperation and service to the client.

3. <u>Case Manager Classification Should Be Clarified And Made A Regular Job Classification</u>

In the West Hawaii Pilot Project, case managers were in the paraprofessional and/or social worker classification. There was no official case manager job classification. There is apparently some confusion as to whether this position should be occupied by a social worker with conventional social work skills of counseling and other direct service client-oriented skills or by a paraprofessional and/or social worker with client-tracking, human relations, and supervisory skills.

It is recommended that this ambiguity surrounding the skills and general job requirements be cleared up and that a regular and official case manager job classification be approved for the West Hawaii Pilot Project and all future tri-agency Pilot Projects. It is suggested that this will be a particularly critical issue as the transition from Pilot to mainstream agency project takes place.

4. **Existing West Hawaii Management Council Should Brainstorm On Other Issues Relevant To Service Delivery In West Hawaii Area**

Now that the first year of operation of the West Hawaii Pilot Project is over, the role of the Management Council should continue as a tri-agency community "focus group" to brainstorm, identify, and review other issues and obstacles and make recommendations to improve cooperation, inter-agency support, and the efficiency and effectiveness of service delivery to clients.

D. WHERE DO WE GO FROM HERE?

1. **Expand Client Base At Different Location**

The summary of the results of the survey and the concluding remarks suggest that the obvious direction of the West Hawaii Pilot Project concept, approach, and process should be to expand to a broader client base at a different location.

Learning from the West Hawaii Pilot Project experience, the Governor's Sub-Cabinet Human Services/Resources Task Force has begun to take the necessary steps to broaden the client base to the Employment Services of the State Job Program in East Hawaii. (The target population are clients of Project Success and WIN. Also, an East Hawaii Pilot Project Management Council has already been established.)

2. **The External Evaluation of the East Hawaii Pilot Project Should be Based More on Client Outcomes and Involve "Experimental" and "Control" Groups of Clients**

The West Hawaii Pilot Project also involved the evaluation of outcomes of client services. However, the original focus was to

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evaluate the effectiveness of the decentralized, community based process (i.e.Management Council), tri-agency cooperation at the Sub-Cabinet and community based levels, and the tri-agency case management approach to services.

The external evaluation should still evaluate process but focus on outcomes of client services provided by the tri-agency East Hawaii Pilot Project. Moreover, the overall approach of the evaluation should be a controlled experiment, that is, include clients who receive services from the Pilot compared to similar clients who do not receive services from the Pilot.

3. A Tri-Agency Model Should be Established and Made Part of the Mainstream Human Services/Resources Delivery System

The efforts of the West Hawaii Pilot Project participants (i.e. local Task Force and Management Council members, Governor's Sub-Cabinet Task Force on Human Services/Resources, and resource persons and staff) and the East Hawaii Pilot Project participants should be consolidated to establish a tri-agency model with transferability to the mainstream of the State's service delivery system for Human Services and Resources.

4. West Hawaii Pilot Project Expansion

In a brainstorming session of the Management Council with the external evaluator, several ideas and suggestions were raised as possible directions the West Hawaii Pilot Project could take. These included:

    1. Expand client base to other geographic areas in West Hawaii not originally part of the Pilot Project.

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2. Expand the client base to employment services for pregnant teens and thereby combine some of the services of the original Pilot with that of the employment services programs.

3. Expand the role and membership of the Management Council to include community based members with interest and expertise in the human services/resources areas.

These are ideas which the Governor's Sub-Cabinet Task Force and staff on Human Services and Resources may wish to explore further.