REPORT ON FOCUS COMMUNITIES
FOCUS COMMUNITIES

The focus communities for this report are the 11 school complexes or communities of Molokai, Waimea, Waianae, Nanakuli, Hilo, Laupahoehoe, Central Hilo, Pahoa, Keaau, Kau, and Honokaa. The service providers that were identified by the Center on the Family and HCTF/DOH were mailed a copy of the Service Provider Survey (Appendix A) and a map of their community (Appendix B). A similar but specialized survey, the GRADS Program Survey, was developed for the GRADS program administered by the DOE (Appendix C). The surveys were designed to collect information in several areas, including: services provided; clients served; staffing; accessibility of services; and adequacy of services. To determine the type of services provided, the surveys contained general questions that grouped responding agencies/programs into one of five categories (parenting support, family support, health support, early care and educational support, and child abuse/neglect prevention services). Two services, parenting and family supports, were combined into one category in the data analyses. Other questions further identified the services that focused on prevention of child abuse and neglect (i.e. home visitation and respite care). To identify the clients served, the survey asked for quantitative and qualitative data in areas such as whether the clients were families, adults, teens, or children, as well as the percent of clients that were immigrants, in foster care, and/or have special needs. The staffing questions focused on tenure and educational qualifications. To determine client accessibility to services, a combination of questions addressed the location and cost, if any, of services. Finally, to determine the adequacy of services, the survey requested quantitative measures of number of clients on waiting lists and of the service providers’ ratings of the services in their community.

After the surveys were completed and returned, follow-up phone calls were conducted to determine the percentage of clients and staff from each agency/program that served each of the communities (or school complexes) in the state. This information was used to calculate the number of clients in and staff serving each community.

Of the 165 surveys disseminated to child abuse and neglect prevention and/or family strengthening agencies/programs, 132 were returned for an 80% return rate. This report is based on the data from the agencies/programs that completed the Service Provider Survey, and not on all of the agencies/programs serving the focus communities. Note that if an agency/program reported serving clients within a community, it was included in the analysis for that community. For this reason, some agencies are counted in more than one community.
Types of Services Provided

Each agency/program was asked to specify the types of services it provides: (1) family support (relationships, resource management, training, etc.) and/or parenting support (child development, discipline, etc.), (2) health support (child or parent nutrition, disabilities, substance abuse, mental health, etc.), (3) early care and education support (childcare, preschools, language/motor development, social/emotional development, etc.) and (4) child abuse/neglect prevention services. The agencies were asked to select all that apply. The percentage of agencies in each community that reported providing each type of service is presented in Figure 1. The number in brackets after the community name is the number of surveys used in the data analysis for that community.
As shown in the Figure 1, across all focus communities there is a high percentage of agencies/programs that provide child abuse/neglect prevention services (67% to 93%) and family and/or parenting support (64% to 86%). These results were expected since agencies and programs were surveyed based on the criteria that they provide child abuse/neglect prevention and/or family strengthening services. Although provided less frequently, some agencies also offer health support (28% to 53%) and early care and education support (25% to 47%) services.

To better identify the types of child abuse/neglect (CAN) prevention services in each community, specific questions about these services were asked of the agencies/programs that provide them. The results are illustrated in Figure 2.

Figure 2  
Types of Child Abuse/Neglect Prevention Services in Focus Communities
The data indicate that the main forms of prevention services offered in the focus communities are educational training (offered by 31% to 56% of the agencies/programs) and home visitations (offered by 31% to 56% of the agencies/programs). In 9 of the 11 communities, childcare services are less frequently provided (no more than 19% of the agencies/programs in the 9 communities provide this service) than any other type of services. Molokai seems to be unique in comparison to the other focus communities in that it has a larger percentage of agencies/program that have resource centers (46%) and a smaller percentage that provides educational training (31%).

The childcare services data presented in Figure 2 include all agencies that reported providing some form of child care, whether it was respite care, GRADS child care facilities, or another type of child care. Figure 3 depicts the number of service providers in each focus community reporting having respite care facilities for children who have been or are in danger of being abused or neglected. While the service providers were not asked specifically about the location of the respite care, it was assumed that the services are center-based and not at the clients’ homes. Note that only the focus communities are colored in Figure 3. The data presented below suggest that the Big Island may need more respite care services, as some communities have no or only one agency/program providing this service. Conversations with respite care providers on the Big Island indicate that “community members have not ‘bought into’ the idea of putting their children in the care of anyone other than family members”. Hence it may be important to ensure that the community is prepared to use respite care services before they are implemented on the Big Island. More service providers on Molokai reported offering respite care than in any other focus community.
Figure 3

Number of Agencies/Programs with Respite Care Services in Each Focus Community
Clients Served

As illustrated in Figure 4a, more than 50% of the service providers in 9 of the 11 focus communities serve parents or adult caregivers and children 0-17 years. This is of no surprise since this is the segment of the population that would seek or need child abuse/neglect prevention and family strengthening services. Although service providers in Waianae and Nanakuli serve all of the aforementioned clients, fewer of them provide services for children 6-17 years. Across all agencies/programs, parents or adult caregivers are most frequently provided services.

Figure 4a
Clients Served by Agencies/Programs Surveyed in Focus Communities
Among the clients served, services are most often provided to teen mothers, followed by pregnant teens, teen fathers, and teen families.
Figure 4c shows that service providers in all focus communities are serving immigrant, foster care, and special needs children. However, special needs children are provided the highest percent of services. In some communities, such as Molokai, Waimea,
Waianae, and Nanakuli, the services to these children far surpass the services to children in the other categories. The attention to special needs kids may be a reflection of the court ordered services for Felix children and the availability of funds in this area.

**Qualification and Tenure of Staff**

To obtain information on the educational level of staff, agencies/programs were asked to report on the highest degree completed by each of their staff members.

**Figure 5**

*Highest Degree Completed by Staff of Agencies/Programs in Focus Communities*
As is shown in Figure 5, in all of the focus communities, agencies/programs reported that from 11% to 53% of their staff have high school degrees, 4% to 19% have associate degrees, 17% to 33% have bachelor’s degrees, and 7% to 42% have master’s degrees. Waianae and Nanakuli are unique in that they have a much larger proportion of staff with bachelor’s and master’s degrees (73% and 75%, respectively). Kau (53%), Waimea (51%), and Laupahoehoe (43%) have the highest proportions of staff with only high school degrees.

Turnover can be ascertained by the number of years that staff have been employed by an agency/program. This data is presented in Figure 6 for the focus communities.
Waianae and Nanakuli have the highest proportion of staff with less than two years employment (62% and 66%, respectively). On the other hand, agencies/programs in all focus communities, except Nanakuli and Waianae, have a minimum of 25% of their staff who have been employed for five years or more. This indicates that there is a core staff of continuing employees who lend stability to the organizations.

**Accessibility & Adequacy**

To gain a measure of adequacy of services, agencies/programs were asked whether they could serve more individuals with their present resources. If they responded positively to this question, they were identified as an underutilized agency or program. To assess the relationship between demand on an agency/program and its ability to serve, service providers were asked if they had waiting lists or had turned clients away in the last six months. These two variables are plotted against each other in Figure 7.

**Figure 7**

*Ability to Serve More vs. Greater Demand Than Ability to Serve*
As is illustrated in Figure 7, more service providers in Waimea, Molokai, and Waianae reported that they have the ability to serve more clients with present resources than the mean of service providers in the focus communities. More service providers in Central Hilo, Keaau, Hilo and Lapahoehoe reported that demand for services exceeds their ability to serve than the mean of service providers in the focus communities.

In the Nanakuli community, approximately one third of the service providers reported that they could serve more clients with their present resources, another third reported higher demand than ability to serve, and the remaining third indicated that they have the right amount of resources to serve those needing services. Further analysis of the service providers in each of the aforementioned categories revealed that of those that reported ability to serve more clients, a large proportion provide parental support services. Of the group that reported greater demand than ability to serve, a large proportion provide childcare services.

Figures 8a and 8b present the barriers that cause the under-utilization of services.

**Figure 8a**
**Barriers to Services in Focus Communities**

![Bar chart showing barriers to services in focus communities.](image)

**Note:** Molokai did not claim lack of transportation as a barrier
The two major reasons given for the ability to serve more clients in the focus communities were no knowledge of program (e.g. “people have not heard about us”) and lack of transportation. Service providers in Waimea, Molokai, and Waianae reported that they have the ability to serve more clients with their present resources and gave “no knowledge of program” as the primary reason for the underutilization. These and other communities, such as Nanakuli, might benefit from better promotion. On the Big Island, the major reason given for the ability to serve more was the lack of transportation among potential clients, which was cited by 60% of 5 out of 6 communities. The program location was also mentioned, although to a lesser extent, as a reason that kept clients from using services.

In Waianae and Nanakuli close to 20%, or about 12 of the agencies/programs in the two communities, reported that their services are not affordable to all those who needed them. A few agencies/programs in these communities reported that they are not receiving as many clients as they were designed to serve due to high drop-out rates and lack of compliance with program guidelines.
Figure 9 presents the location where services are provided in each focus community.

As shown in Figure 9, the majority of services are being provided at the agencies. Between one-fourth to one-half of the service providers in the focus communities offer services in clients’ homes, while less than 15% provide services in transitional centers or group homes. Molokai, Waimea, Waianae, and Nanakuli utilize public or community facilities to provide services more than do other communities.
To understand the relationship between demand and ability to serve, the agencies/programs that reported greater demand than ability to serve, were asked how they could accommodate all those who needed their services. Their responses were categorized into four groups: more funding, more staff, more volunteers, and need daycare facilities (see Figure 10).

Across all focus communities, service providers identified more funding and staff to a greater extent than other reasons as a requirement for the provision of more services. More volunteers were identified to a lesser extent, and only three communities, Kau, Honokaa, and Hilo, mentioned the need for day care facilities. Waimea service providers were very specific in identifying
the need for more qualified and professional staff. This relates to the data in Figure 5, which indicates that Waimea and Kau had higher proportions of staff with high school degrees than in other focus communities.

Comments from service providers in Waianae and Nanakuli indicated the need for more space and larger facilities to accommodate their large number of clients. Service providers on the Big Island requested GRADS daycare facilities in Kau and Honokaa to serve teen mothers and enable them to obtain high school degrees.

**Rate of Use of Services vs. Community Risk Index**

To assess the relationship between the rate of service use in a community and the risks associated with that community, a risk index was developed. The risk index consisted of known correlates of child abuse: the unemployment rate from the Department of Labor, Department of Education data on students enrolled in special education services, youth reports of substance abuse in the home, and youth reports of low neighborhood attachment. This last indicator relates to how the youth in a community feel about their community (whether their neighbors are aware of their accomplishments and whether they would like to move away from the community) and is used as a proxy for family isolation.

Figure 11 compares the risk index for each community to the rate of service use in that community (ratio of clients to population). The risk index is plotted in blue and when the value is above zero on the left axis it means that the community has higher than average risk. The rate of service use in the communities is plotted in pink and increases from left to right (refer to the left axis for values of the service use).
Figure 11
Rate of Service Use vs. Risk Index for Focus Communities

Note: Value of zero is the mean for all 43 communities in the state on the risk index
As is illustrated in Figure 11, all the focus communities rank above average on the risk index, with Molokai scoring the highest at 3.9 and Central Hilo ranking the lowest at 0.31. The rate of service use is above average for all the focus communities, with the lowest in Waimea at 0.05 and the highest in Laupahoehoe at 0.27. It should be noted that since the population in Laupahoehoe is small and it was difficult for service providers to determine exactly what percent of their clients come from that community, the rate of service use in Laupahoehoe could be inflated. The point of interest in Figure 12 is the gap between the two lines. In communities such as Molokai, Waianae, Kau, Keaau, and Pahoa the risk index is high, but the rate of service use is relatively low. Note that while Central Hilo service providers reported having greater demand than ability to serve (Figure 7), this community did not rank high on the risk index.

**Figure 12**

Service Providers’ Ratings of Child Abuse/Neglect Prevention Resources

<table>
<thead>
<tr>
<th>Community</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honokaa (21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kau (15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keaau (20)</td>
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</tr>
<tr>
<td>Pahoa (21)</td>
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</tr>
<tr>
<td>Central Hilo (21)</td>
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<td></td>
</tr>
<tr>
<td>Laupahoehoe (16)</td>
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</tr>
<tr>
<td>Hilo (22)</td>
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</tr>
<tr>
<td>Nanakuli (28)</td>
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</tr>
<tr>
<td>Waianae (31)</td>
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<tr>
<td>Waimea (18)</td>
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</tr>
<tr>
<td>Molokai (14)</td>
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</table>
Service providers were asked to rate the quality of family strengthening and child abuse/neglect (CAN) prevention resources in their communities, and the results are illustrated in Figure 12. A higher percentage of service providers in Kau (47%), Nanakuli (39%), and Waianae (39%) evaluated the resources in their communities as “good” or “excellent” than did service providers in other focus communities. Seventeen percent of the Waimea service providers indicated the CAN resources in their community are “poor”, one of only three communities to do so (the other two were Honokaa, 5% and Waianae, 3%).

**Expenditure Data**

In examining how expenditures are directed, the Hawaii Children’s Budget Analysis Project used a continuum that ranged from services designed for all children (development) to services designed for children at increasing risk or requiring focused treatment. The categories along the continuum are defined as follows:

- **development** – programs for all children, in which focus is on building childrens’ individual assets or competencies;
- **prevention** – programs which work to deter children and youth from engaging in behavior dangerous to their mental and/or physical health;
- **intervention** – programs for children who have begun to get into trouble or experience difficulty in development;
- **rehabilitation** – programs/services aimed at individuals who are well into trouble or not able to function in society on their own;
- **incarceration** – programs/services dealing with youth not well served by the other four efforts, with the purpose to be both punitive and rehabilitative.

For the purposes of this report, only expenditures in the first three categories (development, prevention, and intervention) were included in the analysis, and expenditures in the intervention category were limited to those directed at very young children and/or families. Please note that the Hawaii Children’s Budget Analysis Project was not able to obtain school complex level data for all the agencies/programs and, therefore, data regarding expenditures are presented by administrative districts.

The patterns of investment by state and county funders (both public and private) in different administrative districts can inform grant and program decisions. As noted in Figure 13, per child (0-17 years) expenditures on Molokai are double the expenditures in other communities. In fact, Molokai leads in every category, with the spending on prevention alone being equal to the total spent in the other communities. It is not surprising that per child expenditure in the focus communities is about double the state average as these communities were selected as being at high risk.
As shown in Figure 14, in the state as a whole, 16% of per child expenditures are spent on development, 44% for prevention, and 40% for intervention. Although all of the focus administrative districts spent more than the state average in each of the three categories, a smaller percentage of community expenditures are allocated to development in Waianae (12%) and Puna (13%). All of the focus communities, except Kau and Honokaa, spend a much higher percentage on prevention (ranging from 49% to 65% of total expenditures) than the state average. The focus administrative districts spend a smaller percent of their funds on intervention (ranging from 22% to 29%) as compared to 40% for the state. This was an unexpected finding that may be affected by the programs selected for the survey, which included employment training for parents, homeless services, and substance abuse treatment.
Figure 14
How Dollars are Spent in Focus Administrative Districts

<table>
<thead>
<tr>
<th>Administrative District</th>
<th>Development</th>
<th>Prevention</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>STATE MEAN</td>
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<td>$131</td>
<td>$121</td>
</tr>
<tr>
<td>Honokaa</td>
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<td>$301</td>
<td>$186</td>
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<td>Kau</td>
<td>$251</td>
<td>$329</td>
<td>$201</td>
</tr>
<tr>
<td>Puna</td>
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<td>$373</td>
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<td>Hilo</td>
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</tr>
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<td>Waianae</td>
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</tr>
<tr>
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<td>$160</td>
<td>$340</td>
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<tr>
<td>Molokai</td>
<td>$334</td>
<td>$786</td>
<td>$435</td>
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