STATE OF HAWAI'I

Department of Human Services

ANNUAL REPORT 2015

DIRECTOR'S MESSAGE

Thank you for your interest in the Department of Human Services (DHS). One year has passed since I joined DHS, and I remain as inspired and positive as day one. I'm motivated by our dedicated and skilled team members who repeatedly share that they are here to: "create access to health coverage for one more family," or "make sure one more child is safe," or "ensure that this young parent has access to childcare and job training," or "provide former foster youth with stipends to go to college." This is challenging work, and our team of more than 2,000 is committed to the integral role DHS plays in rebuilding the bridge to community resources and self-sufficiency for Hawai'i residents.

Traditionally, DHS has been viewed as a safety net because many of our clients and beneficiaries interface with us after something necessitates them needing assistance. I ask readers to **see DHS as a trampoline that empowers and restores people to health, safety, and well-being** rather than "just a safety net." Through the investment in DHS and its programs, we can collectively invest in local residents and, ultimately, a healthy Hawai'i.

To get to a healthy Hawai'i, we need to look at the root causes for why we are not yet there. These root causes are called the social determinants of health, which include food security, housing, employment, access to healthcare, childcare, education, and more. The Federal Reserve Bank of San Francisco explains it best: "Your zip code is more important than your genetic code in determining your health."

It is through the DHS programs discussed in this annual report that we can collectively move the needle on community health and improve economic, health, and housing outcomes. For example, our SNAP program addresses food security. We focus on sustainable housing through our Homeless Programs Office and Hawai'i Public Housing Authority. Our Benefits, Employment, and Support Services Division, Division of Vocational Rehabilitation, and Social Services Division all provide various employment, training, and education opportunities. And our Med-QUEST Division provides access to healthcare for more than 50% of Hawai'i's children and one in four residents.

We are committed to this work through four main priorities:

1. Investing in children and families;
2. Improving health and safety;
3. Increasing departmental capacity and efficiencies; and
4. Improving systems.

These also align with Governor Ige's core commitments to effective, efficient, and open government, education, affordable housing, health (and access to healthcare), and Hawa'i's economy.

DIRECTOR MESSAGE (cont.)

A few highlighted achievements from this year represent these same priorities and commitments:

- **Investing in children and families.** The Office of Youth Services (OYS) continued to help spearhead the State's effort in juvenile justice reform through Act 201 (2014 Legislature), which aims to reduce secure confinement, strengthen community supervision, focus resources on practices proven to reduce recidivism. In FY2015, a 20% drop in admissions to the Hawai'i Youth Correctional Facility occurred as a result of the collaborative efforts among stakeholders working to improve the juvenile justice system.

- **Improving health and safety and Improving systems.** Our Med-QUEST Division successfully implemented QUEST Integration on January 1, 2015. QUEST Integration (QI) was planned over two years to combine the QUEST and QUEST Expanded Access (QExA) programs into one program, and it provides for a more patient-centric approach to care. With enrollment in one of the five available health plans, recipients no longer need to change to a different health plan and find new doctors because they turn 65 years of age or become disabled. Those who are aged, blind, and disabled also have more health plans from which to choose: five rather than the two under QExA. Another QI goal is to reduce administrative burden on health providers.

- **Increasing departmental capacity and efficiencies.** BESSD (Benefit, Employment & Support Services Division) received a $660,462 SNAP performance bonus for placing in the top six states in the country for timely processing of SNAP (food assistance) applications. As of September 2015, SNAP timeliness rate was at 96.7%, and an estimated 183,680 Hawai'i residents were receiving SNAP benefits.

- **Improving systems.** The Commission on the Status of Women assisted in passing a resolution before the Honolulu City Council which would start a domestic violence task force with the police and the prosecutor's office and assist in shoring up gaps in services for victims of domestic violence.

This coming year will include DHS incorporating a new multigenerational approach, 'Ohana Nui, that invests early and concurrently in children and families to improve health outcomes. We will do so with other state departments and community stakeholders, and this will also allow us to more efficiently align programs and funding to make a bigger impact on those whom we serve.

Thank you for your support of DHS, our team, and our shared community.

Rachael Wong, DrPH
Director, Department of Human Services

INTRODUCTION

The Department of Human Services (DHS) is dedicated to empowering Hawai‘i’s residents to reach their full potential through our myriad programs.

DHS believes that when each of us individually reaches his or her potential, our community and, in turn, the State of Hawai‘i thrives. DHS has worked for more than 50 years toward empowering Hawai‘i residents. The Territorial Department of Public Welfare was reorganized (by the State Legislature) as the State Department of Social Services and Housing (DSSH) in 1959 after statehood. In 1988, the Department was again reorganized and renamed the Department of Human Services (DHS).

DHS staff provides programs and services that create a grid of resources to support Hawai‘i’s residents and communities. These programs and services aim to increase each resident’s well-being by connecting them to resources in the community. DHS understands that well-being is not developed overnight and requires a solid foundation and supports.

DHS provides support for individuals to lay a foundation of basic needs, like helping residents find housing, food for their families, and access to medical insurance. DHS also understands that well-being requires support and assists residents with services to strengthen families, programs to build independent living abilities for residents with disabilities, and initiatives for our kupuna continue to thrive.

DHS has four divisions:

- **Benefit, Employment, and Support Services Division (BESSD);**
- **Med-QUEST Division (MQD);**
- **Social Services Division (SSD); and**
- **Division of Vocational Rehabilitation (DVR).**

DHS also supports two administratively attached agencies – the Office of Youth Services (OYS) and Hawai‘i Public Housing Authority (HPHA) – and two commissions – the Commission on the Status of Women and the Commission on Fatherhood.

Each year, DHS strives to provide effective and efficient programs, services and benefits to improve Hawai‘i residents’ well-being. The following report provides an overview of our programs, as well as key successes.

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PROSPERITY

The Benefit, Employment, and Support Services Division (BESSD) is a cornerstone in DHS' work to increase Hawai'i residents' well-being by providing assistance for the most basic of resources. The division's programs provide financial assistance and program support to help Hawai'i's families access food, housing, job-readiness training, educational and vocation trainings, job placement and retention services, child care, transportation, and other work-related needs.

Mission: Provide timely, efficient, and effective programs, services, and benefits to empower those who are vulnterable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

Goal: Provide a safety net for families when they cannot work or are under-employed; help parents find and maintain employment; and help famlies achieve self-sufficiency.

BESSD achieves these goals through various programs, which are described in the pages following.

Temporary Assistance for Needy Families (TANF) & Temporary Assistance for Other Needy Families (TAONF)

What is TANF and TAONF?

TANF and **TAONF** provide monthly cash benefits to qualifying families for food, clothing, shelter, and other essentials.

Are there eligibility requirements?

To qualify, a family must include dependent children under the age of 19 and the family's total gross income must be under 185% of the 2006 Federal Poverty Level (FPL).

For example: A household of three (3) persons should earn a gross income of less than $2,941; the net income should be under 48% of the 2006 FPL or under $610 if the household includes an employable adult.

Assets are not included in the calculation to help residents build assets to succeed once they are no longer receiving these funds.

23,556 individuals

AVERAGE NUMBER OF INDIVIDUALS RECEIVING ASSISTANCE PER MONTH

Is there a maximum amount of benefits I can receive?

Households that include an adult without work barriers can receive cash benefits for a lifetime maximum of five years (60 months).

BESSD continues to expand its outreach activities to ensure that families approaching the five-year limit are prepared with a self-sufficiency plan. Job preparation, job search skills, training, and educational services are available. Transitional benfeits are also provided to those who are employed.

What is the difference between TANF and TAONF?

The key difference between the two programs is the funding source for each: one is federally funded and the other is state-funded. Whether a family qualifies for one or the other depends on its citizenship composition.

When all famly members are U.S. citizens, they are eligible for federally funded assistance under TANF.

Families that include at least one non-U.S. citizen are eligible for state-funded assistance under TAONF. Non-citizens are legal immigrants or permanent resident aliens residing in the U.S. as well as those from the Micronesian nations under the Compact of Free Association (COFA), which includes the Federated States of Micronesia, the Republic of Palau and the Republic of the Marshall Islands. Other than these funding sources, there is no difference between the two programs.

What other requirements are there to participate in this program?

Benefits are time-limited for work-eligible needy adults with dependent children. All adults, except for those receiving SSI or SSDI or are age 65 or older, are required to participate in some work-related activity such as training, counseling, treatment, or work.

Recipients also must promote self-reliance, responsibility, and family stability. TANF/TAONF programs provide employment incentives, child care, and transportation support for working parents and reimbursement for pre-approved work-related expenses such as tools, uniforms, union dues, etc.

3 people

AVERAGE FAMILY SIZE RECEIVING FINANCIAL ASSISTANCE

What if I'm a child and I don't live with my parents?

Children who do not reside with their parents also may receive assistance when residing with a non-needy caretaker relative. Additionally, since 2004, BESSD provides **Positive Youth Development** and **Family Strengthening programs**. These programs aim to improve the lives of vulnerable and needy children, teens, and their parents. These programs also rely on collaboration between other State of Hawai'i departments and community partners, including the Department of Education, Kokua Kalihi Valley, Big Brothers Big Sisters Hawai'i, Institute for Human Services, and Catholic Charities.

What if I am disabled?

BESSD continues to expand training and skill-building programs for clients with physical and mental disabilities or other significant barriers. The Division also contracts services to support those with disabilities.

DHS has a medical contractor composed of physicians, psychiatrists, and psychologists that conducts medical assessments for recipients with disabilities. A medical board reviews all findings to more consistently plan for appropriate support services.

Additionally, BESSD assists disabled individuals receiving assistance to qualify and receive federal SSI or SSDI benefits through the Social Security Advocacy program. SSI is higher than State of Hawai'i benefits, and both SSI and SSDI benefits are not time-limited.

What other barriers does BESSD assist with?

BESSD contracts services for victims of domestic violence. Additionally, work requirements for domestic abuse victims may be suspended for up to six months, with a possible extension of six months. Assessments are conducted on an individual basis to keep parents focused on working or returning to work as soon as it is safe to do so.

For those who need support, substance abuse rehabilitation programs, medical treatment, and skill-building programs may be conditions of eligiblity. Contracted case management services for recovery activities, employment, and skill development further support families.

How does TANF and TAONF relate to other BESSD programs?

The Division continues to align financial assistance program policies with those of the Supplemental Nutritional Assistance Program (SNAP).

To establish and determine eligilbity, program applicants are required to perform countable First-to-Work (FTW) activities. BESSD has shortened the family application process from a maximimum of 21 days to no less than seven days. The program makes exceptions to this requirement for families with children under the age of six months, families without an adult in the household and those with one adult caring for a disabled household member.

TANF & TAONF

TANF/TAONF FY 2015 Stats

Monthly average number of families receiving assistance: 7,611 families
Monthly average number of individuals receiving assistance: 23,556 families

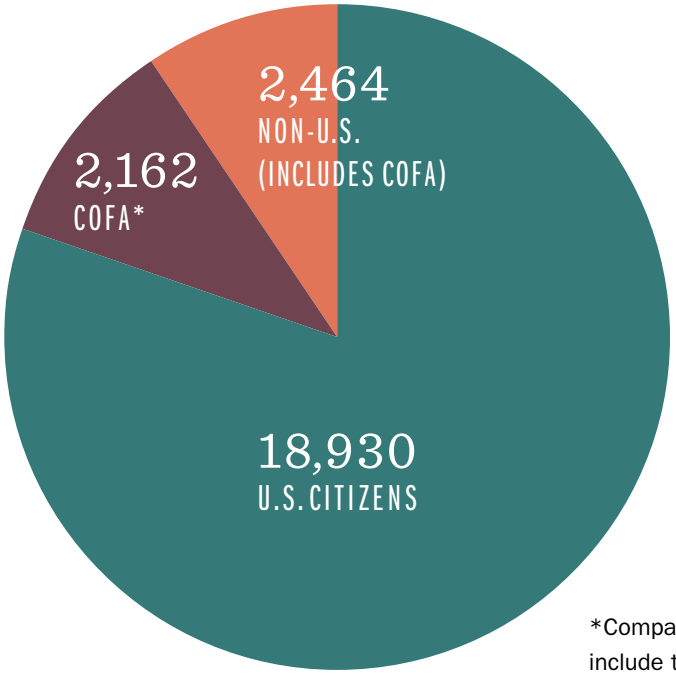
Average monthly assistance
- **TANF household:** $564
- **TAONF household:** $494

Monthly average of disability evaluations: 1,787

While each family that receives financial assistance is unique, the average family receiving asssitance is: a household of three individuals

Cases closed due to time limits: 348
Cases closed due to earned income: 908

TANF Citizenship – Individuals – FY 2015



*Compact of Free Association countries include the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau

Number of TANF Months Used

1 - 12 Mo.	13 - 24 Mo.	25 - 36 Mo.	37 - 48 Mo.	49 - 60 Mo.	>60 Mo.
25%	20%	15%	13%	10%	17%

TANF & TAONF

Household Participation and State Impact (Monthly Average SFY)

	June 2009	June 2010	June 2011	June 2012	June 2013	June 2014	June 2015
Number of Households Assisted	8,907	9,180	9,368	9,831	9,235	8,483	8,093
Monthly Benefits Paid	$5.04 mil	$5.2 mil	$5.17 mil	$5.38 mil	$5.06 mil	$4.68 mil	$4.0 mil
Number of Employed Households	2,129	2,316	2,438	2,641	2,467	2,205	2,029
Gross Earned Income	$1.5 mil	$1.8 mil	$1.9 mil	$2.4 mil	$2.31mil	$2.03 mil	$1.98 mil
Employment Cost Savings	$748,389	$693,740	$748,746	$804,731	$744,859	$649,466	$1.2 mil

BESSD Financial Assistance Caseloads over Time

Fiscal Year	Average Families per Month	Average Time on Assistance (months)
2005	11,629	15
2006	9,837	15
2007	8,976	16
2008	8,344	13
2009	8,661	14.1
2010	8,942	15.2
2011	9,477	16.5
2012	9,811	13.5
2013	9,829	14.2
2014	8,927	Data Not Available
2015	7,789	17.5 *

* Reflects combined average for cases closed during fiscal year 2015 and those still active through June 2015 going back to date of approval. Prior year's figures are based on CY.

Number of Cases Closed over Time

Year	Time Limit Closures*	Earned Income Closures**
2005	708	2,144
2006	517	1,864
2007	477	1,830
2008	434	1,451
2009	415	1,396
2010	228	991
2011	359	904
2012	367	1,031
2013	370	1,050
2014	426	1,036
2015	348	908

* Work eligible households received benefits for the total lifetime maximum of 5 years.
** Households whose income exceeded eligibility income limits.

SPOTLIGHT:

Collaboration Across Programs and Divisions

Members of BESSD's Medical Board are also members of the Med-QUEST Aid to Disable Review Committee (ADRC). BESSD arranged for ADRC determinations to be made at the same time the Medical Board reviews and certifies General Assistance (GA) disablities. This eliminates the need for separate referrals to MQD for the ADRC determination. The process is now streamlined to allow the transfer of a GA recipient to the Assistance for Aged, Blind, and Disabled (AABD) program more quickly, freeing up GA funding.

General Assistance

What is General Assistance?

The **General Assistance** (GA) program provides cash benefits for food, clothing, shelter, and other essentials to adults. The program aims to provide temporary economic assistance to individuals who are temporarily disabled and unable to work. The assistance helps meet some basic needs while helping temporarily disabled individuals obtain treatment and pursue potential sources of income.

How much monthly benefits am I eligible for?

Since April 2014, the monthly benefit has $348 per month. Monthly payments fluctuated between the highest in 2007 ($469) to the lowest in 2009 ($234).

How is GA funded?

GA is funded each year through a block grant appropriated by the State Legislature. BESSD administers the GA program within the grant appropriation and adjusts the monthly benefit amount, based on the number of individuals participating in the program.

17,815
medical evaluations
CONDUCTED OF THOSE DETERMINED DISABLED

Who is eligible?

GA is available to adults

- Ages 18 through 64;
- Without minor dependents;
- Who are temporarily disabled; and
- Who do not qualify for Social Security benefits, or who are waiting for approval of SSI or SSDI benefits.

To be eligible for GA, you must have

- Little or no income;
- Not qualified for a federal category of assistance; and
- Be certfied by a DHS medical board as unable to engage in any substantial employment of at least 30 hours per week for a period of at least 60 days.

To remain eligible, assets may not exceed $2,000 for a single person and $3,000 for a couple.

How does this program relate to Social Security benefits?

BESSD provides **Social Security Advocacy** services to maximize the number of recipients eligible for federal assistance. Improvements in FY 2015 now allow for internal referrals, streamlining the process for clients. The SSA process can take anywhere from three months to three years. It will inevitably provide long-term federally funded support for those with permanent disabilities who need it.

Recent Improvements:

SSA referrals

In July 2014, a new medical assessment contract provided more streamlined referral processes by allowing internal referrals. Now, the medical board can directly refer to their sub-contracted social security advocate when a permanent disability determination is made. This contractor takes the responsibility of tracking re-evaluations, obtaining proof of treatment compliance, scheduling, and notifying recipients of the medical assessment re-evaluation appointment. This previously required a referral be made back to an eligiblity worker first.

General Assistance

"Sharefile" Function

An electronic "sharefile" function allows faster and more efficient transmittal of documents and notifications between the processing centers and the medical contractor.

Special Fund

In FY2015, the Legislature approved the creation of a special fund to capture the SSI benefits that are approved for a GA client but has lapsed into a prior fiscal year. This fund is limited to a carryover of no more than $3 million in a given fiscal year, and any carryover balance in excess will lapse to the general fund.

Up through June 2015, prior year reimbursement reverted to the State General Fund. In 2015, the State Legislature approved the creation of an IAR Special Fund under Act 196 (15). Effective July 1, 2015, prior year reimbursements are to be deposited into this account to be used for state-funded financial assistance payments and for programs that support and assist recipients to qualify for supplemental security income.

GA FY2015 Stats

17,815 medical evaluations were conducted. Of those determined disabled:

- **Determined psychiatrically disabled:** 50.25%
- **Determined physically disabled:** 49.75%
- **Determined not disabled:** 20.5%

Reversals by medical board:

- **Psychiatric determinations reversed:** 3.33%
- **Physical determinations reversed:** 1.25%

Medical Board Referrals to SSA:

- **GA client referrals:** 1003
- **Administrative referrals:** 1427
- **individuals approved for SSI or SSDI benefits:** 59
- **The remaining clients are pending reconsideration or appeal**

SSA reimbursements from Interim Assistance Reimbursement: $1,577,751.75

Disability treatment is an eligibility requirement for the GA program.

- **Follow-up checks requested:** 4,362
- **Recommended sanction for failing to comply with recommended treatment plan:** 1,003
- **Closed for failing to respond to the request for proof of treatment compliance:** 1,210
- **Subsequently found compliant to treatment:** 2,149

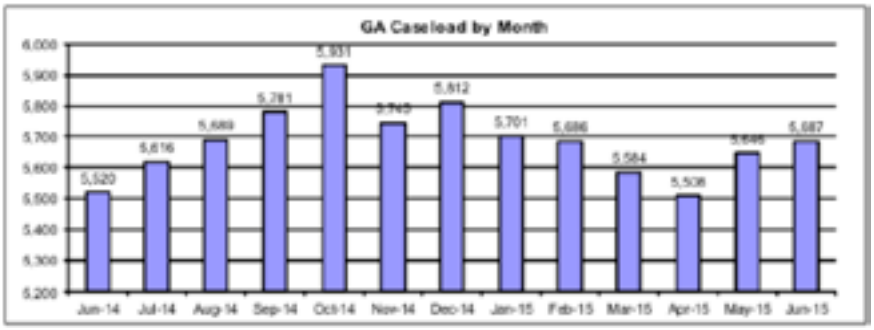
Combined Reimbursement of State Funds for AABD, GA and TAONF from the SSA

Fiscal Year	Total Reimbursement from the SSA*	Current Year Reimbursement**	Prior Year Reimbursement to General Fund
2009	$2,226,570	$1,021,894	$1,204,675
2010	$2,485,285	$1,050,416	$1,434,869
2011	$1,901,487	$837,407	$1,064,080
2012	$1,529,409	$632,074	$897,335
2013	$1,679,715	$623,496	$1,056,219
2014	$2,127,258	$761,529	$1,365,729
2015	$1,569,287	$531,957	$1,037,330

*Reimbursements received from the SSA via the IAR program.

** Portion DHS retained from the current fiscal year.

General Assistance

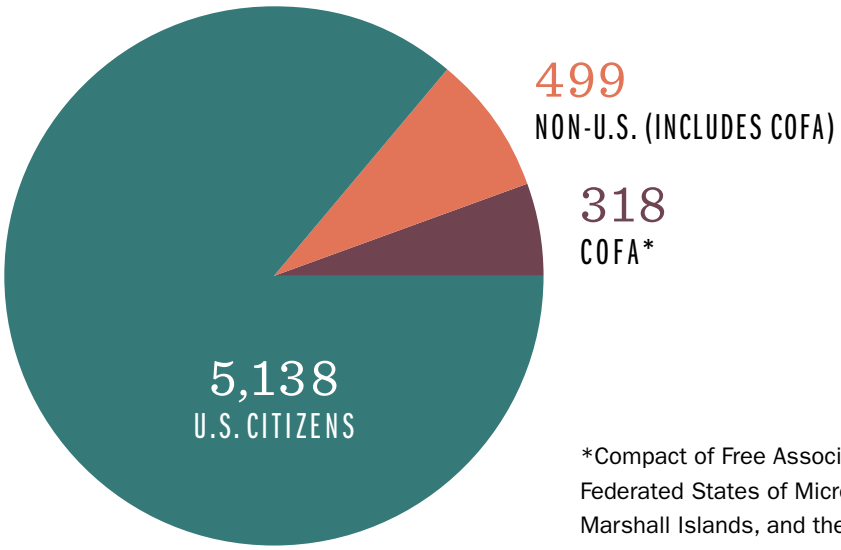


Average GA Caseloads over Time

Year	Average Number Individuals per Mo.	Average Time on Assistance Months
2005	3,994	Not available
2006	3,917	Not available
2007	3,955	Not available
2008	4,458	Not available
2009	5,014	Not available
2010	5,068	8
2011	5,298	8
2012	5,537	8.6
2013	5,722	10.4*
2014	5,465	Data Not Available
2015	5821	9.1*

*Reflects the combined average for cases closed during fiscal year 2015 and those still active through June 2015 going back to date of approval. Prior year's figures are based on CY.

GA Citizenship Count for Month of June 2015 (Taken at the close of FY2015)



*Compact of Free Associations countries include the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Assistance to the Aged, Blind, and Disabled (AABD)

What is AABD?

The **AABD program** provides cash benefits for food, clothing, shelter, and other essentials to a gap group of Hawai'i residents. The assistance is meant to support those elderly and/or permanently disabled individuals who do not qualify for federal benefits or qualify for very little.

Who is eligible for AABD?

Elderly adults (65 years of age or older) or individuals who meet the Social Security Administration's definition of disabled or blind. To qualify for state assistance, individuals must have countable income below 34% of the 2006 Federal Poverty Level and resources not exceeding $2,000 for a single person or $3,000 for a couple.

How does this program work with Social Security Administration benefits?

Most AABD recipients are not eligible for Social Security Administration benefits. Reviews of U.S. citizens and non-U.S. citizens age 65 years or older are conducted to refer them to our Social Security Advocacy contractor. Interim assistance is also provided to those waiting for an eligiblity determination for SSI or SSDI.

How much will I receive in benefits?

Effective April 2014, benefits increased to $348 per month. They continue at this level.

AABD FY2015 Stats

Average AABD Caseloads Over Time

Year	Average Monthly Cases	Average Time on Assistance (months)
2005	1,887	30
2006	1,568	30
2007	1,334	30
2008	1,341	30
2009	1,461	29
2010	1,375	33
2011	899	31
2012	859	31
2013	898	29.6
2014	868	Data Not Available
2015	796	33.4*

* Reflects the combined average for cases closed during FY2015 and those still active through June 2015 going back to date of approval. Prior year's figures are based on CY.

AABD Citizenship Status in Month of June 2015

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
156	753	435

*Compact of Free Associations (COFA) countries include the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau

Low Income Home Energy Assistance Program (LIHEAP)

What is LIHEAP?

LIHEAP is a federally funded assistance program that helps families manage costs associated with home energy bills and energy crises.

The goal of the program is to improve the standard of living for eligible individuals and families by ensuring that energy payments (electricity and gas) and crisis intervention are provided to meet immediate home energy needs.

9,552 families

OR INDIVIDUALS THAT RECEIVED LIHEAP ASSISTANCE

What benefits are available?

LIHEAP assists families and individuals pay their utility bills (electric or gas) in two ways:

- The Energy Crisis program provides up to $338 to restore power to the residence of a household in which electricity or gas has been shut off or is about to be terminated.
- The Energy Credit program provides a one-time payment to households not in crisis. Funds are deposited directly into their utility accounts.

Who is eligible for this program?

Individuals or families must complete an application that includes all individuals (related or unrelated) living at the residence and the Social Security numbers for all household members. Applicants must submit income, assets, and utility bills with the application.

When can I apply?

Energy credit program applications are taken annually in the month of June. BESSD provided crisis credits throughout the year for the second year in FY2015. Previously, crisis credits were issued only once a year. This expansion allows BESSD to assist more families or individuals who may have their electricity or gas disconnected.

LIHEAP FY 2015 Stats

Families or individuals who received energy credits: 8,962
Families or individuals who received emergency crisis credits: 592

Average amount of credits:

- **Energy credit:** $580
- **Crisis credit:** $337

Supplemental Nutrition Assistance Program (SNAP)

What is SNAP?

SNAP (formerly the Food Stamp Program) is a federal program funded through the U.S. Department of Agriculture's Food and Nutrition Service (FNS). SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores to purchase food to maintain a healthy diet.

185,301 individuals

HELPED THROUGH THE SNAP PROGRAM

Who is eligible for SNAP?

There are three categories of individuals and families who are eligible for SNAP:

- All members who receive or are authorized to receive TANF or SSI cash assistance are categorically eligible for SNAP. There is no gross income limit, no net income limit, and no asset limit for this category.
- Households receiving information about a TANF-funded services, such as DHS 1464 TANF Informational Brochure, and whose gross monthly income is less than 200% of the federal poverty level. These households may be eligible for SNAP with no asset limit; however, they are subject to a 100% net monthly income limit.
- Households that include a member disqualified from SNAP may still qualify for regular SNAP if: 1) their gross monthly income is less than 130% of the federal poverty level, 2) their net monthly income is 100% or less of FPL, or 3) their assets are less than$2,000 or less than $3,250 if there is an elderly person or person with a disability in the household.

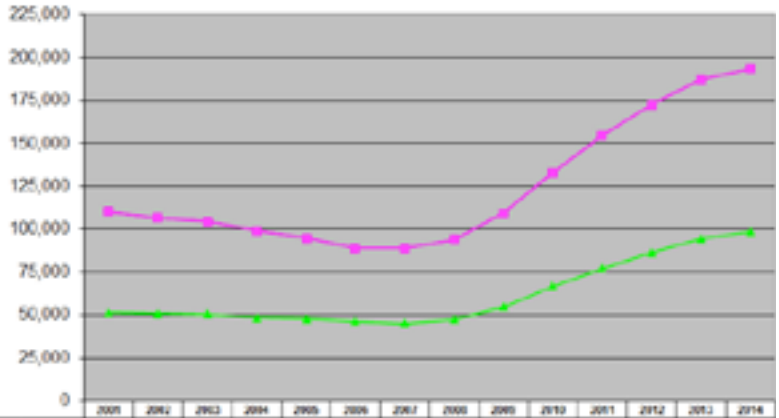
All household members must provide a Social Security number. If a household member does not have one, he/she must apply for one immediately.

Does the program require anything else?

Yes. Most able-bodied adult applicants must meet certain work requirements.

SNAP FY 2015 Stats

- **Hawai'i families helped through SNAP:** 96,502
- **Timeliness rating:** more than 97% of applications processed on time as of July 2015



Income Standards

Effective October 1, 2014, the current gross and net income eligibility standards are as follows:

Household Size	200% Monthly Gross Income (BBCE)*	130% Monthly Gross Income	100% Net Monthly Income
1	$2,260	$1,468	$1,130
2	$3,056	$1,986	$1,528
3	$3,852	$2,504	$1,926
4	$4,650	$3,022	$2,325
5	$5,446	$3,540	$2,723
6	$6,242	$4,058	$3,121
7	$7,040	$4,575	$3,620
8	$7,836	$5,093	$3,918
Add on +	+798	+518	+399

Note: 200% BBCE MGI is based on 100% SNAP/FPL.

* BBCE stands for Broad-Based Categorical Eligibility established by FNS.

How do I access my benefits?

The EBT card contains an individual's TANF or TAONF cash benefits, child care assistance and SNAP benefits that can be drawn down like a debit card. The Electronic Benefits Transfer (EBT) card was implemented in Hawai'i in 1998 for disbursement of nutrition assistance and financial assistance benefits.

SPOTLIGHT

SNAP & BESSD Transformation

SNAP participation has grown significantly since FY2008.

Since 2008, there has been signficant growth. In 2014, 193,565 individuals received SNAP – more than double the 2008 participation rate. This increase challenged DHS and BESSD to:

- Process applications timely;
- Meet accuracy performance levels in the determination and issuance of benefits;
- Increase program access to potentially eligible individuals; and
- Complete the above tasks while continuing to implement fraud and integrity strategies for a larger SNAP participation base.

BESSD developed and implemented the Business Process Re-engineering (BPR) Project in FY2011.

The BPR Project improved the processing of SNAP benefits through two kinds of changes:

Task-oriented, team-centered approach: Previously, clients relied on a single caseworker to complete a variety of tasks. The BPR Project shifted the workflow to a task-oriented approach. Now clients are served by a team of BESSD workers specialized in specific tasks. This allows for faster processing and greater flexibility to serve our clients.

Innovative IT solutions: The former Case Management system was converted to a Process Management system.

BESSD enjoyed numerous accolades for the transformation it underwent

with the BPR Project. In FY2014, BESSD received a federal SNAP bonus of $915,580 for the most improved Program Access Index (PAI) in FY2013. PAI measures eligible families and individuals access to SNAP benefits.

The 2014 honors marked the second consecutive year and third time overall that Hawai‘i has been recognized for its program improvments. In September 2015, Hawai‘i was recognized again for the transformation its BPR Project carried out over the last four years. The Food and Nutrition Service of the U.S. Department of Agriculture presented Gov. Ige and the State of Hawai‘i with $660,422 award check for exceptional Supplemental Nutrition Assistance Program (SNAP) performance.

Specifically, the award acknowledges BESSD’s 94.4% timeliness rating, which places Hawai‘i among the six most timely states. By the end of FY2015, BESSD improved its timeliness rating to 97.6%. Additionally, Hawa‘i is the seventh highest in the country for providing access to SNAP benefits to all eligible individuals.

BESSD and the SNAP Office continue to explore opportunities to modernize and increase efficiency of service delivery and existing operations — as well as respond to constantly changing federal policy — while meeting evolving program requirements. A commitment to continued transformation is essential to preserve funding streams and support ever-changing projects and activities.

SPOTLIGHT, continued

SNAP & BESSD Transformation

Community Partnerships

BESSD employed numerous community partnerships to increase outreach efforts and help clients make healthy food and lifestyle choices. In FY2015, SNAP continued to work with Helping Hands Hawai‘i, Child and Family Services, and HOPE Services Hawai‘i to reach individuals on O‘ahu, Kaua‘i, and Hawai‘i Island. The partners provide education with presence at workshops, conferences, events, and other venues where targeted populations may visit. C ommunity partners educate families and individuals about the benefits of SNAP. They also work with families and individuals to ensure no interruptions of benefits and to decrease barriers to the program through assistance in completing education and facilitating contact between participants and processing centers.

BESSD also partnered with the Department of Health, Healthy Hawai‘i Initiative (DOH-HHI) and the University of Hawai‘i, Cooperative Extension Services (UH-CES) to assist SNAP participants choose healthy foods and active lifestyles within their food budget constraints. DOH-HHI and UH-CES work collaboratively to provide leadership, guidance, coordination, training, and technical assistance to community agencies and partners that provide services to low-income populations throughout Hawai‘i. These agencies and partners include public housing agencies, farmers' markets, community health centers, food pantries, and transitional shelters.

First-to-Work Program (FTW)

What is the First-to-Work Program?

First-to-Work Program (FTW) provides case management and employment and support services to work-eligible individuals receiving cash benefits through the TANF and TAONF programs. The program provides supportive services such as child care subsidies, transportation reimbursement, tuition and books for education, and work-related expenses. FTW also provides vocational rehabilitation and domestic violence advocacy services to other work-eligible individuals unable to work due to temporary disability or domestic violence status.

9,404 participants

IN THE FIRST-TO-WORK PROGRAM

How long can I participate in FTW?

There is a lifetime limit of 60 cumulative months that an individual may receive TANF benefits. Because of FTW's function to support TANF and TAONF families, there is, in essence, a 60-month limit for FTW.

What if I'm a student?

Bridge to Hope is a nationally recognized model partnership between the University of Hawai‘i system and DHS. Bridge to Hope helps FTW participants enroll as full-time UH students to earn college degrees while they work on campus.

Additional efforts are being made to encourage FTW participants to enroll in college or complete their high school diplomas. This shifted focus helps increase participants' earning potential, which inevitably can help participants succeed in the future.

Will I get any other training?

The FTW Program places most participants in unsubsidized, subsidized, and on-the-job training employment.

Specifically, the DHS SEE (Supporting Employment Empowerment) Hawai‘i Work Program provides on-the-job training and employment opportunities with private sector employers for FTW participants who may have little or no work experience or basic work skills. Participants employed through the SEE Program may work a minimum of 24 hours per week, for up to six months.

Employment through the SEE Program is considered subsidized because the State of Hawai‘i reimburses employers 100% of the state's hourly minimum wage. For each additional $1.00 per hour paid to the SEE employee, the state reimburses the employer $0.50. Employers are also reimbursed 14% of the subsidized wages to cover the cost of training and other employment-related costs and overhead expenses.

Additional training is offered to all FTW participants, regardless of if they are working in subsidized or unsubsidized employment. These activities include vocational and adult basic education, job readiness training, skill-building, and employment placement. Participants also engage in skill-building activities such as volunteer work experience and participation with community service programs.

FTW Stats

Total FTW participants: 9,404

- **Work-eligible individuals served:** 7,478
- **Other work-eligible individuals served:** 1,926
- **Individuals served due to temporary physical or mental disability:** 1,579
- **Individuals who received services relating to domestic violence:** 276
- **Individuals served due to substance abuse treatment:** 71
- **Percentage of families served with FTW work-eligible individual (WEI):** 80%
- **Percentage of families served with FTW other work-eligible individual (OWEI):** 20%
- **Majority were between** 21 and 30 years
- **FTW participants also served by Bridge to Hope:** 102

SEE Program Stats

- **FTW participants employed through the SEE program:** 465
- **Employers participating in SEE Work Program:** 254, that employed 137 FTW participants

Hawai'i currrently exceeds mandatory federal work participation rates. These measure how many families in total and how many two-parent families are working. Hawai'i currently exceeds the federal standard on both standards.

Total WEI and OWEI (unduplicated) serviced by the FTW program

	WEI	OWEI	TOTAL
2015	7,478	1,926 VR 1,579 (82%) DV 276 (14%) SA 71 (4%)	9,404

Age Distribution of FTW Participants

Age Range	WEI	OWEI	TOTAL	
< 20	384	20	404	4%
21 – 30	3,754	491	4,245	45%
31 – 40	2,224	772	2,996	32%
41 – 69	1,115	643	1,758	19%
> 70	1	0	1	< 1%
	7,478	1,926	9,404	

FTW Participants - Family Composition

	WEI	OWEI	TOTAL	
Single-Parent	4,449	1,794	6,243	66%
Two-Parent	3,029	132	3,161	34%
	7,478	1,926	9,404	

Number of Household Members in TANF/TAONF Recipient Families

< 2 Members*	2 Members	3 Members	4 Members	5 Members	> 5 Members
11%	32%	25%	16%	9%	7%

*TANF families with less than two household members may include individuals not receiving TANF benefits due to receipt of SSI benefits or Foster Care Board payments.

Ages of Children in TANF/TAONF Recipient Families

< 1 Year Old	1 - 5 y.o.	6 - 10 y.o.	11 - 18 y.o.	19 y.o.	> 19 y.o.
9%	36%	26%	28%	1%	< 0.1%

Categories of Unduplicated FTW Activities*

	Employment	Education	Job Readiness/Job Search	Skill Building
WEI	5,018	570	1,545	1,350
OWEI	417	94	357	101
TOTAL	5,435	664	1,902	1,451

*Some participants may have multiple participations within the fiscal year. This table reflects the unduplicated count of participants.

Employment and Training (E&T)

What is the Employment and Training program?

The **Employment and Training (E&T) program** is a statewide work program designed to assist able-bodied adults enter the workforce. The program places emphasis on employment, work experience, vocational training, on-the-job training, and limited job search activities. It also provides supportive services in the form of a participant reimbursement to cover work-related expenses and child care.

10,902 people

SERVED THROUGH THE EMPLOYMENT AND TRAINING PROGRAM

Who is eligible for E&T?

E&T exclusively serves SNAP recipients.

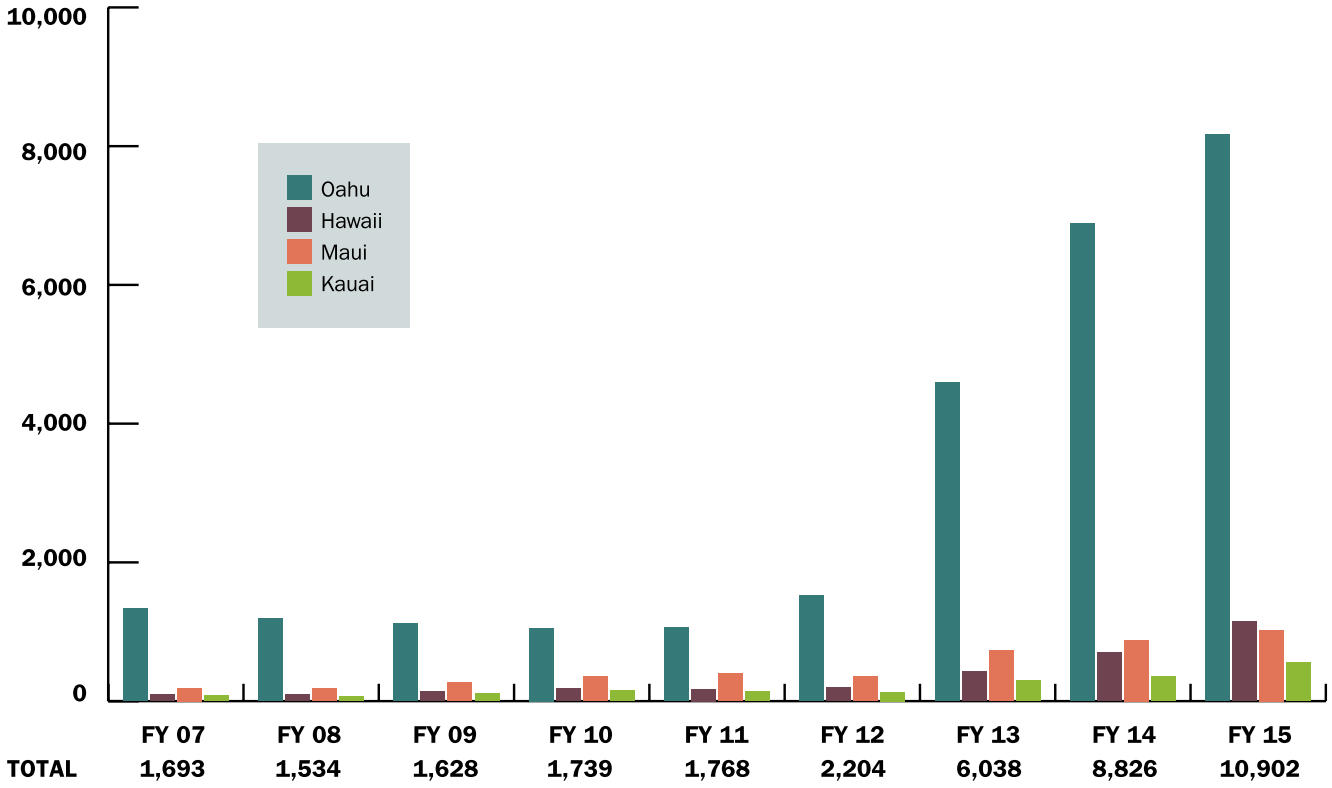
What can I expect the focus to be of E&T?

In 2015, DHS implemented new E&T elements that mirror objectives sought by the State of Washington Basic Food, Employment & Training program. These objectives focus on the growth of occupational skills to maximize employment opportunities while providing robust data to validate the success of the program. The core of E&T is to help people get the skills needed to obtain and maintain living wage employment. Windward Community College will be DHS' partner in the implementation of this pilot.

E&T FY 2015 Stats

- **Intakes:** 2,021
- **Individuals served:** 10,902
- **People employed:** 1,582
- **Clients in job readiness components:** 1,946
- **Clients participated in an adult education component:** 123 (almost dople the previous year)
- **Clients participated in a vocational training component:** 115
- **Clients involved in work experience:** 1,133
- **Clients exited the program due to employment:** 766
- **Average exit hourly wage went from** $10.71 (from $9.92 the previous year)
- **Median exit hourly wage went from** $9.00 (from $8.25 the previous year)

Employment and Training (E&T) Clients Served by County



Age Distribution of Employment and Training (E&T) Clients

	FY2014		FY2015	
Age	**No. of Clients**	**% of Total**	**No. of Clients**	**% of Total**
<16	0	0%	0	0%
17 to 24	2,477	28%	3,101	28%
25 to 34	2,675	30%	3,115	29%
35 to 44	1,975	23%	2,544	23%
45 to 55	1,461	17%	1,938	18%
55+	189	2%	204	2%
Total	8,777	100%	10902	100%

Child Care Connection Hawai‘i (CCCH)

What is Child Care Connection Hawai‘i?

The **Child Care Connection Hawai‘i (CCCH) Program** is a statewide service that offers child care licensing and payment assistance to families who need it.

How does licensing work?

DHS administers licenses for child care facilities. The primary goal is to ensure the safety, health, and well-being of children cared for within licensed facilities.

What kind of assistance is provided?

Families who need financial assistance for child care can apply for assistance if they work or participate in specific kinds of employment training.

For families with preschool-aged children, the **Preschool Open Door program** (POD) provides child care payments to low- and moderate-income families for early childhood services. Services advance a child’s school readiness by providing up to a year of experience in a preschool program chosen by the child’s parent or guardian before the child enters kindergarten. POD eligibility requirements and co-pay scales are defined in the Hawaii Administrative Rule HAR 17-799.

Homeless Programs Office (HPO)

What is the Homeless Programs Office?

The Homeless Programs Office (HPO) provides homeless individuals and families with shelter and supportive services, empowers homeless individuals and families to maintain permanent housing and implements homeless prevention programs.

What kinds of services does the HPO provide?

HPO provides three basic services:

1. **Facilitate the development of programs, strategic planning efforts, and affordable housing and transitional living facilities;**
2. **Contract with private entities for the delivery of shelter, outreach, and other services to mitigate and eliminate homelessness; and**
3. **Manage programs and properties to maximize the state's homeless resources.**

What is Housing First?

The **Housing First** program was first fully implemented in June 2014. For most individuals, the first entry point may likely be one of the homeless outreach providers. These providers conduct visits with unsheltered homeless individuals with a focus on achieving permanent housing. These providers can then enter this information into Hale O Malama, the system of coordinated entry that prioritizes services to those who have been homeless the longest (chronicity) and who have the highest needs (acuity). Coordinated outreach with a directory of homeless individuals allows HPO and outreach providers to match individuals and families with appropriate resources and support more quickly.

97%

PERCENTAGE OF PEOPLE HOUSED AND SERVED THROUGH HOUSING FIRST REMAINING IN THEIR PLACEMENTS

Are there any other services that I can receive through Housing First?

HPO worked with the Substance Abuse and Mental Health Services Administration (SAMHSA) and Hawai'i Pathways Project to leverage funding and other resources for chronically homeless individuals with substance abuse and co-occurring mental health disorders. Hawai'i Pathways Project is an evidence-based program that provides funding to pay for Assertive Community Treatment. The State of Hawai'i's Housing First program was designed specifically to align with the Hawai'i Pathways Project so eligible clients can receive specialized services. The University of Hawai'i Center on the Family performs a formal evaluation of Hawai'i Pathways Project. Additionally, through the Housing First program, individuals may be linked to other benefits like Medicaid, social security, and supplemental security income, if eligible.

How does Housing First work with other BESSD programs?

The **Housing Placement Program** (HPP) is the network that links landlords and Section 8 voucher holders, as well as homeless persons transitioning to permanent housing. HPP utilizes state TANF funds to:

1. **Help low-income families find affordable rental units;**
2. **Learn about renter responsibilities; and**
3. **Receive financial assistance with the first month's rent, security deposit, or utility deposit.**

HPP contractors assist eligible families by providing the first month's rent, security deposit, utility deposit (or combinations thereof), housing search, landlord engagement, and budgeting classes. HPO and DHS understand that homelessness is a complex issue that is often symptomatic of other trauma and problems in individuals' and families' lives. HPP helps DHS prevent homelessness while combatting the adverse impacts of poor health and nutrition, loss of self-esteem, family upheaval, job loss, depression, and despair.

856 families
SECURED AFFORDABLE RENTAL UNITS THROUGH HOUSING FIRST

1,563
INDIVIDUALS SERVED THROUGH SHEG

What if I need emergency assistance?

If one of the previously mentioned programs do not meet the needs of your situation, you might be eligible for the **Sate's Homeless Emergency Grant** (SHEG) program. SHEG offers an array of resources and services to help those who are homeless or at risk of homelessness to maintain housing, or receive critical, time-limited financial assistance. Assistance helps individuals with basic needs like shelter or housing, food, medical and dental care, and transportation.

How does HPO interact with each island?

On behalf of Hawai'i's three rural counties, Hawai'i Island, Maui and Kaua'i, DHS applies annually for the Department of Housing and Urban Development (HUD) competitive funding. HPO is designated as the "Collaborative Applicant" on behalf of the rural counties' Continuum of Care known as Bridging the Gap. HPO works with Bridging the Gap to build capacity and attract additional funding for neighbor island housing needs. HPO administration has also helped Bridging the Gap leverage federal technical assistance offered for O'ahu. Because O'ahu has the second highest per capita homelessness rate, HUD, the Veterans' Administration and other federal partners, offered robust technical assistance. HPO's management of federal funds allowed Bridging the Gap to receive the same materials and guidance as O'ahu. HPO continues to assist Bridging the Gap with HUD compliance and requirements.

HPO FY 2015 Stats

Housing First

- **Clients served in first (non-pilot) year:** 75
- **Percent of people housed and served through Housing First remaining in placements:** 97%

Housing Placement Program

- **Families who secured affordable rental units and sustained tenancy through HPP:** 856 (3405 individuals)
- **Percent ncrease in total number of individuals housed compared to last year:** 3.5%
- **Percent remaining stably housed after more than six months placed through HPP:** 70%

SHEG

- **Individuals served:** 1,563
- **Clients helped to maintain their housing (preventing homelessness):** 197
- **Clients who obtained permanent housing with a 90% retention rate after six months:** 59

HUD Funding

- **Total HUD funding:** $13 million
- **Annual formula grant funds for rural communities:** $649,448

HMIS & HHFDC

HMIS Late in 2015, HUD requested that HPO assume responsibility for the procurement and administration of a new Homeless Management Information Systems (HMIS) solution for Hawai‘i. HMIS is a HUD-mandated data system that collects information about homeless individuals and their needs. The City and County of Honolulu and rural counties need a functional HMIS to be eligible to receive HUD funding (which currently totals $13 million). This system is compliant with HUD requirements and allows the Continua of Care from O‘ahu and the neighbor islands to be eligible for HUD funding. The new HMIS solution also helps HPO, other government agencies, community partners, and others focus on performance of key goals such as limiting the time spent in emergency and transitional shelters and achieving rapid re-housing into permanent housing.

HHFDC HPO has worked with community partners over the years to strategically convert existing transitional shelter inventory to much needed permanent housing. Kahikolu, a transitional shelter consisting of 48 units, was identified as a good candidate for such a conversion. Since the Hawai‘i Housing Finance Development Corporation (HHFDC) owned the land, there was no debt service for the structures and affordable housing units already existed on the property site. HPO worked closely with HHFDC and the contracted homeless provider on the conversion. By July 31, 2015, all 48 units of the former transitional shelter were converted to permanent housing for the Wai‘anae community. Planned conversions are a small-scale but important mechanism to increase the inventory of truly affordable housing.

Investigations Office (INVO)

What is the Investigations Office?

The Investigations Office (INVO) provides investigative services to support the integrity of BESSD programs. INVO disqualifies clients found to have provided false eligibility information, recovers monies due the DHS as a result of overpayments – to the maximum extent practicable – and pursues prosecutions. INVO also conducts investigations of malfeasance within DHS.

What does INVO do?

INVO discovers, investigates, reports, and prosecutes crimes that violate the law and/or administrative rules for programs administered by BESSD.

How does an investigation occur?

Reports to the DHS Fraud Hotline generally initiate INVO investigations. These complaints are then reviewed by INVO staff. If the client is suspected of committing an intentional program violation, the client will receive written notice of the suspected violation, along with supporting evidence in the case. The client has the option to request a formal administrative disqualification hearing or may waive his or her rights to a hearing. If a client signs an administrative disqualification hearing waiver, a penalty will be imposed of one year, two years, or permanent disqualification from the program. If the client requests a hearing, the case file is forwarded to the Administrative Appeals Office.

When does prosecution occur?

If criminal violations are suspected, INVO opens a criminal investigation. If the INVO investigation confirms criminal violations, the INVO Report of Investigation and all supporting evidence is forwarded to the Department of the Attorney General (DAG) on O‘ahu or to the Office of Prosecuting Attorney on the neighbor islands. The DAG or County Prosecutor reviews the cases and either proceeds with prosecution of the defendant or rejects the case for prosecution. If they proceed with prosecution, the defendant may be indicted for theft in the first or second degree – a felony charge – depending on the dollar amount of the loss. An indictment is a formal written accusation charging that the defendant has committed or omitted an act punishable by law, which are initiated by the DAG or Prosecutor and issued by a grand jury or court. After a defendant is indicted, an arrest warrant is issued for the defendant and court proceedings begin.

What happens to the money a person owes the state?

INVO’s Restitution Control Staff works to recover monies lost to fraud and monitor the defendant’s compliance with sentencing requirements. The probation period generally is four years. If the client files for bankruptcy, Restitution Control Staff may discharge or write off the debt. Judgements of fraud of intentional program violations are not dischargeable with bankruptcy. If a client dies while on a restitution payment plan, DHS may write off the debt or turn to the deceased’s estate, if available, to recover funds. Restitution Control Staff also submits cases to the Department of Attorney General to collect overpayments via civil law suit and wage garnishment.

Investigations Office (INVO)

What happens if I was overpaid for SNAP?

The **Federal Treasury Offset Program** aims to recover SNAP debt (overpayments by DHS). After clients receive notification that they owe DHS restitution for receiving overpayments, they have 180 days to respond and must contact DHS to arrange a payment schedule. If clients do not arrange repayment, they are deemed delinquent and their claim is sent to the federal treasury for collection. The clients then receive an additional 60 days to respond to DHS and to arrange a payment plan. If they continue to be delinquent, clients are referred to the federal treasury, which will garnish federal money sources, such as tax returns and social security.

What happens for other non-repayments?

INVO collaborates with other DHS and State of Hawai‘i departments to identify closed financial assistance cases that have an outstanding debt. Between January and June of a given year, if FMO does not receive at least $200 in payments, the client is sent a letter to inform them that DHS will intercept their state tax refund.

The client is given the opportunity to speak with the Collections and Recovery Unit and request a fair hearing. The client may also negotiate a payment plan so long as the minimum monthly payment is at least $50. In extraordinary cases, the debt may be waived for hardship, under the guidance of the Department of Attorney General and on a case-by-case basis.

INVO FY 2015 Stats

- **Statewide reports of suspected welfare fraud:** 1,491
- **Cases referred for administrative disqualification hearing:** 66
- **Cases resulting in signed administrative disqualification hearing waivers:** 238
- **Cases referred for prosecution:** 48
- **New criminal judgments processed:** 38
- **Non-fraud or non-intentional program violation claims manually inputted, modified, or reviewed for accuracy, with adjustments and follow-ups resulting:** 705
- **Referrals or inquiries from clients, processing centers, BESSD program office, FMO, other DHS divisions, Department of the Attorney General, and Department of Public Safety Crime Victim Compensation Commission responded to:** 963
- **Individuals on probation for theft/welfare fraud convictions monitored quarterly for payments:** 283
- **Individuals with outstanding felony arrest warrants located for Sheriff’s Office:** 247
- **Individuals located for the social service programs:** 95
- **Individuals located to re-mail overpayment billing statements:** 164
- **Financial/SNAP HAWI entries closed:** 334 for total yearly benefits of $1,341,168
- **Total collections by Federal Treasury Offset Program:** $439,091.74
- **Collected in tax intercepts:** $338,520.31
- **Cases referred for write-off due to bankruptcy discharge:** 17
- **Debtors confirmed deceased:** 88
- **Total recoveries:** $3,184,011.78

POTENTIAL

Mission: The Division of Vocational Rehabilitation exists to serve its participants. We work together as a team so participants can achieve their goals and aspirations for meaningful employment through timely and individualized vocational rehabilitation services.

Vision: Move forward to work.

Division of Vocational Rehabilitation (DVR)

What is the Division of Vocational Rehabilitation?

The Division of Vocational Rehabilitation (DVR) is a state- and federally funded program for individuals with disabilities who require assistance to prepare for, secure, retain, or regain employment. DVR administers three programs:

1. **Vocational Rehabilitation Program**
2. **Services for the Blind (Hoʻopono)**
3. **Disability Determination Program**

Each program has separate but related functions to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives.

The underlying philosophy and goal of DVR is that, through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society. DVR is primarily an employment agency for eligible persons with disabilities seeking employment. The Division offers a broad range of services to support the goals previously stated.

What is Hoʻopono Services for the Blind?

Hoʻopono Services for the Blind offers a variety of services that meet participants' individual needs. These programs enable blind and visually impaired teens and adults from Hawaiʻi and the Pacific Rim to attain maximum vocational and functional independence.

What kinds of services does Hoʻopono offer?

Hoʻopono services include **Old Individuals who are Blind**, the **Low Vision Ciinic**, the **Summer Employment Program**, the **New Visions Program** and the **Hawaiʻi Busines Enterprise Program**. These programs enable visually impaired adults to attain maximum vocational and functional independence.

What is the Disability Determination Branch?

The Disability Determination Branch makes medical determinations on disability claims filed with the Social Security Administration under the Social Security Disability Insurance and Supplemental Security Income programs. The branch's mission is the timely and accurate adjudication of disability claims filed by Hawaiʻi State residents under Title II (Disability Insurance) and Title XVI (SSI) of the Social Security Act.

Hawaʻi's Disability Determination Branch is one of 54 branches among 50 states, Puerto Rico, Guam, the Virgin Islands, and the District of Columbia. This program is funded entirely by the federal SSA.

What kinds of benefits does the Disability Determination Branch help me achieve?

Title II of the Social Security Act provides payments of disability benefits to individuals who are "insured" under the Act based on contribution to the Social Security trust fund through Social Security tax on earnings, as well as to certain dependents of insured individuals.

Title XVI provides for SSI payments to individuals (including youth under 18) who are disabled and have limited income and resources.

What is the Social Security Cost Reimbursement Program?

Social Security's **Vocational Rehabilitation Cost Reimbursement program** is only available to state Vocational Rehabilitation (VR) agencies. The two purposes of this program are to: 1) make State VR services more readily available to Social Security beneficiaries with disabilities and 2) generate savings to the Social Security Trust Funds (for SSDI beneficiaries) and the General Revenue Fund (for SSI recipients).

What is the State Rehabilitation Council?

The **State Rehabilitation Council** (SRC) addresses the employment needs of individuals with disabilities in Hawai'i. SRC gives advice to and works in partnership with the Vocational Rehabilitation agency. SRC may have as many as 21 members, the majority of whom are individuals with disabilities not employed by the Vocational Rehabilitation agency. SRC meets for a minimum of four meetings a year.

What does the SRC do?

SRC conducts a number of functions, including reviewing, analyzing, and advising the VR agency regarding performance of its responsibilities, developing, agreeing to, and reviewing VR's goals and priorities, conducting a statewide needs assessment of individuals with disabilities, and assisting in preparing the VR state plan and amendments to the plan.

Division of Vocational Rehabilitation (DVR)

DVR FY 2015 Stats

Disability Determination Branch (DDB)

- **Faster processing for Title II and Title XVI average processing times:** 1.5-2 weeks
- **Decrease in claims pending from FY 2014:** 513
- **Decrease in time that claims are waiting to be assigned to an examiner:** 23 days
- **Consumers served:** 230

Referral Source

Community Rehabilitation Programs	10
Consumer Organizations or Advocacy Groups	1
Educational Institutions (Elementary/Secondary)	35
Educational Institutions (Post-Secondary)	6
Family/Friends	1
Medical Health Provider (Public or Private)	25
One-Stop Employment/Training Centers	7
Other Sources	48
Self-Referral	94
Social Security Administration (DDS/Dist. Office)	2
Welfare Agency (State or Local Government)	1

Type of Employment

Administrative Support Workers	35
Craft Workers	10
Executive/Managerial	8
Laborers & Helpers	25
Operatives	17
Professionals	28
RSA Special Occupations and Miscellaneous	11
Sales Workers	12
Service Workers	82
Technicians	2

Years of Education

Associate Degree	31
Bachelor's Degree	13
Elementary Education (1-8)	3
High School Graduate or Equivalency Certificate	83
Master's Degree	12
Occupational Credential beyond Graduate Degree	1
Post-secondary Education, No Degree or Certificate	42
Secondary Education, No HS Diploma (9-12)	10
Special Education (Completion or Attendance)	21
Vocational/Technical Certificate or License	14

Gender

Female	95
Male	135

Age

16-20 years	7
20-34 years	77
35-44 years	40
45-55 years	52
56 years and older	54

Primary Disability

Mental/Cognitive Impairments	73
Deafness/Hearing Loss	22
General Physical Debilitation	44
Psychosocial Impairments	58
Blindness/Visual Impairment	33

Average Hourly Wage

$11.87

PROTECTION AND RESILIENCE

The Social Services Division's (SSD) number one concern is the safety and protection of children and dependent adults. SSD's programs don't just provide safe living arrangements, they also help to strengthen families' connections internally and within their communities. The Division is made up of two branches: the Adult Protective and Community Services Branch and the Child Welfare Services Branch.

Mission: Protect vulnerable adults and children from abuse, neglect, and exploitation so they may live safely in their homes and communities.

Adult Protective & Community Services Branch (APCSB)

What is the Adult Protective & Community Services Branch?

The Adult Protective & Community Services Branch (APCSB) administers an array of program and services to protect vulnerable adults from abuse, neglect, and exploitation and to ensure their health, welfare, and safety in the community.

What kinds of programs does APCSB provide?

The **Adult Protective Services Program** provides crisis intervention, investigation and emergency services to vulnerable adults who are reported to be abused, neglected, financially exploited by others, or seriously endangered due to self-neglect.

APCSB administers programs to ensure that vulnerable adults maintain their independence in a safe and healthy manner for as long as possible. Support programs include the **Senior Companion**, **Foster Grandparent,** and **Respite Companion Programs**. APCSB also provides case management services for clients receiving adult foster care, chore, courtesy, and repatriate services.

Additionally, APCSB monitors and provides payment oversight of **State Supplemental Payments** for residents in community residential care facilities. And, it provides certifications for the **Nurse Aide Training** and **Competency Evaluation Programs**.

What if APS can't do an investigation but there is still need?

APCSB receives Federal Victims of Crime Act (VOCA) funds. These funds serve individuals aged 60 and older who are victims of abuse and have unmet needs, but do not meet the criteria for an APS investigation. VOCA funds provide for staff who provide direct services to these individuals.

If I'm already in residential care facility, are there any services for me?

Individuals who are aged, blind, or disabled and reside in residential care facilities, such as Adult Residential Care Homes and Community Care Foster Family Homes, may be eligible to receive State Supplemental Payments (SSP), depending on income. The Social Security Administration combines SSP with the recipient's monthly federal Supplemental Security Income (SSI) to support expenses like room and board. Included in this amount is also a personal needs allowance, which the recipient keeps for personal miscellaneous needs. The amounts of SSP and SSI awarded to a recipient are adjusted according to the recipient's income. A recipient whose income exceeds SSI limits may still qualify to receive SSP.

Are there any programs for elderly individuals to volunteer with children?

The **Hawai'i Foster Grandparent Program** (FGP) recruits and engages seniors age 55 and older to serve as role models, mentors, and tutors to children with exceptional needs. Foster Grandparent volunteers work with Hawai'i's children in the public schools, non-profit childcare facilities, and Head Start programs.

Adult Protective & Community Services Branch (APCSB)

Since 1965, the **Hawai‘i FGP program**, a federally funded program administered by the Corporation for National and Community Services (CNCS), has connected volunteers with children and youth with special and exceptional needs. Hawai‘i was one of the first states to adopt the FGP program and CNCS leadership celebrated the state's 50th anniversary with APCSB in 2015. Foster Grandparent volunteers provide services in school setting from 15 to 40 hours a week and receive a modest stipend and other benefits. Foster Grandparent volunteers must meet age and established income eligibility guidelines. The program operates on O‘ahu, Hawai‘i Island and Kaua‘i.

Are there any companionship programs?

The **Hawai‘i Senior Companion Program** (SCP) recruits and trains limited-income individuals age 55 and older to provide companionship and assistance to frail, lonely, and isolated seniors living in their own homes. The supportive visits provide emotional and physical assistance to the client to allow the client to remain independent and delay premature institutionalization. The companionship and emotional support allow for a cost-effective option in the continuum of care.

Senior Companion volunteers provide this community service while receiving a small stipend for the hours served. Research shows that senior volunteerism positively impacts the senior's mental, emotional, and physical well-being.

The Hawai‘i SCP is sponsored statewide by APCSB and has been serving seniors in Hawai‘i since 1978. Nationally, the SCP is part of the Senior Corps, along with the FGP and the Retired and Seniors Volunteer Program. Senior Corps is administered by CNCS.

Are there any job readiness programs?

The **Respite Companion Program** (RCP) enrolls adults, age 55 and older, who have low incomes, are unemployed, are seeking to be employed, and who have employment barriers. The RCP provides part-time community service employment opportunities at designated adult day care, at an adult day health facilities, or with programs that serve elderly individuals. The goal is to prepare participants with job readiness skills.

RCP has received annual funding from the Hawai‘i State Department of Labor and Industrial Relations under Title V of the Older Americans Act since 1980. The RCP operates only on O‘ahu.

What other programs and services are available to seniors?

Adult Foster Care provides placement and case management services to eligible clients in licensed adult residential care homes. To receive adult foster care services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from DHS.

Chore Services provide essential in-home housekeeping services to enable eligible disabled clients, who do not meet eligibility requirements of the Med-QUEST Division (MQD), to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from DHS, and not be eligible for Med-QUEST services.

Services may be provided without regard to income in adult protective services cases. At the end of FY2015, the Chore Services Program was serving 21 clients statewide.

Repatriate Services assist American citizens (repatriates) who become destitute in a foreign country. To ensure the health and safety of repatriates and to establish their resettlement plans, the APCSB staff research and secure the appropriate services. Staff will meet repatriates at the airport, transport, and escort them to all state, federal, and community offices to apply for services. Staff also transport repatriates to temporary housing sites.

In FY2015, DHS did not receive any adult repatriate. In previous years, Hawai‘i received three to four repatriates per year. Temporary low-cost housing continues to be a challenge as shelters are already filled with Hawai‘i residents in search of housing.

APCSB SFY 2015 Highlights

In FY2014, the University of Hawai‘i’s Center on Aging completed an assessment of Hawai‘i’s APS Program and recommended the planning, design, and eventual implementation of a statewide centralized intake function, development,and implementation of a training curriculum for APS staff, and the strengthening of APS’ partnerships with private and public agencies serving Hawai‘i’s vulnerable populations.

In FY2015, APCSB completed the planning, design, and acquisition of resources to implement a statewide centralized intake function, which will be operational in FY2016. The APS training curriculum and Quality Assurance model also neared completion in FY2015. Finalization will be completed in FY2016. Planning and design of risk and safety assessment tools will continue to be developed, tested, and implemented in FY2016.

Adult Protective & Community Services Branch (APCSB)

APCSB FY2015 Stats

- **Vulnerable adult reports of suspected abuse or neglect investigated:** 980
- **Number of individuals involved age 60 and older:** 775 or 79%
- **Investigated reports confirmed for abuse, neglect, or financial exploitation:** 194 or 19.7%
- **Percent of cases where subsequent re-abuse occurred within 12-month period:** 5.6%

Nurse Aide Training and Competency Evaluation Program

- **New certified programs:** 8
- **Re-certifications of ongoing nurse aide training (programs re-certified every 2 years):** 21
- **Total certified nurse aid training programs:** 34
- **Registered nurse evaluators registered to provide re-certification for nurse aides:** 4

State Supplemental Payments

- **Amount distributed in SSP funds:** $16,402,567.63
- **Average monthly total of SSP recipients:** 2,552
- **Amount paid to Social Security Administration for administration fees to issue SSP:** $384,972.30

Foster Grandparent Program (FGP)

- **Foster Grandparent volunteers:** 120
- **Elementary children with special and exceptional needs served:** 320
- **Head Start children with special and exceptional needs served:** 100
- **Total hours volunteers spent working with children:** 105,303
- **Percent of children served in Head Start Program sites who achieved educational goals set by teachers with the help of Foster Grandparent volunteers:** 77%
- **Percent of public school students who achieved their education goals with the help of Foster Grandparent volunteers:** 88%

Senior Companion Program (SCP)

- **Senior Companion volunteers:** 86
- **Total hours of service provided to seniors living in their homes:** 93,135
- **Percent of seniors with disabilities reported having increased social support with the help of a Senior Companion volunteer:** 100%
- **Percent of seniors reported having increased social support as a result of transportation services provided by a Senior Companion volunteer:** 76%
- **Percent of caregivers reported increased social ties/perceived social support:** 76%

Respite Companion Program (RCP)

- **Respite Companions:** 31
- **Total hours of service:** 19,758
- **Frail elders cared for:** 250
- **Percent exiting program obtained unsubsidized employment:** 50% (exceeding 12.4% goal)

Adult Protective & Community Services Branch (APCSB)

Adult Protective Services Program

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
Reports investigated	1,065	1,160	1,048	1,046	1,014	980
Confirmed abuse/neglect	170	99	197	189	168	194
% Confirmed	16.0%	8.5%	18.8%	18.1%	16.6%	19.7%
% Re-abuse within 12-mo. period	8.2%	6%	6%	3.6%	4.1%	5.6%

Type of Adult Abuse

	Frequency*	Percent (%)
Caregiver Neglect	376	31.6
Financial Exploitation	265	22.3
Self-Neglect	261	22.0
Psychological Abuse	140	11.8
Physical Abuse	128	10.7
Sex Abuse	19	1.6
TOTAL	1,189	100.0

*Multiple types of abuse may be reported for a single individual.

Source: DHS-CPSS Information System as of 9/30/15

Adult Abuse by Age and Gender

Age Group	Male	Female	Total
18-59	99	106	205
60+	296	479	775
TOTAL	395	585	980

Child Welfare Services Branch (CWSB)

What is the Child Welfare Services Branch?

The Child Welfare Services Branch (CWSB) investigates allegations of child abuse and neglect and ensures safety and supportive services to children and their families. CWSB is mandated by law to ensure the safety, permanency (stability), and well-being of children.

How does a case begin with CWSB?

CWSB developed (in colllaboration with the National Resource Center on Child Protection) an intake assessment protocol that helps the branch determine the most appropriate and least intrusive intervention level for a child. Child Welfare Services (CWS) applies the *Differential Response* to all reports of child abuse or neglect, a best practice approach.

When a report of neglect or abuse comes to CWSB through one of the statutorily mandated modes, CWS intake staff will gather information. CWS Intake staff use the Child Safety Assessment tool and the Comprehensive Strengths and Risk Assessment tool to assess each report of potential child abuse or neglect: 1) Reports with a safety concern or an immediate foreseeable risk of harm to a child are assigned to CWS for investigation; 2) reports assessed to be at moderate risk are referred to Voluntary Case Management (VCM); 3) low-risk situations are referred to Family Strengthening Services (FSS); and 4) reported assessments without risk or safety factors may be closed without further action.

CWS attempts to intervene early with needed services with the goal of strengthening families so they can function as healthy units, remain intact, and avoid the need for foster care.

What happens if a child cannot remain safe in his or her home?

If a child cannot safely remain in his or her home, CWS staff works with the family and other stakeholders to develop and implement a permanency plan that best serves the child. This plan may include providing temporary placement with resource caregivers (formerly known as foster parents) or permanent placement through adoption or legal guardianship.

How are families involved in deciding what happens to children?

CWSB partners with Epic ‘Ohana, a non-profit organization, to engage families and fathers in particular to fully participate in CWS cases and, more broadly, in their children’s lives.

This partnership takes specific measures to include family members in important conversations. EPIC ‘Ohana Conferencing brings CWS and the family together to determine what will help the family resolve safety concerns in the home with the ultimate goal of reunification of parents and children. CWS, EPIC ‘Ohana, other community-based organizations work with families (biological, extended, and hanai), and service providers to make the best decisions for the safety of the children and to create a plan for strengthening the family. Additionally, within the first 30 days of a child entering foster care, a Relative Notification Packet is mailed to all identified relatives.

Child Welfare Services Branch (CWSB)

What is foster care?

Youth who cannot remain safely in their homes may be placed temporarily with what are called a resource caregivers. Resource caregivers may be family members, friends of the family, or other licensed community members.

CWS is committed to supporting a child's family connections. CWS works with family, friends, and the community to find a safe home for youth who cannot safely stay in their home. National data indicate that when children and youth cannot remain safely in their family homes, placement with relatives provides the next best outcome.

CWS contracts for services with Hui Hoʻomalu (a collaboration of Partners in Development Foundation, Catholic Charities of Hawaiʻi and Family Programs Hawaiʻi) to integrate recruitment, training, home studies, and support services for foster children and resource families.

What happens when a youth leaves foster care? Are there any other services he or she may receive?

The **Higher Education Board Allowance Program** provides former foster youth a monthly stipend while they pursue post-secondary education at an accredited institution (academic or vocational) of higher education. The board allowance is equivalent to the foster care board rate, and youth ages 18 through 26 may receive up to 60 months (5 years) of benefits.

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FORMER FOSTER YOUTH RECEIVED EDUCATION STIPENDS

Additionally, the federal **Chafee Foster Care Independence program** provides former foster youth additional financial support for higher education through Education and Training Vouchers (ETV). Although youth may receive up to $5,000 per year, the Hawaiʻi allotments have never sufficiently funded our students' level of need. When State funds are available, they have been used to help bridge the gap between applicants' needs and federal funding.

Imua Kakou is a voluntary program designed to help young adults transition to adulthood, independence, and success by extending foster care services. It began on January 1, 2014. The program allows young adults who turn 18 years old in foster care, or those youth who were adopted or placed in guardianship after age 16, to receive supportive services and financial benefits until age 21. These services include extended foster board payments, case management support, housing opportunities, training in independent living, assistance in securing jobs or job training, and support to continue education. Imua Kakou participants must be: 1) completing high school or a program equivalent; 2) enrolled in post-secondary or vocational education; 3) participating in a program to promote employment; 4) employed for at least 80 hours per month; or 5) incapable of doing any of the above activities due to a medical condition. Former foster youth also remain Medicaid eligible up until age 26.

What is Pono for Families?

Hawaiʻi constructed a framework of practice to engage families at the front door and throughout the life of their case. Called Pono for Families, the purpose of the practice is to empower families to safely care for their own children, or when they are unable, to engage other family members to provide a safe and permanent home.

Child Welfare Services Branch (CWSB)

What is the Title IV-E Waiver Demonstration Project?

Hawai‘i was one of eight states approved by the Federal DHHS Administration for Children & Families (ACF) to implement a Title IV-E Waiver Demonstration Project in FFY2013. This project allows Hawai‘i to develop and implement interventions to ensure the safety of children and reduce the number of children and youth entering and staying in foster care, and the planned outcome is to reduce trauma associated with removals and improve child well-being.

In January and February of 2015, four new programs began on O‘ahu as part of the Title IV-E Waiver Demonstration Project: **Crisis Response Team**, **Intensive Home-based Services**, **Family Wrap Hawai‘i**, and **Safety, Permanency, and Well-being Meetings**.

What happens if a child dies while under CWS care?

If a child death occurs while that child is under DHS care, the CWS Program Development Office and the Kapi‘olani Child Protection Center Multi-Disciplinary Team review the case and possible causes of death. Based on the case review, the CWS Program Development Office ascertains whether any CWS policy or practice modifications are indicated. In FY2015, no children died due to harm in DHS care.

CWSB FY 2015 Stats

- **Former foster youth served with education stipends:** 369
- **Young people enrolled in Imua Kakou in the first year:** more than 100

Case Load

- **Average number of cases per social work:** 17
- **Caseloads have reduced over the last** 3 years

Intake

- **Total cases assigned for follow-up:** 5,093
- **Total assessments assigned to CWS for investigation:** 2,042 (40%)
- **Total assessments assigned to voluntary case management:** 1,746 (34%)
- **Total assessments referred to family strengthening services:** 1,323 (26%)
- **Agencies and state departments that CWS collaborates with to address issues related to child maltreatment:** 60

Child Welfare Services Branch (CWSB)

Differential Response: Percentage of Reports Assigned to CWS, VCM and FSS

	Child Welfare Services (CWS)	Voluntary Case Management (VCM)	Family Strengthening Services (FSS)	Total Number of Cases Referred for Services
SFY 2007	57%	14%	29%	4,169
SFY 2008	55%	16%	29%	4,662
SFY 2009	55%	18%	27%	5,026
SFY 2010	57%	19%	24%	5,120
SFY 2011	40%	22%	38%	4,671
SFY 2012	41%	26%	33%	4,989
SFY 2013	45%	22%	33%	5,190
SFY 2014	39%	30%	31%	5,490
SFY 2015	40%	34%	26%	5,093

Higher Education Board Allowance Recipients: Higher Education Assistance

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	School Year 2015
New Students	109	139	149	160	159	129	78
Returning Students	175	203	239	258	290	310	291
Total Students Per SFY	284	342	388	416	449	439	369
Unduplicated Program to Date	876	1,015	1,164	1,324	1,483	1,612	1,690

Education and Training Voucher (ETV) Recipients

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	School Year 2015
New Students	55	45	51	49	39	23	13
Returning Students	35	31	39	38	38	27	17
Total Students Per SFY	90	76	90	87	77	50	30
Unduplicated Program to Date	137	182	233	282	321	344	357

HEALTH AND WELL-BEING

Med-QUEST Division

Mission: To help low-income adults and children obtain needed health care through the federal Medicaid health insurance program and other state-funded medical programs.

Med-QUEST Division (MQD)

What is the Med-QUEST Division?

The Med-QUEST Division (MQD) administers Hawai'i's Medicaid and other health insurance programs. These programs help low-income adults and children obtain needed health care through the federal Medicaid health insurance program and through state-funded programs that assist those Medicaid ineligble.

What is Medicaid?

Medicaid is the federal program created by Congress in 1965 to provide low-income populations access to medical care. MQD provides health coverage through several Medicaid programs under Title XIX of the Social Security Administration. The program provides coverage for children, the aged, blind and/or disabled (ABD), and others whose income or other circumstances qualify them to receive federal assistance for health care coverage.

What programs does MQD provide?

MQD provides a number of programs, typically providing health coverage for qualified individuals. Programs include preventative and standard coverage, in addition to more specialized care. Below are a list of the programs MQD provides qualified individual and families.

QUEST Integration

QUEST Integration (QI) combines the previous QUEST and QUEST-Expand Access programs. Participants choose their medical coverage from participating health plans. All plans offer the same required benefits, plus their own optional benefits. Beneficiaries choose their primary care provider from their respective plans' provider networks. The QI health plans pay contracted health care providers for medical services delivered to recipients.

Fee-For-Service

The **Fee-For Service** (FFS) option provides coverage for individuals with special circumstances or for certain types of benefits. For example, individuals who are awaiting an organ transpant may be enrolled in the program. Additionally, some benefits, like dental services, are provided to all Medicaid recipients on a fee-for-service basis.

Early & Periodic Screening, Diagnosis & Treatment

The **Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program** offers additional services for all Medicaid clients under 21 years of age with no co-payment requirement. Services include immunization and skin tests for tuberculosis, hearing, vision, and laboratory tests and complete medical and dental examinations.

State Children's Health Insurance Program (S-CHIP)

S-CHIP was created to help states expand health coverage to more children whose parents may be working but do not earn enough to pay for private health coverage for their children. In Hawai'i, S-CHIP was implemented as a Medicaid expansion program and is not generally referenced as a separate program. Instead, the QUEST Integration program is identified as providing coverage to all eligible children.

Breast and Cervical Cancer Program

Medicaid coverage through the **Breast and Cervical Cancer (B&CC) program** is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. Individuals must be screened and diagnosed by a physician who is approved by the Hawai'i Breast and Cervical Cancer Control Program of the Department of Health (DOH).

Funeral Payments Program

The **Funeral Payments program** provides partial funeral expense payments to qualified applicants. Any person may apply on behalf of the deceased.

Third Party Liability Program

The **Third Party Liability (TPL) program** ensures that Medicaid recipients who have other health insurance coverage exhaust those benefits before Medicaid benefits are utilized. This ensures that the Medicaid Program is the payor of last resort.

Medicare Modernization Act – Medicare Part D

Approximately two-thirds of Hawai'i's ABD recipients are eligible for both Medicare and Medicaid eligibility and may take advantage of the Medicare Modernization Act. The Medicaid program continues to provide coverage for medically necessary "excluded" drug classes, which Medicaid has covered in the past. The result is dual-eligible individuals continue to have coverage for their medically necessary drugs with a combination of Medicare Part D and Medicaid coverage.

Developmentally Disabled/Intellectually Disabled Medicaid Waiver Program

The **Developmentally Disabled/Intellectually Disabled Home and Community-Based Services** (DD/ID HCBS) Program serves individuals who are Medicaid-eligible and certified as requiring an ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) level of care. DHS and DOH collaborate to administer and implement this program and to maximize federal Medicaid reimbursement.

Going Home Plus Program

Going Home Plus was integrated with the QExA program – now QUEST Integration – so members transitioning from nursing facilities can receive services in their own home or community. The program allows MQD clients to transition from an institution (e.g., nursing facility, acute care hospital, ICF-MR facility) into the community.

Community Care Services Program

Individual adults with serious mental illness (SMI), serious and persistent mental illness (SPMI), requiring support for emotional and behavioral development (SEBD), or who need additional specialized behavioral health services can access additional services as part of the **Community Care Services Program**. Upon meeting criteria for additional behavioral health services, an individual will have access to intensive case management, biopsychosocial rehabilitation, crisis management, crisis residential services, hospital-based residential services, intensive family intervention, intensive outpatient hospital services, and therapeutic living supports/foster care supports. MQD added clubhouse, peer specialist, representative payee, supportive housing, and supportive employment services in March 2013. The current contractor is 'Ohana Health Plan – WellCare.

State of Hawai'i Organ and Tissue Transplant Program

This program covers non-experimental transplants for recipients meeting specific medical conditions. The contractor is responsible for all services from the initial evaluation through the last successful transplant.

332,197 residents

PROVIDED HEALTH COVERAGE THROUGH QUEST INTEGRATION

Who qualifies for QUEST Integration?

QI serves eligible individuals who are under age 65 and not blind or disabled. Under Title XIX, the eligibility income range for children between ages six and 19 and adults is up to 133% of the Federal Poverty Level (FPL). For children between age 1 and 6 years, the income range for eligibility is up to 139% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 191% of the FPL. Under Title XXI, children under 308% FPL may be eligible for S-CHIP.

An important demographic now eligible for medical coverage through the ACA is youth up to age 26 who have aged out of foster care in Hawai'i. Hawai'i was the first state in the nation to expand Medicaid coverage to this group, which has high rates of underemployment and homelessness.

The easiest way to find out if someone is Medicaid eligible is to use MQD's KOLEA eligibility application, accessible through MyBenefits.Hawaii.gov. The app is part of a larger DHS Enterprise System the department is developing for its services and programs.

What benefits are included in QUEST Integration?

- Inpatient hospital care — medical, surgical, and rehabilitation care, psychiatric and detox, maternity and sub-acute;
- Outpatient hospital care — emergency room, ambulatory surgical centers, and outpatient psychiatric;
- Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- Laboratory, radiology, and diagnostic;
- Biological and medical supplies including medical equipment, and appliances;
- Physician services;
- Podiatry;
- Whole blood;
- Eye examination, refraction, and eyeglasses;
- Prosthetic devices, including hearing aids;
- Transportation to, from, and between medical facilities, including inter-island or out-of-state air transportation, food and lodging when necessary;
- Nursing facility services and home health;
- Respiratory care services;
- Hospice care services; and
- Home- and community- based services (personal care, adult day care, home-delivered meals).

Who qualifies for Medicaid under S-CHIP?

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 308% of the FPL. For 2015, the monthly income was $5,932 for a three-person household; $7,158 for a four-person household. There is no asset test for this program.

24,202 youth

COVERED FOR MEDICAID UNDER THE S-CHIP PROGRAM

Who qualifies for the Breast and Cervical Cancer Program?

The individual cannot have third-party medical coverage that would pay for the treatment, and his or her gross family income cannot exceed 250% of the FPL. Determining eligibility for beneficiaries of this program does not include an asset test. In 2001, Hawai‘i also provided a state-only funded look-alike program for women who are legally admitted immigrants, but barred from any federally-funded medical assistance program. These women include citizens of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Who qualifies for the Funeral Payments Program?

A deceased person may be eligible for Funeral Payments if he or she:

- Received medical or financial assistance from the State at the time of death, but were ineligible for the Social Security Administration’s one-time lump sum benefit. MQD will pay an amount equivalent to the lump sum payment (currently $255) to help pay for funeral expenses; or
- Died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (spouse or legal guardian). MQD will pay $800 for mortuary expenses for the unclaimed body.

Applicants need to apply for funeral benefits with MQD before making the funeral arrangements.

What kinds of transplants are covered under the State of Hawai‘i Organ and Tissue Transplant Program?

For children (under 21 years) the following transplants are covered:

- Heart
- Liver
- Lung
- Heart & Lung
- Allogeneic Stem Cell
- Autologous Stem Cell
- Small Bowel (with and without liver)
- Kidney
- Pancreas
- Pancreas/Kidney
- Intestinal

For adults the following transplants are covered:

- Heart
- Liver
- Lung
- Heart & Lung
- Allogeneic Stem Cell
- Autologous Stem Cell
- Kidney
- Pancreas
- Pancreas/Kidney
- Intestinal

Can individuals who do not meet Medicaid citizenship requirements still get help through MQD?

The **Premium Assistance Plan**, which began in March 2015, is available to residents who are in families under 100% of the U.S. federal poverty level but do not qualify for Medicaid. Individuals who qualify may purchase one of the eligible health plans through the state-based marketplace using the federal platform and receive financial assistance with the health plan premiums.

This program was initiated after the U.S. Supreme Court found that the state was not required to provide state-funded medical assistance benefits to non-citizens after the federal Medicaid program excluded them and confirmed that the state did not discriminate when it exercised that authority in 2010.

What happened to the Hawai‘i Health Connector?

In Spring of 2015, the decision was made to transition the Hawai‘i Health Connector functions to the state. DHS-MQD, along with other state agencies, work to transition the Health Connector's state-based marketplace functions to the state and integrate the federal platform HealthCare.gov.

What is KOLEA?

KOLEA, which stands for Kauhale On-Line Eligibility Assistance, is an online Medicaid eligibility application. Users can now find out if they are Medicaid eligible online (mybenefits.hawaii.gov) through the KOLEA app. Applicants submit applications and documents online, which expedites processing and allows for applicants to check progress.

KOLEA was developed by leveraging a federal matching program where federal funds comprised 90% and state funds comprised 10% of monies used to develop the new application. KOLEA is the first app in the larger DHS Enterprise System, which is being built as an integrated eligbility system across DHS programs.

Med-QUEST Division (MQD)

MQD FY 2015 Stats

- **Eligible residents provided healthcare coverage through MQD's QUEST Integration:** 332,197
- **Additional people provided healthcare coverage from last year:** 58,639
- **Additional people provided health care coverage in just two years:** 94,827
- **Youth covered for Medicaid under the S-CHIP program:** 24,202
- **Total expenditure for Funeral Payments Program:** $224,965
- **Individuals served through the Developmentally Disabled/Intellectually Disabled Medicaid Waiver Program:** 2,741
- **individuals served through the Going Home Plus Program:** 86
- **Individuals provided behavioral services through the Community Care Services Program:** 1,201
- **Individuals provided services through the State of Hawai'i Organ and Tissue Transplant Program:** 53

Enrollment	June 2013	June 2014	June 2015	3-Year % Growth
O'ahu	179,227	199,062	201,668	12%
Kaua'i	16,072	18,255	19,661	22%
Hawai'i	62,145	69,081	69,975	12%
Maui	30,951	34,896	36,597	18%
Moloka'i	3,305	3,462	3,521	6%
Lana'i	723	754	775	7%
Statewide	292,423	325,510	332,197	13%

GROWTH AND STABILITY

Mission: The Office of Youth Services provides programs and services for Hawai'i's youth, including the provision of balanced and comprehensive services for at-risk youth, to prevent delinquency, reduce recidivism, and maximize opportunities for youth to become productive, responsible citizens through community-based and family-focused treatment interventions.

Mission: The Hawai'i Public Housing Authority is dedicated to providing safe, decent, and sanitary housing for low-income residents of Hawai'i.

Office of Youth Services (OYS)

What is the Office of Youth Services?

The Legislature established the Office of Youth Services (OYS) in 1989 to provide and coordinate a continuum of services and programs in every county for youth-at-risk, prevent delinquency, and reduce the incidence of recidivism. A core responsibility of OYS is to manage and operate the state's only Hawai'i Youth Correctional Facility. However, the agency provides and supports "front-end" prevention, diversion, and intervention services.

What kinds of services and programs does OYS offer Hawai'i youth?

OYS focuses on programs and service areas that address youth needs ranging from prevention to incarceration and after-care. These programs are rooted in a belief that community is where our youth belong and that deep connections, restoration, forgiveness, and healing emerges as the "Aloha Spirit" statute (HRS 5-7.5) is considered and embraced. The following are brief descriptions of the programs and services OYS provides statewide:

Life Skills Development targets youth who are involved, or at high risk for involvement, with the juvenile justice system. Programs are designed to increase protective factors and reduce risk factors for youth, families, and their communities through a variety of services that promote positive youth development and resiliency.

Project-Based Cultural Programs provide learning environments that immerse youth in their values, heritage, cultures, landscapes, opportunities, and experiences. Culture is considered a protective factor that helps to promote positive health and an increased sense of self and identity.

Youth Gang Prevention and Intervention targets youth ages 11 to 18 engaged in either emergent or more established gang behavior. Services, provided by Adult Friends for Youth, include community mobilization efforts, strategies for gang prevention, and intervention and formal mediation services for youth gang members.

Truancy Prevention and In-School Suspension target youth ages 10 to 18 and at risk for truancy and chronic absences. Services enhance school engagement and performance to ensure educational success for at-risk youth and their families in collaboration with the Department of Education (DOE).

Community-Based Outreach and Advocacy targets youth whose unhealthy, risky behaviors place them at risk for initial or further penetration into the juvenile justice system. Service providers identify and engage youth and family to provide attendant care services, intake, and assessment, assist in creating a youth/family-driven service plan, support youth/family in accessing services, and provide follow-up to ensure services were properly provided.

Intensive Monitoring Program targets youth who have been adjudicated by the Family Court and have been placed on probation, with the goal to provide intensive supervision for youth, hold them accountable for their behavior and assist them in complying with the terms and conditions of probation.

Day Treatment Center targets youth who are involved with the Family Court whose behavior interferes with their daily functioning in a typical school, work and/or home environment and need the additional structured education and treatment interventions of this level of care.

Office of Youth Services (OYS)

Parent Partnerships provide varied activities to support families involved in the Juvenile Justice system of care to improve outcomes for youth and families.

Community-Based Residential Services target youth who cannot or will not remain at home. Programs focus on improving youths' decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Service providers offer emergency shelters, intensive residential services, independent living programs, and statewide Ke Kama Pono ("Children of Promise") Safe Houses.

Hawai'i Youth Correction Facility (HYCF) provides a safe and secure setting to provide care and custody of at-risk youth committed to the state by the family courts.

Federal Grant Programs are overseen and managed by OYS. These programs enable the state to improve the juvenile justice and education systems and/or implement youth programs and services to narrow the path to detention and/or incarceration.

How does OYS partner with other government agencies?

OYS' work with youth requires a collaborative approach. Collaboration permeates through all of OYS' major programs. Below are a number of ways OYS collaborates with other government agencies to serve Hawai'i's youth and their families.

Hawai'i Island

OYS continues to partner with the Hawai'i County Office of the Prosecuting Attorney to implement a juvenile justice intake and assessment center in East Hawai'i. The assessment center provides an array of services for at-risk youth who have been arrested for minor or status offenses, identifies their needs, and links them and their families with appropriate services.

O'ahu

OYS is in its implementation phase to establish a new juvenile justice diversion system designed to steer youth away from the juvenile justice system to a pathway of supportive programs to help them address issues that may be leading to risky or harmful behavior. The goal is to offer youth the avenues to overcome challenges at the root of their actions and to realize their own kuleana as valuable and gifted members of our communities. Youth who would have previously been arrested for status offenses and first-time misdemeanor offenses will be given a civil citation with the opportunity to connect directly to an elder and counselor at an assessment center. These individuals will help youth find an appropriate pathway of actions or programs so they can better address the challenges they may be facing. This initiative follows a nationwide shift in juvenile justice policy based on successful models and the latest research on adolescent development. This family-centered, youth-driven model emphasizes a more collaborative, restorative approach to address the "root" of the issues youths are dealing with, such as hardships at home, substance abuse, past trauma, depression, or difficulties in school.

Maui

OYS continues to collaborate with the Maui Police Department's Positive Outreach Intervention (POI) project. This year, the project added a new cultural component to strengthen families of youth involved in the POI diversionary program, which addresses lag times between arrests and initial court hearings.

Kaua'i

OYS continues support for the Kaua'i County Office of the Prosecuting Attorney's Teen Court Program. The diversionary program provides an alternative process to hold youth accountable through a peer-driven approach rather than the Family Court system. OYS also continues to collaborate with the Office of the Mayor to address youth suspensions, including providing services such as tutoring, mentoring, anger management, and substance abuse prevention.

Judiciary

OYS continues to collaborate with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to continue implementation of the Juvenile Detention Alternative Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of JDAI core strategies help to eliminate inappropriate or unnecessary use of secure detention, minimize failures to appear and incidences of delinquent behavior, redirect public finances to successful reform strategies, improve conditions in secure detention facilities, and reduce minority over-representation in the juvenile justice system.

OYS also continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring as alternatives to confinement at the youth correctional facility. The implementation of the Girl's Court in the 5th Circuit during the latter part of FY2015 was the product of planning and collaboration with the Judiciary that began in the prior fiscal year.

Training

OYS provides training opportunities to strengthen skills and collaboration for providers and partners in the juvenile justice system. In October 2014, OYS, in collaboration with the Attorney General's Office and Coalition for a Drug-Free Hawai'i, presented a conference, "Creating an Aloha Response to Helping Hawai'i's Youth and Families." In the Fall 2014 and Spring 2015, OYS sponsored training sessions with Dr. Thao Le, professor at the University of Hawai'i, in skill-building for mindfulness as a promising intervention in working with at-risk youth. Staff from both private providers and state agencies participated in two 10-week training sessions to learn about and implement a mindfulness curriculum for youth. In May 2015, the Committee on LGBT Youth in Hawai'i's Juvenile Justice System, presented a training conference to build competency in serving lesbian, gay, bi-sexual, and transgender youth. The conference was attended by the major governmental departments serving youth, including the Departments of Health, Human Services, Education, and Judiciary. In June 2015, OYS presented a training on Hawaiian cultural healing activities with the Living Life Source organization.

Lieutenant Governor

OYS implemented an appropriation ($500,000) by the 2014 Legislature toward funding 11 schools for services, activities, and programs in safe, structured learning environments. It was completed in collaboration with the Resources for Enrichment, Athletics, Culture and Health Program (REACH) and the Lieutenant Governor's initiative to provide quality afterschool programming for middle schools.

Department of Health

HYCF's ongoing collaboration with Project Kealahou to enhance gender-specific programming for incarcerated girls continues to positively impact the girls at the facility. The project is funded through a federal SAMHSA (Substance Abuse and Mental Health Services Administration) grant awarded to the Hawai'i Department of Health. The project focus is two-fold. Advocates/counselors from the program work directly with the girls who have been the victims of trauma. Additionally, it provides trauma-informed training for the Youth Correctional Officers to enhance their sensitivity to trauma-related issues and to broaden the skill base and knowledge of those who work with female populations.

Does OYS provide programs for parents?

OYS continues to provide funding support for the **Parent Project**, an eight-week parent training curriculum for parents of teenagers who may experience difficulties in various domains such as family, peers, school, and community, through collaboration with trained facilitators from the Department of Education. Parent Project sessions were implemented at various school locations on O'ahu and Hawai'i Island.

What does Hawai'i Youth Correctional Facility (HYCF) do?

In addition to providing a safe and secure setting to provide care and custody of at-risk youth committed to the state by the family courts, HYCF continues to develop and implement alternatives to traditional incarceration. These programs and services expand the rehabilitative opportunities available to youth. Activities such as slam poetry, yoga, creative writing, arts, and guide-dog training have been implemented to help with personal and social skill building for the youth.

HYCF and OYS continue to work closely with the courts to ensure that any commitment to the facility is a "last resort" only after all community-based services have been exhausted and commitment is further based on ensuring public safety. The identification of community-based programs as alternatives to incarceration is ongoing.

The expanded use of parole has proven not only to enhance youths' transition back to their home communities, but to have a positive impact on keeping the facility's average daily population low. HYCF continues to provide an intensive **Aftercare/Reentry Program** through the Parole Section for youth transitioning out of the HYCF and returning to their families/communities.

HYCF continues to evaluate operations against national standards, remedy deficiencies, and upgrade the quality of correctional programs and services. The recognized benefits from such a process include improved management, a defense against lawsuits through documentation, and the demonstration of a "good faith" effort to improve conditions of confinement, increased accountability, enhanced public credibility for administrative and line staff, a safer and more humane environment for personnel and offenders, and the establishment of measurable criteria for upgrading programs and personnel on a continuing basis.

HYCF also continues to build partnerships with public agencies like DHS, DOE, DOH, Family Court, county agencies, including law enforcement agencies and non-profit agencies. These partnerships better coordinate the State's efforts in providing services to youth. A Multi-Disciplinary Team approach comprised of DOE, DOH, HYCF, Contract Service Providers, youth, and parents are involved in developing the youth's Individual Service Plan and reintegration back into the community.

Office of Youth Services (OYS)

OYS FY 2015 Highlights

OYS continues to help spearhead the State's effort to reform juvenile justice. Based on the comprehensive recommendations of the Hawai'i Juvenile Justice Working Group, the Legislature passed Act 201. The act aims to reduce secure confinement, strengthen community supervision and focus resources on practices proven to reduce recidivism. It provides an upfront investment of $1.26 million for mental health and substance abuse treatment, delinquency interventions, and implementation of the reforms.

Pew Chartiable Trust also recognized Hawai'i for its juvenile justice reform. OYS is a key partner in the Juvenile Justice Working Group that works to reform juvenile justice services.

OYS FY 2015 Stats

- **Percent drop in total admissions to HYCF compared to FY2014:** 20%
- **Amount of youth and families served by the federal grant programs:** more than 3,000
- **Youth served by community-based residential services:** 235
- **Family members and youth served by Parent Partnership services:** 30
- **Youth served by one Day Treatment Center provider:** 15
- **Youth served statewide by the Intensive Monitoring Program in four judicial districts:** 270
- **Youth served by four OYS-funded community-based outreach providers statewide:** 290
- **Youth served by eight funded agencies to promote attendance, attachment, and achievement to ensure educational success:** 290
- **Youth served by Adult Friends for Youth gang prevention and intervention services:** 43
- **Youth participating in nine project-based cultural programs statewide:** 43
- **Youth served through 20 community-based programs that support life skills development:** 1,600

Hawai‘i Public Housing Authority (HPHA)

What is Hawai‘i Public Housing Authority?

The Hawai‘i Public Housing Authority (HPHA) is the sole public housing agency for the State of Hawai‘i. HPHA is guided by a Board of Directors consisting of 11 members appointed by the Governor. It is the state’s largest residential landlord with almost 6,200 low-income public housing units throughout Hawai‘i.

What does HPHA do?

HPHA is dedicated to providing safe, decent, and sanitary housing for low-income residents of Hawai’i. HPHA administers the federal and state **Low Income Public Housing programs**, **Section 8 program**, **Veterans program**, and **Rent Supplement** and project-based housing.

Who qualifies for public housing?

Applicants must meet the following standards:

- Must be 18 years old or older, single, or a family of two or more individuals who intend to live together as a family unit and whose income and resources are available to meet their needs.
- Income is within the limits set forth by HUD (Yearly Gross Income):

# of Persons	O‘ahu	Hawai‘i	Kaua‘i	Maui
1	$54,850	$39,100	$48,450	$47,600
2	$62,650	$44,700	$55,350	$54,400
3	$70,500	$50,300	$62,250	$61,200
4	$78,300	$55,850	$69,150	$67,950
5	$84,600	$60,350	$74,700	$73,400
6	$90,850	$64,800	$80,250	$78,850
7	$97,100	$69,300	$85,750	$84,300
8	$103,400	$73,750	$91,300	$89,700
9	$109,600	$78,200	$96,800	$95,150
10	$115,900	$82,650	$102,350	$100,550

- No outstanding balance due to HPHA.
- Personal conduct will not be detrimental to the project or its residents.
- Not been a former tenant evicted since March 1, 1985.
- Meet the occupancy requirements set forth by HPHA.

What assistance does HPHA provide for those looking for help to find private housing?

The federally funded Section 8 Housing Choice Voucher (HCV) Program and the state-funded Rent Supplement Program enable low-income families and individuals to find private, market-rate housing in communities of their choice by supplementing their monthly rent payments with a subsidy.

HPHA FY 2015 Stats

- **Properties in HPHA portfolio:** 85
- **Units of public housing:** 6,196 (Kaua‘i - 347, O‘ahu - 4,876, Maui & Moloka‘i - 228, Hawai‘i Island - 745)
- **Federal HUD subsidized units:** 5,332
- **State units across four islands:** 864
- **Range of unit size:** studios to 5 bedrooms
- **Number of families and individuals served:** 11,000 families and 33,000 individuals

EQUITY AND FAMILY

Mission: The Hawai'i State Commission on the Status of Women (HSCSW) works toward equality for women and girls in the state by acting as a catalyst for positive change through advocacy, education, collaboration, and program development.

Mission: The Hawai'i State Commission on Fatherhood (COF) promotes healthy family relationships by emphasizing the important role fathers play in the lives of their children.

Hawai‘i State Commission on the Status of Women (HSCSW)

What is the Hawai‘i State Commission on the Status of Women?

The Hawai‘i State Commission on the Status of Women (HSCSW) is a non-partisan state commission that consists of seven (7) appointed commissioners from across the state and works toward equality for women and girls by acting as a catalyst for positive change through advocacy, education, collaboration, and program development. HSCSW was established on May 15, 1964 through executive order by the Governor and made permanent through Act 190, Session Laws of Hawai‘i 1970.

What does HSCSW focus on?

HSCSW has established four main purposes:

1. Aid in the implementation of policy recommendations;
2. Advise governmental and non-governmental organizations of the specific issues and problems faced by Hawai‘i women;
3. Act as a central clearinghouse and coordinating body for governmental and nongovernmental activities and information relating to the status of women; and
4. Create public awareness and understanding of the responsibilities, needs, potentials, and contributions of women in Hawai‘i.

Is HSCSW only on O‘ahu?

HSCSW is the statewide link between the Honolulu, Maui, Kaua‘i, and Hawai‘i Counties' Committees on the Status of Women and the University of Hawa‘i President's Commission on the Status of Women.

What did HSCSW accomplish in FY 2015?

HSCSW's Executive Director serves as a co-chair of the Hawai‘i Women's Coalition ("the Coalition"), which is largely comprised of community volunteers. The Coalition convenes meetings between the months of August and June. The role of HSCSW is to assist with reviewing and drafting policy and to alert the community to hearing notices and calls for testimony via email. HSCSW also assists the Coalition logistically by providing information and resources to the coalition. HSCSW continues to support the Coalition in these capacities.

Additionally, HSCSW reinstated the Honolulu Domestic Violence Response Task Force through the Honolulu City Council.

HSCSW also initiated the "Affirmative Consent" bill for University of Hawai‘i Manoa and successfully advocated for an Affirmative Consent task force with community members and service providers to review and make recommendations on the UH system-wide sexual violence and gender-based violence policy and protocol, including prevention and education, reporting policies, best practices for first responders and compliance with VAWA and Title IX.

Finally, HSCSW was awarded the bid to host the National Association of Commission for Women Annual Empowerment conference for July 2016.

Hawai‘i State Commission on Fatherhood (COF)

What is the Commission on Fatherhood?

The Hawai‘i State Commission on Fatherhood (COF) is a governor-appointed board comprised of representatives from all four counties, with representation from DHS, the Office of the Attorney General, the Department of Education, and the Office of Youth Services. The Commission is administratively attached to DHS.

COF advises state agencies and makes recommendations on programs, services, and contracts to promote healthy family relationships. COF also emphasizes the importance of involved, nurturing, and responsible fathers in children’s lives. The presence of fathers positively impacts school performance and self-esteem and decreases high-risk behaviors and substance abuse.

What does COF do?

COF participates in various community events to encourage fathers to become more involved in the welfare of their families and children. Events this year included the Men’s March Against Domestic Violence, the Celebrating Fatherhood Look-Alike Contest and the Keiki Caucus.

In FY2015, COF also partnered with the University of Hawai‘i Center on the Family to develop a groundbreaking study, called *State of Fatherhood in the State of Hawai‘i*. The study provides a quantitative understanding of how fathers are doing in Hawai‘i as compared to their U.S. mainland counterparts. It also serves as a foundation for future work to serve fathers, their children, and their families.

ADMINISTRATION

Six staff offices, one team, one project, and the Office of the Director support DHS Divisions and attached agencies. On the following pages, you will find brief overviews of each office and how they contribute to the department's success.

Administration

Administrative Appeals Office (AAO)

Provides administrative due process hearings in contested cases for the Department. AAO contracts with private practice attorneys through appointment by the Director under Hawaii Revised Statutes §346-12 to conduct hearings. AAO also serves as the rules coordinator for DHS and reviews administrative proceedings for the adoption, modification, or repeal of Department rules.

Budget, Planning and Management Office (BPMO)

Coordinates and prepares the DHS budget, monitors expenditures, provides technical assistance and budget preparation and financial training to staff, translates DHS' mission and goals into operational goals and objectives, and works to promote and improve managerial policies and practices through reviews and evaluations.

Audit, Quality Control and Research Office (AQCRO)

Conducts financial audits, researches, studies, and reviews the Department's internal control systems and financial operations to comply with federal mandates and to safeguard the Department's assets.

Fiscal Management Office (FMO)

Provides staff assistance and advisory services for the administrative functions of fiscal management. The office formulates policies and procedures and administers the Department's central accounting functions, funds management, client and vendor payment, employee payroll, inventory management, contracting, purchasing, records management, office space allocation, and central mail distribution functions. This office also provides consultative and technical advisory services in these functional areas.

Office of Information Technology (OIT)

Responsible for the overall administration, planning, direction, management, development, implementation, and maintenance of all Information Technology (IT) and Information Systems processing for the Department statewide. OIT provides project planning and management, business application systems development and maintenance, systems software and hardware management, telecommunications and network management, and support and technical training. The OIT-operated Data Center, which includes computing facilities management, data control, and technical help desk functions, is located in the Queen Liliu'okalani Building basement. OIT also oversees the administration of the dedicated DHS Mainframe complex and all hardware peripherals located at the Department of Accounting and General Services (DAGS) Information and Communication Services Division (ICSD), separate from the State's mainframe system. Additionally, this office directs and coordinates all IT matters within and between the DHS and other county, state, and federal agencies and commercial hardware and software vendors, including private consultants.

Personnel Office (PERS)

Oversees the personnel functions of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of personnel records.

Administration

Project Management Team

This team was created to oversee and coordinate the build and governance of the DHS' integrated and shared services environment. DHS has begun to build out its enterprise system. It leverages the KOLEA application that was developed with 90% federal funding to build out a system that will provide Hawai'i residents easier access to various services and programs. DHS' vision is to support an integrated statewide eligibility system. Each division's projects will have different requirements and timelines but will operate on the same platform. The Project Management Team oversees and coordinates the work as well as oversees and facilitates the governance of the project.

Limited English Proficiency (LEP) Project

The **Limited English Proficiency Project** is committed to providing meaningful access for people with limited or no ability to speak, read, write, and understand English. The LEP Project provides administrative and technical support/assistance to all DHS divisions, offices, and attached agencies. The Office of the Director established the LEP Project in 2013 under the Office of the Director to support and coordinate the development and implementation of policies and practices that ensure timely and effective delivery of services to individuals requiring language access services. The Project enabled DHS to execute the terms of its Resolution Agreement with the U.S. Department of Health and Human Services (DHHS), Office for Civil Rights, and meet the requirements of the Patient Protection and Affordable Care Act (ACA).

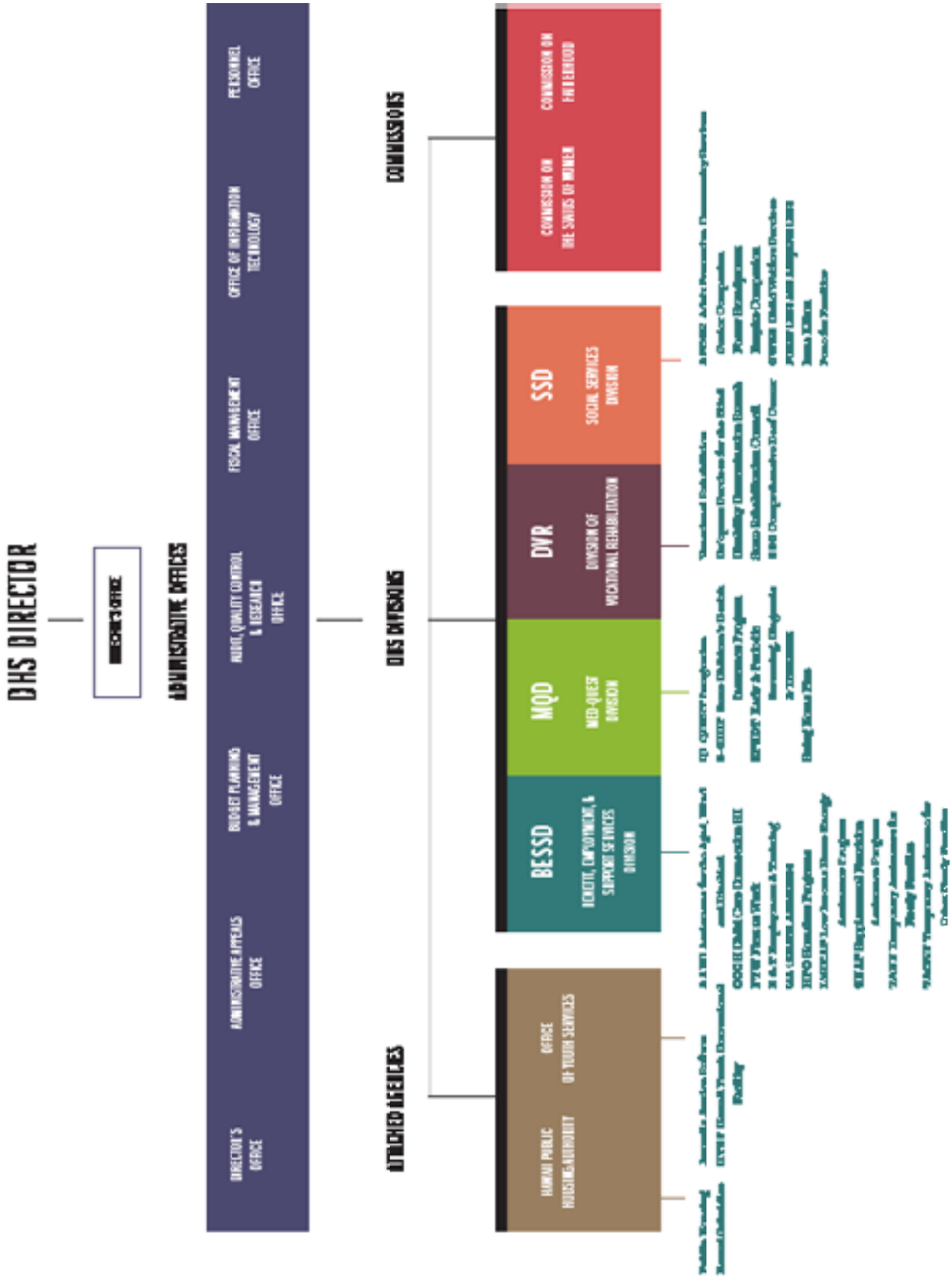
LEP Encounters											Translations	
Language/ Dialect	**BESSD**	**BESSD (Homeless)**	**MQD EB**	**MQD HCS**	**SSD**	**DVR**	**HPHA**	**OYS**	**Staff Offices**	**Total**	**Requested**	**Vital Docs**
Cantonese	255	0	187	1,651	10	10	277	1	2	2,393	0	47
Chuukese	1089	13,787	30	211	112	4	267	0	0	15,500	1,868	51
Hawaiian	0	0	0	0	0	0	0	0	0	0	0	0
Ilocano	162	26	247	308	58	17	12	2	3	835	0	33
Japanese	25	4	46	126	55	1	8	4	0	269	0	8
Korean	68	0	182	612	21	9	356	0	1	1,249	81	49
Kosraean	12	0	0	1	1	0	4	0	0	18	0	0
Mandarin	84	0	56	853	9	2	88	0	3	1,095	2	6
Marshallese	473	92	21	94	75	1	98	0	0	854	2	44
Portuguese	0	12	0	1	2	1	0	0	0	16	0	0
Samoan	53	9,945	1	12	7	2	60	0	0	10,080	1,875	4
Spanish	42	160	30	180	39	5	2	0	0	458	0	8
Tagalog	122	0	94	171	13	3	20	0	2	425	3	10
Thai	11	0	0	19	7	0	4	0	0	41	0	0
Tongan	10	1	0	12	9	0	3	0	0	35	0	0
Vietnamese	142	2	61	944	32	13	136	0	0	1,330	67	47
Visayan (Cebuano)	13	0	46	8	6	0	0	0	0	73	0	0
Other*	58	2	3	102	55	0	28	1	0	249	4	13
TOTAL	2,619	24,031	1,004	5,305	511	68	1,363	8	11	34,920	3,902	320

Director's Office

The Office of the Director includes the following positions: Director, Deputy Director, Legislative Coordinator and Complaints Liaison, Administrative Assistant/Emergency Management/Legislative Coordinator, Public Information Officer, two secretaries, and an office assistant. The Director's Office is located in the Queen Lili'uokalani, Building Room 209.

APPENDIX

DHS Organizational Chart



2014-2015 Operating Budget

Department of Human Services Operating Budget

Funding Sources	Budget Base FY 2014	FY 2014	FY 2015
Positions	1,113.59	1,134.22	1,134.22
General Funds	$ 1,068,532,871	1,148,739,035	1,211,740,369
	$ 0.00	0.56	0.56
Special Funds	$ 1,007,587	6,966,489	5,986,166
	$ 1,060.91	1,083.47	1,083.47
Federal Funds	$ 1,300,108,208	1,474,408,827	1,563,603,829
	$ 0.00	0.00	0.00
Other Federal Funds	$ 0.00	17,472,587	17,731,799
Private Contributions	$ 10,000	10,000	10,000
	$ 0.00	0.00	0.00
Interdepartmental Transfers	$ 12,382,003	12,382,003	12,382,003
	$ 30.00	33.00	33.00
Revolving Funds	$ 7,950,626	8,336,627	8,632,983
	$ 2,204.50	2,251.25	2,251.25
Total Requirements	**$ 2,389,991,295**	**$ 2,668,315,568**	**$ 2,820,087,149**

Glossary of Terms and Acronyms

DHS Divisions

BESSD | Benefit, Employment, and Support Services Division (BESSD) provides financial assistance, supplemental nutrition, employment support, dependency diversion and prevention services, and child care licensing. BESSD also supports emergency shelters and transitional shelters for homeless Hawai'i residents
DVR | Division of Vocational Rehabilitation (DVR) provides services to persons with disabilities and the blind so they may live independently, gain the skills needed to obtain, maintain/retain employment, and start their own businesses
MQD | Med-QUEST Division (MQD) provides health insurance to low-income families, children, and individuals
SSD | Social Services Division (SSD) provides crisis intervention, investigation, emergency services, and protective services for abused and/or neglected children and vulnerable adults. Includes the Adult Protective and Community Services Branch & Child Welfare Services Branch

Administratively Attached Agencies and Commissions

OYS | The Office of Youth Services functions to provide and coordinate a continuum of services and programs in every county for youth at-risk, to prevent delinquency and to reduce the incidence for recidivism.
HPHA | Hawai'i Public Housing Authority is the sole public housing agency for the State of Hawai'i.
HSCSW | The Hawai'i State Commission on the Status of Women is a non-partisan state commission that consists of seven appointed commissioners from across the state and works toward equality for women and girls by acting as a catalyst for positive change through advocacy, education, collaboration, and program development.
COF | The Hawai'i State Commission on Fatherhood advises state agencies and makes recommendations on programs, services, and contracts to promote healthy family relationships.

Administration Offices

AAO | Administrative Appeals Office
BPMO | Budget, Planning and Management Office
AQCRO | Audit, Quality Control, and Research Office
FMO | Fiscal Management Office
OIT | Office of Information Technology
PERS | Personnel Office

Terms

CASE | Usually a family or a household eligible to receive program benefits.
CLIENT | A person eligible for program benefits, a member of a case.

Financial Assistance Programs and Related Employment Programs

AABD | The Assistance to the Aged, Blind, and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to this gap group of Hawai'i residents. They are elderly adults (65 years of age or older) or individuals who meet the Social Security Administration definition of disabled or blind. Most are not eligible for federal Social Security benefits.
GA | The General Assistance program is entirely state funded regardless of citizenship. It provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, and who are temporarily disabled. These individuals also do not qualify for Social Security, and may be waiting for the approval of SSI or SSDI benefits.
SNAP | The SNAP program provides crucial food and nutritional support to qualifying low-income and needy households and those making the transition from welfare to self-sufficiency

TANF/TAONF | Temporary Assistance to Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF) are the time-limited welfare reform programs for adults with children designed to protect those who cannot work and to require those who are able to work to do so. Family participation in TANF or TAONF depends on the household composition. When all members are U. S. citizens, the family is eligible for federally funded welfare under TANF. Families that include at least one non-citizen are eligible for state-funded welfare under TAONF. Other than the funding sources, the TANF/TAONF programs are identical.
Employment & Training (E&T) | The Employment and Training program is a statewide work program designed to assist able-bodied SNAP adults to become attached to the workforce.
First-to-Work (FTW) | The First-To-Work Program provides case management and employment and support services to work eligible individuals of TANF/TAONF households.
HPO | The Homeless Programs Office provides homeless individuals and families with shelter and supportive services, empowers homeless individuals and families to maintain permanent housing and implements homeless prevention programs.
HPP | The Housing Placement Program is the network that links landlords and Section 8 voucher holders, as well as homeless persons transitioning to permanent housing.
INVO | The Investigations Office provides investigative services to support BESSD programs.
POD | The Preschool Open Door program provides child care payments to low- and moderate-income families for early childhood services.
SEE Program | The Supporting Employment Empowerment Program provides on-the-job training and employment opportunities with private sector employers for FTW participants who may have little or no work experience or basic work skills.
SHEG | The State Homeless Emergency Grant program offers an array of resources and services to help those who are homeless or at risk of homelessness to maintain housing, or receive critical, time-limited financial assistance.

Med-QUEST Division (MQD)

ABD | Aged, Blind, Disabled. Health coverage for this demographic will remain with the MQD, along with coverage for pregnant women and kids. (federal dollars)
APTC | Advanced Premium Tax Credit - Tax credits and cost-share reductions are available to lower the cost of health coverage for individuals and families who meet certain income requirements and do not have health insurance from an employer or a government program. When enrolling in a health plan through the state-based marketplace, tax credits can be immediately applied to the insurance premium, which reduces the amount you pay each month.
COFA | Compact of Free Association, includes the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau. Under the Compact of Free Association Act in 1985, the U.S. agreed to provide economic assistance to compact nation citizens, allowing them to enter, reside, and work in the U.S. and participate in certain federal programs in exchange for certain military permissions in these associated states. Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 restricted access to federal public benefit programs to residents from COFA nations, states were required to fully absorb the costs of providing social service and health care benefits to residents from COFA nations.
DD/ID HCBS | The Developmentally Disabled/Intellectually Disabled Home and Community-Based Services Program serves individuals who are Medicaid-eligible and certified as requiring an ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) level of care.
EPSDT | The Early and Periodic Screening, Diagnosis and Treatment program offers additional services for all Medicaid clients under 21 years of age with no co-payment requirement.
FQHC | Federally Qualified Health Centers (FQHCs) include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must:

- Serve an underserved area or population
- Offer a sliding fee scale
- Provide comprehensive services
- Have an ongoing quality assurance program
- Have a governing board of directors

KOLEA | KOLEA is an eligibility was designed, developed and implemented to bring the state into compliance with Affordable Care Act regulations for Medicaid. KOLEA provides the electronic processing capability for Medicaid eligibility determination. KOLEA has advanced Hawai'i's Medicaid system by allowing applicants to submit applications online, in addition to paper applications.

LPR | Legal Permanent Resident – Legally residing in Hawai'i for less than 5 years, and not eligible for health insurance coverage through the MQD. Like other state residents they can now apply for coverage through the state-based marketplace.

MAGI | Modified Adjusted Gross Income (MAGI) was introduced by the Affordable Care Act to standardize calculation used to determine Medicaid income eligibility across the country. Defined by the ACA as Adjusted Gross Income as calculated under the federal income tax, plus any foreign income or tax-exempt interest received.

PAP | The Premium Assistance Plan is available to select residents who are in families under 100% of the U.S. federal poverty level but do not qualify for Medicaid.

S-CHIP | State Children's Health Insurance Program is a Medicaid expansion program that helps Hawai'i expand health coverage to more children whose parents may be working but do not earn enough to pay for private health coverage for their children.

TPL | The Third Party Liability program ensures that Medicaid recipients who have other health insurance coverage exhaust those benefits before Medicaid benefits are utilized.

Child Welfare Services (CWS)

CWSB | The Child Welfare Services Branch (CWSB) investigates allegations of child abuse and/or neglect, and provides services including child protection, family strengthening and support, foster care, adoption, transitional services for young people in foster care, and licensing for resource family homes, child care institutions, and child placement organizations.

Differential Response | By intervening early with needed services, CWS hopes to strengthen families so that they can function as healthy units, remain intact, and avoid the need for foster care. To help determine the most appropriate and least intrusive intervention level, CWS collaborated with the National Resource Center on Child Protection to develop an intake assessment protocol that is applied to all reports of child abuse/neglect. Called *Differential Response*, the assessment protocol has resulted in fewer children entering the foster care system because many families now receive alternative support services that allow children to safely remain in the family home.

FSS [Differential Response] | Family Strengthening Services (FSS) - Reports assessed to be at low-risk for child abuse and neglect are referred to Family Strengthening Services (FSS) for services. CWS Intake staff use the Child Safety Assessment tool and the Comprehensive Strengths and Risk Assessment tool to assess each report of potential child abuse or neglect. Reported assessments without risk or safety factors may be closed without further action.

Imua Kakou | In response to legislative amendments to HRS 346, CWSB collaborated with foster youth and former foster youth, Family Court, the University of Hawai'i Law School, the University of Hawai'i Public Policy Center, DHS partners, community agencies, and other stakeholders to design the Voluntary Care to Age 21 Program. Youth involved with the development of this program named it Imua Kakou, Hawaiian for "moving forward together." The ACF and the Jim Casey Youth Opportunity Initiative both provided assistance for the initial design of the program. Imua Kakou is supported by federal Title IV-E and state general funds.

Pono for Families | The purpose of the practice is to empower families to safely care for their own children, or when they are unable, to engage other family members to provide a safe and permanent home. CWS has

undertaken the task of identifying key areas where policy and practice improvements could better achieve these outcomes.

Resource Caregiver | Formerly called Foster Parents. The term was changed to better reflect their important community role. They are not just parents to the children placed with them. They also serve as vital resources for the community at large and for other families who are caring for Hawai'i's abused and/or neglected children.

VCM [Differential Response] | Voluntary Case Management (VCM) - Reports assessed to be at moderate-risk for child abuse and/or neglect are referred to Voluntary Case Management (VCM). The CWS Intake staff uses the Child Safety Assessment tool and the Comprehensive Strengths and Risk Assessment tool to assess each report of potential child abuse or neglect. Reports with a safety concern or an immediate foreseeable risk of harm to a child are assigned to CWS for investigation.

General Terms

ACA | Affordable Care Act
APCSB | Adult Protective and Community Services Branch
BPR | Business Plan Re-engineering
DAG | Department of Attorney General
DHHS | U.S. Department of Health and Human Services
DHHS-ACF | DHHS Administration for Children & Families
DOE | Department of Education
DOH | Department of Health
DOH-HHI | DOH Healthy Hawai'i Initiative
FGP | Foster Grandparent Program
FPL | Federal Poverty Line
HMIS | Homeless Management Information System
HPD | Honolulu Police Department
HUD | Department of Housing and Urban Development
HYCF | Hawai'i Youth Correctional Facility
IAR Special Fund | Interim Assistance Reimbursement Fund
JDAI | Juvenile Detention Alternative Initiative
LEP | Limited English Proficiency Project
LGBT | Lesbian, Gay, Bisexual, Transgender
RCP | Respite Companion Program
SAMHSA | Substance Abuse and Mental Health Services Administration
SCP | Senior Companion Program
SEBD | Support for Emotional and Behavioral Development
SMI | Serious Mental Illness
SPMI | Serious and Persistent Mental Illness
SRC | State Rehabilitation Council
SSA | Social Security Advocacy
SSI | Supplemental Security Income
SSDI | Social Security Disability Insurance
SSP | State Supplemental
UH-CES | University of Hawai'i, Cooperative Extension Services
VAWA | Violence Against Women Act

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