



**State of Hawai'i
Annual Report on Fiscal Year 2012**



Director's Message for DHS 2012 Annual Report

The Department of Human Services (DHS) serves vulnerable and needy adults and children across the State. DHS employees work hard to provide timely, efficient and effective programs, benefits and services that empower clients to achieve self-sufficiency, self-determination, independence, healthy lifestyles, and personal dignity. This report provides an in-depth explanation of how DHS is meeting its Department objectives while also streamlining government services along the lines of the Governor's New Day Initiative.

DHS is the State's second-largest department and manages an annual budget of \$2.2 billion. The Department operates four divisions: Social Services Division (SSD), Benefit, Employment & Support Services (BESSD), Med-QUEST (MQD) and Vocational Rehabilitation & Services for the Blind (VRSBD). Together, these divisions:

- ❖ Help clients escape poverty and achieve full employment;
- ❖ Prevent abuse and neglect among children and vulnerable adults;
- ❖ Strengthen families and promote positive youth development;
- ❖ Provide high-quality public health insurance to low-income adults and children; and
- ❖ Empower people with disabilities so they can enter or re-enter the workforce.

Following work force reductions and hiring freezes implemented by the previous administration, the DHS is successfully restoring personnel capacity and government functions. BESSD provided supplemental nutrition benefits (SNAP) to 176,676 people in FY 2012, and successfully implemented a same-day-service business processing model in 95% of public assistance offices. BESSD is exceeding federal compliance rate for households enrolled in the First-to-Work Program, and more than 14,380 individuals received assistance from the BESSD Homeless Programs Office and its contracted agencies. The BESSD Child Care Connection Program assisted 20,234 families, and the Investigations Unit recovered \$3,387,946 in restitution. The VRSBD served 5,903 individuals with disabilities, and celebrated eight employers that hired people with disabilities. VRSBD also changed its name to the Division of Vocational Rehabilitation (DVR). MQD oversaw health care benefits for more than 287,000 eligible residents, while simultaneously preparing to implement provisions of the Affordable Care Act. The SSD continues to keep recurring child abuse and/or neglect rates below the average national tolerance standard, and to care for Hawai'i's vulnerable elderly population. The DHS attached agencies continue to support Hawai'i's vulnerable populations. The Office of Youth Services continues funding more than 90 community based contracts to address the statewide needs of at-risk youth and their families, and the Hawaii Public Housing Authority, the Hawaii State Commission on the Status of Women, and the Commission on Fatherhood are expanding their community outreach.

Many thanks to all DHS staff who remain committed to the Department and to Hawai'i's most vulnerable people.

Mahalo,

A handwritten signature in black ink, appearing to read 'Patricia McManaman'.

Patricia McManaman, DHS Director

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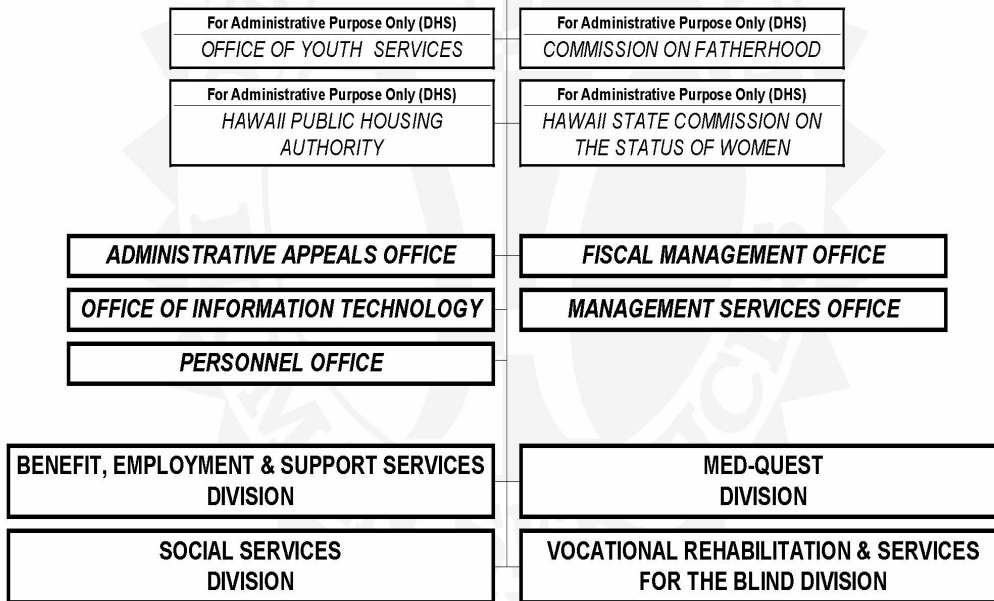
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DEPARTMENT OF HUMAN SERVICES





The administrative offices of the Department of Human Services are located in the Queen Liliuokalani Building, 1390 Miller Street in downtown Honolulu

CHAPTER ONE: INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) in 1959 after statehood by the State Legislature. In 1988, the Department was again reorganized and re-designated as the Department of Human Services (DHS). Currently, the DHS has about 1,800 permanent positions and an annual budget of over \$2.2 billion dollars.

The DHS staff is committed to providing timely, efficient, and effective programs, services, and benefits to empower those who are the most vulnerable in our State, and to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity. The DHS has four divisions that provide different kinds of assistance:

- The 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;
- The Med-QUEST Division (MQD) provides health insurance to low-income families, children and individuals;
- The Social Services Division (SSD) provides protective services for abused adults and children, and offers family strengthening, child abuse and neglect prevention services, and licensing some long-term care home and community-based providers; and
- The Vocational Rehabilitation and Services for the Blind Division helps persons with disabilities and the blind become employed, start their own businesses and live independently. This Division has been renamed the Vocational Rehabilitation Division (DVR).

The DHS also has two administratively attached agencies and commissions. The Office of Youth Services (OYS) maintains the State's only youth correctional facility and provides community-based services to Hawai'i's at-risk youth to prevent delinquency. The Hawai'i Public Housing Authority (HPHA) manages and maintains housing and emergency shelter and transitional shelters opportunities with resident support services.

The DHS also supports two State commissions. The Hawai'i State Commission on the Status of Women (HSCSW) was established to aid implementation of recommendations impacting women and girls, to develop long-range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women and girls in Hawai'i. The Hawai'i Commission on Fatherhood (HCF) was established by Act 156, SLH 2003, and directs the Commission to serve in an advisory capacity to State agencies to promote healthy family relationships between parents and children.

The four divisions of the DHS, along with its four administratively attached agencies and commissions are assisted by five staff support offices. Staff provides administrative hearings for clients, fiscal management, information technology systems support, management services, research, personnel and other services. The DHS maintains statewide offices in 88 separate locations.

CHAPTER TWO: SELF-SUFFICIENCY

A. BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION

Programs, Services, Achievements, and Looking Ahead

The BESSD staff provides basic support to needy families including, financial assistance and supplemental nutrition assistance program (SNAP) benefits. The BESSD also provides an array of job-readiness trainings, educational and vocational trainings, job placement and retention services, child care, transportation and work related expenses to assist clients in achieving self-sufficiency.

1) Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF)

Program Description

TANF and TAONF provide limited monthly cash benefits to eligible families for food, clothing, shelter, and other essentials. To qualify for either subsidy, 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 a household of three persons, this means the monthly gross income must be less than \$2,941. The net income must be under 48% of the 2006 FPL or less than \$610 if the household includes an employable adult. All TANF/TAONF households are permitted to acquire resources or assets, but the combined total must be less than \$5,000. Vehicles, and the home in which a household resides, are not included as assets or resources.

Family participation in TANF or TAONF depends on the household composition. Effective October 2008, families are eligible for federally-funded welfare under TANF if all family members are U. S. citizens. Families that include at least one non-U.S. citizen are eligible for state-funded cash assistance under TAONF. Non-citizens are permanent resident aliens residing in the U.S. for more than five years, certain vulnerable legal immigrants residing for less than five years in the U.S., or individuals from the Compact of Free Association (COFA) nations of Micronesia, Palau and the Marshal Islands. Other than these different funding sources, the TANF/TAONF programs are identical.

TANF and TAONF are time-limited financial assistance programs for work eligible needy adults with dependent children. The programs are designed to promote self-reliance, responsibility and family stability. They require able-bodied adults to engage in work activities and to provide services to individuals who are unable to work. Both the TANF and TAONF programs offer employment incentives, child care and transportation support for working parents, and reimbursement for pre-approved work related expenses such as tools, uniforms, and union dues. Children who do not reside with their parents may also receive assistance when residing with a non-needy caretaker relative.

Financial assistance for needy families was increased in July 2007 for the first time since 1994. Payment standards rose from 62.5 % of the 1993 FPL to 50% of the 2006 FPL. Effective July 1, 2009, the payment standards were reduced to 48% of the 2006 FPL as a cost saving measure for the State. These reduced amounts were still more than the 1994 payment amounts.

The Department continues to provide dependency prevention and poverty prevention programs and services.

- Since 2004, the Department has provided Positive Youth Development and Family Strengthening programs to improve the lives of needy children, teens and their parents. They include the Department of Education's UPLINK program, and statewide programs offered by youth centers and private agencies such as PACT, Goodwill Industries, the Salvation Army, Susannah Wesley, Child and Family Service, Kokua Kalihi Valley, YWCA of Kauai, Hale Kipa, and Catholic Charities. These programs engage youth in positive activities and discourage risky behaviors leading to truancy, pregnancy, substance abuse and crime. The programs provide positive information that promotes healthy choices and outcomes. National studies confirm that positive youth development programs reduce teen pregnancy, school drop-outs, substance abuse and other risky behaviors leading to dependence on government aid.
- The Up-front Universal Engagement (UFUE) program began as a grant diversion program in 2005 to divert families away from public assistance. It was revised in 2008 to a pay-after-performance TANF assistance program. Adults who are able to work, or those who have barriers to employment, must participate in and comply with work related or assessment activities before the family can receive regular TANF or TAONF assistance

payments. Following full implementation of the pay-after-performance system in State FY 2011, 55% of Hawai'i households were diverted away from the TANF program and into the job market.

Program Goal

Families will achieve financial self-sufficiency.

Objective	Measurements
The economic well-being of the client will improve.	1. Average earnings per case will increase. 2. The proportion of individuals working will increase. 3. Total income will increase. 4. Hours worked will increase.
Family stability will improve.	The percentage of intact (two-parent) households will increase.
Recidivism will decrease.	Fewer cases will return to welfare once off the system.
Financial assistance program savings will increase.	Costs will decrease for the financial assistance program.

TANF/TAONF Program Achievements

Hawai'i's welfare reform program is innovative, progressive and realistic. It provides the appropriate combination of incentives to work and disincentives to remain dependent on public assistance. For example:

- The cost of assistance per TANF household has decreased from a high of \$650 per month in 1997 to \$504 per month in FY 2012;
- The average length of time on assistance decreased from 30 months in 1997 to 15.2 months in FY 2010. Based on the number of cases closed in FY 2012, the average length of assistance was 13.5 months;
- With the implementation of our December 1996 welfare reform waiver, the number of families receiving assistance decreased from 22,785 cases to 10,014 cases in June 2011; however, the caseload increased to 10,300 in June 2012; and
- In July 2011, 2,345 households were employed and earning a gross income of \$2.37 million per month, representing a monthly cost savings to the State of \$762,431. In June 2012, 2,522 households were employed and grossing \$2.5 million, representing a cost savings of \$804,731 to the State.

TANF/TAONF Caseload

Fiscal Year	Average # Families per Month	Average Time on Assistance
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	13.3*
2002	16,940	14.8
2003	14,362	16
2004	12,915	15.4
2005	10,642	15
2006	9,837	15
2007	8,381	16
2008	8,358	13
2009	8,661	14.1
2010	9,448	15.2
2011	10,014	16.5
2012	10,300	13.5

**Average time on assistance was re-computed from the start of TANF/TAONF on July 1997.*

TANF/TAONF (By Selected Months)

	Sept 1997	July 2007	July 2009	July 2010	July 2011	July 2012
Number of Households Assisted	23,573	8,381	8,661	9,448	10,014	10,312
Monthly Benefits Paid to Households	\$12.92 million	\$4.6 million	\$3.46 million	\$5.29 million	\$5.63 million	\$5.55 million
Number of Employed Households	Unavailable	1,365	2,060	2,224	2,345	2,522
Gross Earned Income Reported	\$3.7 million	\$1.5 million	\$1.8 million	\$1.9 million	\$2.4 million	\$2.5 million

BESSD continues to expand training and skill-building programs for clients with a temporary disability or other significant barrier to self-sufficiency.

We have contracted services for victims of domestic violence (DV), substance abuse, and individuals with physical or mental disabilities. Work requirements for DV victims may be suspended for up to six months to permit program participation with a possible extension of six months. Assessments are conducted on an individual basis to keep the parents focused on working or returning to work, as soon as it is safe to do so.

Compliance with substance abuse rehabilitation programs, medical treatment, and skill-building programs are conditions of eligibility for those who need these services. The focus is on helping families achieve self-sufficiency through the contracting of case management services for recovery activities, employment and skill development.

These programs and services are intended to improve the self-sufficiency skills of all BESSD families and according to federal public assistance laws, enable them to comply with work participation requirements according to federal public assistance laws. To maintain eligibility, all adults are required to participate in some work related activity, whether it is training, counseling, treatment or work.

- Through contracts with the Legal Aid Society of Hawai'i (LASH), the Supplemental Security Income (SSI) advocacy program continues to assist disabled individuals receiving federal TANF assistance or state-funded TAONF assistance to qualify and receive SSI federal benefits. SSI benefits are higher than our State benefits, and are not time-limited.
- BESSD continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing public assistance.
- The medical review process for disabled TANF/TAONF recipients is performed by contracted physicians and psychiatrists. The process standardizes the determination of disability to emphasize ability to work. It also focuses on treatment compliance to ameliorate disabilities, and enable recipients to work. A medical review board reviews all medical findings to more consistently plan for appropriate support services. With physician, psychologist and psychiatrist disability determinations, vocational rehabilitation contractors can better service recipients and assess the level and types of activities the TANF/TAONF recipient may perform. A total of 3,409 exams were performed in FY 2012.
- BESSD continues to align its Financial Assistance program policies with those of the Supplemental Nutritional Assistance Program, with the goal of providing consistent eligibility criteria for BESSD programs.
- To establish and determine TANF/TAONF eligibility, program applicants are required to perform countable First-to-Work (FTW) activities, which include attending assigned meetings. Called the pay-after-performance requirement, BESSD has shortened the process for applicant families from a maximum of 21 days to 7 days. There are exceptions for families with children under the age of six months, those without an adult in the household, and those with one adult caring for a disabled household member.

Recent Program Improvements

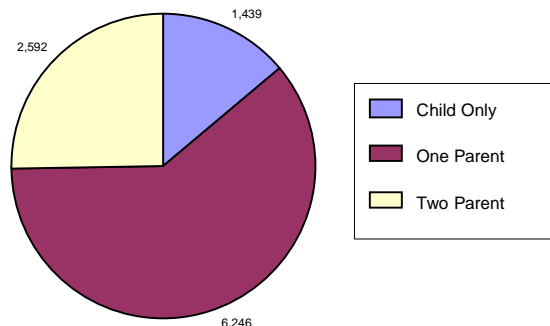
- The Business Process Re-engineering Project (BRPR), which converts the case management process to a task-oriented process, has been implemented statewide. Conversions to the new service delivery model were conducted in stages, beginning with Maui and East Hawai'i in November 2011. The final conversion at the West Hawai'i offices occurred in October 2012. BESSD continues to monitor and evaluate this new process to ensure that it serve our clients in a timely manner.
- BESSD continues to recommend that all potentially eligible TANF/TAONF applicants/recipients apply for Social Security Disability (SSD) or Supplemental Security Income (SSI) benefits.

People Served by TANF/TAONF Programs

While each family that receives financial assistance is unique, we can identify some common characteristics. For example, the average case size (family size) was three people for FY 2012. Other characteristics include: Households that include an adult without work barriers are allowed to receive TANF or TAONF cash benefits for a lifetime maximum of five years (60 months). In FY 2003, 1,251 cases were closed due to time limits; in FY 2012, 367 cases were closed due to time limits. The Department continues to expand its outreach activities to ensure that families approaching the 5-year limit are prepared with a self-sufficiency plan.

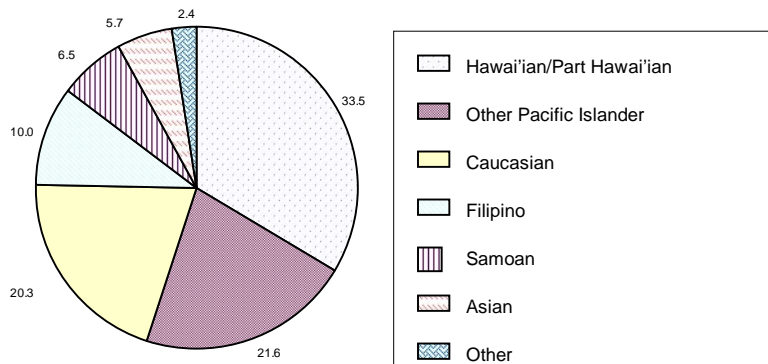
Job preparation, job search skills, training and educational services are available. Transitional benefits are provided to those who are employed. We also have expanded supportive services for individuals with barriers to employment. Our intent is to assist and guide families towards self-sufficiency as expeditiously as possible.

Composition of TANF/TAONF Households, FY 2012



Year	# Closed TANF Cases
2003	1,251
2004	852
2005	708
2006	517
2007	477
2008	434
2009	415
2010	228
2011	359
2012	367

Ethnicity of Individuals Served by TANF/TAONF Programs



2) General Assistance

Program Description

The General Assistance (GA) program provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, who are temporarily disabled and who do not qualify for Social Security, or who are waiting for the approval of SSI or Social Security Disability benefits. To be eligible for GA, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS medical board as being unable to engage in any substantial employment of at least 30 hours per week for a period of at least 60 days. To maintain eligibility, assets may not exceed \$2,000 for a single person and \$3,000 for a couple.

The GA program is an annual block-grant, appropriated by the State Legislature. The DHS adjusts the monthly benefit amount throughout the year based on the number of individuals participating in the program. The eligibility standard was increased due to budget constraints in July 2007 for the first time since 1994. Separately, it was necessary to reduce the benefit to \$234 between April and June 2009. The Department increased the per month payment amount to \$353 in July 2011 when a new appropriation was made available. Effective October 2011, based on budget projections for FY 2011, the payment was reduced to \$319 a month.

Program Goal

To provide temporary economic assistance to those eligible for financial support and to ensure they receive at least a minimally adequate standard of living.

Objective	Measurements
Eligibility based on disability will be standardized.	The DHS will refer all applicants to a medical provider; and 100% of disability statements will be reviewed by a Departmental medical board.
Supplemental Security Income (SSI) referrals and approvals will increase.	Based on reviews and recommendations of Departmental medical board, clients will be referred to LASH and for SSI advocacy.

GA Program Achievements

16,428 medical evaluations were completed in FY 2012. 24% were determined not-disabled, 58.5% were determined psychiatrically-disabled, and 17.5% were determined physically-disabled. In FY 2012, the medical review board reversed 7.2% of determinations compared to 7.3% reversals in FY 2011.

- The DHS continues to require that all individuals who claim a disability be examined by a contracted medical provider. All medical examinations are then reviewed by a contracted medical board. This process has been standardized to determine if a person is disabled and eligible for the GA program.
- DHS continues to contract for Social Security advocacy services to maximize the number of recipients eligible for federal assistance. The total number of referrals approved for SSI/SSDI decreased from 36% in FY 2011 to 34% in FY 2012. Of those totals, 86% of approvals were for GA applicants or recipients.

The two above procedures enable the transfer of persons with long-term disabilities to the federally-funded SSI and SSD programs.

- The financial assistance application form has been revised to include an authorization that allows BESSD to make SSI referrals to its contracted social security advocate, Legal Aid Society of Hawai'i (LASH). Previously, recipients had to provide signed authorization for referrals. Through this process, the overall number of referrals has increased.
- A disability re-determination is obtained from the DHS examiner when requested. An alert is system-generated based on the date specified by the examiner. When the new determination is obtained, the eligibility worker evaluates whether the disability continues, or is expected to continue, at least another year. If it will continue, a referral will be made to SSI through LASH. The medical review board also recommends referrals to Social Security.
- Memorandums of Understanding (MOU) with the Department of Public Safety and the Hawai'i State Hospital were developed and continue to be implemented. This allows DHS to process in advance, people with serious mental illness who are being released from these facilities. The MOUs allow these individuals to receive continuous uninterrupted support and services.
- Instructions to refer recipients to the Aid to Disabled Review Committee (ADRC) have been reissued for a determination of permanent disability. A determination of permanent disability by the ADRC allows the transfer of a GA recipient to the Aged, Blind and Disabled (AABD) program.

Performance Targets

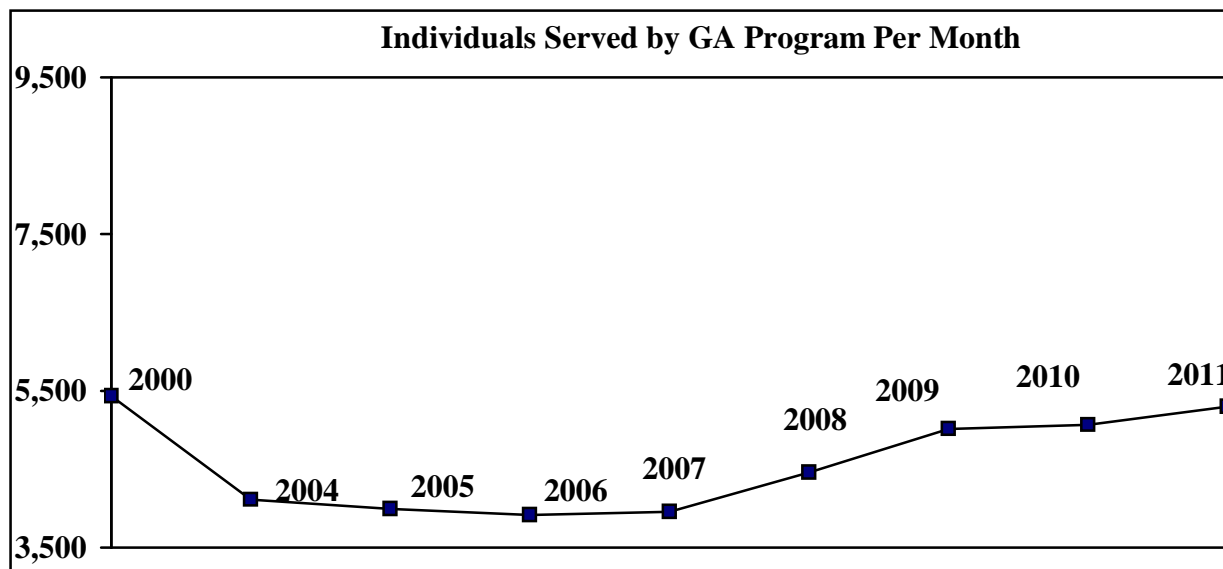
- Monitor the Social Security advocacy contract to provide an effective advocacy program. The Social Security advocacy contract with LASH was extended to maximize the number of people eligible for federal assistance. This service has been made available to families and single adults in our TANF, TAONF, GA, and AABD programs. As a result of this contract, 539 individuals were converted from State assistance to federal Social Security in FY 2011. 39% of the referrals were approved.
- The Interim Assistance Reimbursement authorization is being automated to facilitate reimbursement to the Department when a recipient is determined eligible for SSI.

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

Fiscal Year	Reimbursement from the SSA	Cost of LASH Contracts for Reimbursement Activities	Reimbursement to State (Net)
2009	\$1,021,894	\$490,175	\$997,890
2010	\$1,050,416	*\$678,200	\$372,216
2011	\$834,539	\$640,875	\$193,664
2012	\$632,074	\$471,437	\$160,637

**LASH reimbursement is done on a per case basis. The LASH contract cost is higher for these paradoxical reasons: (1) the time needed for approvals of initial applications is a very short 3 -5 months. This means applicants receive benefit payments from the State for a shorter time and therefore, there is a smaller amount to be reimbursed from each applicant; (2) at the same time, more hearings are lasting longer than a year. This means that reimbursements for these cases are delayed beyond the current fiscal year.*

- Monitor the medical evaluation contract to ensure the definition of disability is more focused on ability to work. This includes compliance to treatment and assurance. The contracted physicians and psychiatrists coordinate with a vocational rehabilitation contractor or a substance abuse counselor to determine the amount and type of activity the GA applicant or recipient may perform. Effective October 1, 2011, medical evaluators once again began monitoring compliance to treatment for recipients with a diagnosis of substance abuse. Previously, substance abuse and vocational rehabilitation contractors did the monitoring, but a change was necessary to reduce state-funded expenditures.



Citizenship of Individuals Served by GA Program

United States Citizens	92%
Non-citizens	8%

GA Caseload

Year	Individuals per Month
2000	5,434
2001	5,108
2002	4,867
2003	4,432
2004	4,112
2005	3,994
2006	3,917
2007	3,955
2008	4,458
2009	5,014
2010	5,068
2011	5,298
2012	5,537

Ethnicity of Individuals Served by GA Program

Ethnicity	Percentage FY
Caucasian	40%
Hawai'ian/Part Hawai'ian	29%
Chinese	1%
Filipino	9%
Japanese	5%
Black	3%
Other Asian	2%
Samoaan	3%
Korean	1%
Other Pacific Islanders	6%
Others	1%

Characteristics of Individuals Served by GA Program

Individual Characteristics	Percentage*
Age of Head of Household	
29 Years or Younger	19%
Between 30 and 39 Years	19%
Between 40 and 49 Years	28%
Between 50 and 59 Years	28%
60 Years and Older	5%
Marital Status of Head of Household	
Single	62%
Gender of Head of Household	
Male	62%
Female	38%
Length of Time on Welfare	8.6 months

**These percentages remained consistent over the past four years, varying only one or two percentage points.*

3) Assistance to the Aged, Blind, And Disabled

Program Description

The Assistance to the Aged, Blind and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to elderly adults (65 years of age or older) or to those who meet the Social Security Administration (SSA) definition of disabled or blind. Most of these individuals are not eligible for federal Social Security benefits. To qualify, 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.

Program Goal

Provide economic assistance to those eligible for financial support to ensure they receive at least a minimally adequate standard of living.

Objective	Measurement
To guarantee that everyone who desires assistance and who meets the eligibility requirements receives benefits.	The number of individuals receiving benefits should never be less than 70% of those potentially eligible. It currently is 72%.
Expedite the reimbursement of SSI benefits to eligible households *	All reimbursements will be completed within 10 working days of the Department receiving a reimbursement from the SSA.

** DHS is sent a retroactive lump sum of SSI payments. The DHS subtracts the GA payments for the same period the SSI payment covers, and the remaining SSI is reimbursed to the client.*

AABD Program Achievements

- The DHS is current in its reimbursements of SSA benefits and meeting the federally mandated timeframe.
- A system modification was implemented to alert staff when potentially eligible individuals are not referred to the SSA.
- Reviews of our non-citizen cases are conducted periodically to identify those potentially eligible for Social Security Benefits and to make referrals to our contracted Social Security advocate.

Citizenship of Individuals Served AABD

Residential Status	Percentage FY 2012
United States citizens	17%
Non-citizens	83%

Other Data Pertaining to AABD Program

	FY 2012
Length Of Time On Assistance	31 months
Two-Member Household	85%
Two-Member Households	15%

AABD Caseload

Year	Individuals per Month
2000	3,198
2001	2,982
2002	2,803
2003	2,614
2004	2,175
2005	2,156
2006	1,568
2007	1,334
2008	1,492
2009	1,451
2010	1,375
2011	899
2012	859

Household Characteristics of AABD Program Clients

Individual Characteristics	Percentage
Age of Head of Household	
Age 65 and Older	76%
Younger than Age 65	24%
Marital Status of Head of Household	
Married	30%
Widowed	34%
Single	18%
Separated	12%
Divorced	6%
Common Law	<1%
Gender of Head of Household	
Female	65%
Male	35%

Effective June 2010, BESSD decreased the eligibility standard from 48% to 34% of the federal poverty level (FPL) or from \$450 to \$319 for a one-person household. The decrease resulted in termination of AABD benefits for individuals with partial income greater than \$319, primarily from SSI. (Note: Percentages may not total exactly 100% due to rounding.)

Ethnicity of Individuals Served by AABD Program

Ethnicity	Percentage
Other Asian and Pacific Islanders	52%
Filipino	23%
Chinese	7%
Caucasian	7%
Korean	4%
Hawai'ian/Part Hawai'ian	3%
Japanese	2%
Samoan	2%
Black	<1%
Others	<1%

Performance Targets

- The DHS continues to monitor and improve our SSI referrals and re-referrals.
- Continue to monitor the Social Security advocacy contract with LASH to maximize the number of people eligible for federal assistance.
- With the decreased eligibility standard for AABD, the DHS intends to streamline and maximize the use of the Aid to Disabled Review Committee (ADRC), a Med-QUEST Division (MQD) entity that determines eligibility for AABD benefits prior to a SSA determination. A determination by the ADRC allows BESSD to move an individual to AABD benefits while waiting for a SSA determination that may take several months.

4) First-To-Work

Program Description

The First-to-Work (FTW) program is designed to assist the Work Eligible Individuals (WEI) adults in families to become attached to the workforce. Implemented in FY 1997, FTW serves TANF/TAONF applicants and recipients. FTW emphasizes job readiness, employment, skill-building and training activities, and provides supportive services such as child care, transportation reimbursement and work related expenses.

Under FTW, the DHS offers a variety of work and work support programs to TANF/TAONF recipients through partnerships and contracts with public and private agencies.

Program Goal

To assist work eligible individuals of families applying for or receiving TANF or TAONF cash assistance to obtain employment and to become self-sufficient.

WEI Served by the First-To-Work (FTW) Program

Island	FY 2009	FY 2010	FY 2011	FY 2012
Oahu	7,671	7,581	7,566	7,538
Hawai'i	3,602	3,659	3,904	3,885
Maui/Molokai	1,482	1,567	1,523	1,504
Kauai	543	506	547	518
Total	13,298	13,313	13,540	13,445

** The above data reflect all applicants and recipients of TANF/TAONF benefits, served by the FTW Program. As defined by Federal policies, they are Work Eligible Individuals, and Other Work Eligible Individuals determined temporarily disabled or victims of domestic violence.*

Age Distribution of FTW Participants

Age	FY 2011		FY 2012	
	Count	Percent of Total	Count	Percent of Total
< 18	71	0.5%	51	0.3%
18 – 29	6,840	50.5%	6,738	50.1%
30 – 45	5,454	40.3%	5,508	41.0%
46 – 55	1,009	7.5%	990	7.4%
≥ 56	166	1.2%	158	1.2%
Total	13,540	100%	13,445	100%

Gender Distribution of FTW Participants

Gender	FY 2011		FY 2012	
	Number	Percentage	Number	Percentage
Female	10,028	74.1%	10,036	74.6%
Male	3,512	25.9%	3,409	25.4%
Total	13,540	100%	13,445	100%

Citizenship Status Distribution of FTW Participants

Citizenship	FY 2011		FY 2012	
	Count	Percent of Total	Count	Percent of Total
US	10,707	79.1%	10,588	78.8%
COFA	2,365	17.5%	2,392	17.8%
PA	397	2.9%	394	2.9%
PA Other	16	0.1%	17	0.1%
IA	55	0.4%	54	0.4%
Total	13,540	100%	13,445	100%

PA – Permanent Alien

PA Other – Permanent Alien residing in the U.S. for other status

IA – Ineligible Alien

Highlights of the First-to-Work Program in FY 2012

The FTW program met desired outcomes and work participation rates. As a condition of receiving and expending the TANF federal block grant funding and the state maintenance of effort (MOE) agreement, the federal government mandates that states meet two work participation rates: 1) a two-parent participation rate where 90% of cases comply with federally mandated work participation; and 2) a one-parent participation rate where 50% of all cases comply with federally mandated work participation.

The 50% compliance rate (for all TANF families, including single- and two-parent households where at least one parent is work eligible) is the federal baseline before factoring in the caseload reduction credit. The latter is credit to the State for declining assistance caseloads. Hawai'i's caseload reduction credit for FY 2012 is estimated to be 56.1%. The adjusted all-family work participation requirement to be met is -6.1% ($50\% - 56.1\% = -6.1\%$). As of the third quarter of FY 2012, 51.0% (from three quarters of TANF Extract reports) of mandatory households were meeting the work participation requirements. Therefore, Hawai'i is exceeding the mandatory participation rate of 50%.

The 90% compliance rate (strictly for two-parent households) is the federal baseline before factoring in the caseload reduction credit. The same estimated caseload reduction credit for FY 2012 of 56.1% can be applied. The adjusted two-parent work participation requirement to be met is 33.9% ($90\% - 56.1\% = 33.9\%$). As of the third quarter of FY 2011, 58.6% (from three quarters of TANF Extract reports) of mandatory households were meeting the work participation requirements. Therefore, Hawai'i is currently exceeding the required participation, 58.6% compared to 33.9%.

- There were 6,824 intakes (new participants) into the FTW program in FY 2012.
- 6,430 participants were enrolled in Job Search and Job Readiness in FY 2012.
- 3,428 participants were enrolled in Work Experience and Community Services placement in FY 2012, which are unpaid job experience activities.
- 5,532 participants held unsubsidized employment in FY 2012. The average hourly wage for these participants was \$9.99; the median hourly wage was \$8.50.

Of this group:

- 1,977 participants were in unsubsidized employment of less than 20 hours per week;
- 1,620 participants were in unsubsidized employment 20-29 hours per week; and
- 1,935 participants were in unsubsidized employment of 30+ hours per week.

In FY 2006, the DHS implemented SEE Hawai'i Work (Supporting Employment Empowerment) to help businesses meet their labor demands and to provide additional work opportunities for individuals receiving TANF or TAONF benefits. The SEE Program provides subsidized wage and pre-screened candidates to companies for private sector employment. Employers then train and employ those individuals who have previous work experience or basic employment skills. The employer sets and pays the wage and benefits to the SEE employee (TANF/TAONF recipient) and the State reimburses the employer 100% of the State's hourly minimum wage. For each additional \$1.00 per hour paid to the SEE employee, an additional \$0.50 is reimbursed to the employer. The maximum per hour rate paid to the employee that may be subsidized is \$12.00, for no more than 40 hours per week. The employer is also reimbursed 14% of the subsidized wages to cover employer the cost of training and other employment related and overhead expenses. In addition, the State provides supportive service payments for transportation and child care to SEE employees.

SEE transforms lives by helping TANF/TAONF recipients break multi-generational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment. The SEE Program stimulates the economy by helping companies meet their labor demands with minimal cost and effort. The Program saves taxpayer dollars by reducing the State's public assistance population. Most of the SEE participants are either hired by the companies that trained them, or obtain employment with other businesses.

- In FY 2012, a total of 698 participants actively participated in the SEE Hawai'i Work program. Of this group, 335 successfully completed their SEE assignments. The average subsidized hourly wage for a SEE participant in FY 2012 was \$8.81.
- 244 SEE participants or 35%, transitioned into unsubsidized employment and exited TANF, many of them for the first time.
- A total of 424 employers participated in the SEE program in FY 2012. 262 or 62% of them hired TANF/TAONF recipients.
- 136 participants in FY 2012 were active in basic education, which includes GED preparation, Adult Basic Education, and ESL.
- 1,005 participants were active in vocational training, including post secondary education, in FY 2012.
- 1,267 participants, or 11.7%, exited the FTW program due to employment in FY 2012.
- Bridge to Hope (BTH) is a nationally recognized, model partnership between the University of Hawai'i System and the DHS. Since 2000, it has supported post-secondary education as a means for TANF/TAONF recipients to achieve life-long economic self-sufficiency, leaving not only public assistance but also poverty. BTH has helped individuals earn a college degree while they work on campus.
 - There were 82 BTH participants in FY 2012, an increase of 12% over FY 2011. Of this group, 50 participants were enrolled at community colleges and 32 participants were enrolled at UH Mānoa, UH Hilo and UH West O'ahu campuses.
 - 4 students successfully received Associate of Arts (AA) and Sciences (AS) Degrees.
 - 5 students successfully graduated with baccalaureate degrees.

Future Performance Targets

- Improve the work participation rate by 5% in FY 2013 and to lessen the reliance on caseload reduction credits.
- Increase the percentage of SEE placements transitioning to unsubsidized employment by 5% in FY 2013.
- Increase the number of participants exiting the FTW program due to employment by 5% in FY 2013.
- Realize an average hourly wage increase of \$1.00 for participants in unsubsidized employment.

5) Employment and Training

Program Description

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

Program Goal

To assist able-bodied persons receiving SNAP benefits (formerly called Food Stamps) to obtain employment and to become self-sufficient.

FY 2011 and FY 2012 Achievements and Highlights

- There were 1,768 intakes into the E&T program in FY 2011 and 1,537 intakes in FY 2012.
- 1,768 clients were served in FY 2011 and 2,204 were served in FY 2012.

A total of 1,039 clients were employed in FY 2011 and 1,298 were employed in FY 2012.

- A total of 852 clients participated in job readiness components in FY 2011; and 1,077 clients participated in job readiness components in FY 2012.
- A total of 82 clients participated in an Adult Education component in FY 2011 and 79 clients in FY 2012.
- A total of 139 clients participated in a vocational training component in FY 2011 and 189 clients in FY 2012.
- A total of 659 clients were involved in work experience in FY 2011 and 953 clients in FY 2012.
- There were a total of 187 exits due to employment in FY 2011 and 936 exits in FY 2012
- In FY 2011, the average exit wage was \$11.48 per hour and the median wage was \$10.00 per hour.
- In FY 2012, the average wage at exit was \$9.77 per hour and the median wage was \$8.00 per hour.

Future Performance Targets

- To have 1,500 E&T clients employed by June 30, 2013.
- To have 1,200 E&T clients exit due to employment by June 30, 2013.
- To have 1,200 E&T clients involved in work experience programs by June 30, 2013.

People Served by the E&T Program and Employment and Training Clients Served By County

Island	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Oahu	1,331	1,195	1,114	1,056	1,061	1,521
Hawai'i	93	93	134	177	175	198
Maui	190	182	266	351	395	353
Kauai	79	64	114	155	137	132
Total	1,693	1,534	1,628	1,739	1,768	2,204

Age Distribution of Employment and Training Clients

Age	FY 2011		FY 2012	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
<16	0	0.07%	0	0%
16 to 24	340	19.3%	375	17%
25 to 34	464	26.3%	595	27%
35 to 44	427	24.2%	529	24%
45 to 55	406	23%	507	23%
55+	131	7.2%	198	9%
Total	1,768	100%	2,204	100%

Ethnic Distribution of Employment and Training Clients

Ethnicity	FY 2011		FY 2012	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
Part Hawai'ian	486	27.4%	595	27%
Caucasian	571	32.3%	728	33%
Filipino	260	14.7%	331	15%
Samoan	90	5.1%	110	5%
Asian	155	8.8%	198	9%
Black	52	3.0%	66	3%
Hispanic	97	5.5%	110	5%
Other	57	3.2%	66	3%
Total	1,768	100%	2,204	100%

6) Child Care Program

The Child Care Program has two subsidy programs.

- The Child Care Connection Hawai'i Program (CCCH) is a statewide service that offers child care licensing and payment assistance to needy families. Under the licensing program, the primary goal is to ensure the safety, health and well-being of children cared for by licensed facilities. Financially needy families can apply for child care assistance under the payment assistance program, if they work or attend training to become self-sufficient. Unless child care is required for protective purposes, families must meet income *and* activity requirements to qualify for this subsidy program.
- The Preschool Open Doors (POD) program is a separate subsidy program that provides services statewide to families sending their children to a licensed preschool during the school year prior to kindergarten entry. The goal of POD is to promote school readiness for children four years old, and for special needs children 3 years old. Unlike the CCCH Subsidy program, parents are not required to

have an eligible activity, but they must meet income and other eligibility requirements. For POD, there is a limited open enrollment period in the spring of each year.

Program Goal

To assist able-bodied persons receiving cash assistance to obtain employment and become self-sufficient.

Program Highlights - Child Care Connection Hawai'i (CCCH)

Child Care payment	FY 2011	FY 2012
# of Active Families Receiving	19,945	20,234
# of Children Receiving	27,178	26,975 *
Payment Total	\$31,461,646	\$31,400,701

** The fewer number of children receiving child care subsidies in FY 2012 may be attributed to changes in child care rules that included reduced child care services rates, and increased sliding scale fees. The decrease in subsidies for most families resulted in many changing child care providers or dropping out of the subsidy programs.*

Type and Number of Licensed Facilities

	FY 2011	FY 2012
Family Child Care Homes	656	604
Group Child Care Centers ** *	646	626 ***
# of Licensed Child Care Slots Available	36,634	35,534 ***

**** As noted above, the decrease in child care slots is due to the decrease in licensed child care programs.*

Future Performance Targets

Performance targets for the CCCH program by June 30, 2013 include:

- 660 licensed Family Child Care Homes;
- 650 licensed Group Care Centers;
- An additional 200+ Child Care Slots; and
- Child care payments for an additional 300+ children.

Ethnic Distribution of Children Receiving Child Care

Ethnicity	FY 2011	FY 2012
Part Hawai'iian	30.71%	31.28%
Caucasian	17.67%	17.89%
Filipino	15.85%	15.67%
Samoan	4.70%	5.21%
Asian, Black, Hispanic	16.13%	16.04%
Other	14.95%	13.91%

7) Hawai'i Head Start Collaboration Office

The Hawai'i Head Start Collaboration Office (HSCO) is funded by a federal grant through the Administration for Children and Families, Office of Head Start, to “facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low-income children, from birth to school entry, and their families.” The HSCO provides a structure and process for the Office of Head Start to work with State agencies and local entities to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practice.

The HSCO Director facilitates efforts for diverse entities to work together through:

- **Communication:** Convene stakeholder groups for information sharing and planning. Be a conduit of information between the regional office and the State and local early childhood system.
- **Access:** Facilitate Head Start agencies' access to, and utilization of, appropriate entities so Head Start children and families can secure needed services and formalize critical partnerships.
- **Systems:** Support policy, planning, and implementation of cross-agency State systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

Program goals include supporting school transitions, professional development, child care and early childhood systems-building; and regional office priorities that may include family and community partnerships, health, mental health, oral health, child welfare, services to children with disabilities, services to children who are homeless, and services to military families.

Hawai'i Head Start

Head Start is a national child development program for children from birth to age 5 and their families.

Created in 1965, Head Start is one of the few remaining “War on Poverty” programs from the 1960s. Federal funding from the Department of Health and Human Services, Administration for Children and Families, has enabled Head Start programs to provide comprehensive services and supports for low-income children and families for over 45 years. In 1994, federal legislation was passed to establish Early Head Start programs to serve pregnant women, infants and toddlers of low-income families and to provide the same array of services as its sister Head Start program.

The Head Start philosophy is based on three key elements

- **Comprehensive child development services**
 - To develop fully and to achieve social competence and school readiness goals, children receive a comprehensive, inter-disciplinary approach to early childhood development and health services.
- **Family engagement.**
 - Families are encouraged to become involved in all aspects of the program, including governance in policy and program decisions that respond to their interests and needs. Head Start works in close partnership with families to successfully support child, family and personal goals.
- **Community partnership and community-based services.**

- Specific models of service provision are based on local community resources and needs. Head Start programs build linkages and work collaboratively with community service providers to leverage resources for the benefit of children, families and staff.

The majority of Head Start/Early Head Start programs were established under Community Action Agencies or other non-profit social service organizations in specific communities. Today, nearly 3,200 infants, toddlers and preschoolers are served statewide within six Head Start agencies.

Enrollment Information

Enrollment into Head Start/Early Head Start is determined by individual programs' selection criteria. Priority factors include the following:

- Family income is at or below the federal poverty guidelines;
- Family income can be up to 130% of the federal poverty guidelines - if all families at or below poverty guidelines in the service area have been accommodated;
- Family receives public assistance (TANF, TAONF, SSI);
- Family is homeless;
- Child is in foster care;
- Child has a disability; and
- 10 % of enrollment opportunities may include families whose incomes surpass the federal poverty guidelines if space is available.

8) Supplemental Nutrition Assistance Program (SNAP) (Formerly the Food Stamp Program)

Program Description

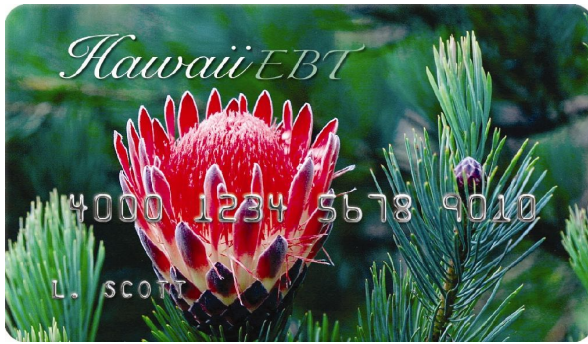
The Supplemental Nutrition Assistance Program (SNAP) is a federal program funded through the U.S. Department of Agriculture and administered through the DHS Benefit, Employment and Support Services Division (BESSD). In FY 2011, SNAP helped put daily food on the table for approximately 154,496 Hawaii individuals (77,133 families/households). That figure increased in FY 2012 to an average of 172,676 individuals (86,418 families/households).

The SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores to purchase food and maintain a healthy diet. The SNAP provides crucial support for Hawai'i's needy households and to those making the transition from welfare to work.

Broad-Based Categorical Eligibility (BBCE) expands SNAP benefits to low-income families with high expenses, and to families whose gross incomes are slightly higher than the 130% FPL normal gross income test. Under BBCE, the gross income limit is 200% FPL and there is an unlimited asset standard.

Most households qualify for BBCE. However, if a household member has been disqualified under SNAP, it may not qualify for BBCE. A household containing a disqualified member may still qualify for SNAP if it meets the normal SNAP 130% FPL income standard and \$2,000 asset limit. The asset limit for households with an elderly or disabled member is \$3250.

The Electronic Benefits Transfer (EBT) card system was implemented in Hawai'i in 1998 for disbursement of nutrition assistance and financial assistance benefits.



The EBT card contains the individual's TANF or TAONF cash benefits, child care assistance, and SNAP benefits that may be drawn down like a debit card.

Household qualifications for the Supplement Nutrition Assistance Program (SNAP) include:

- The household's gross monthly income meets the FPL limit appropriate for that household type.
- The household meets the net income limit.
- Households without an elderly or disabled member must have assets of \$2000 or less; households with an elderly or disabled member must have assets of \$3,250 or less. Households that qualify under BBCE do not have an asset limit.
- Legal immigrant children, refugees and asylees, and qualified legal immigrant adults who have been in the United States for at least 5 years are eligible for SNAP.
- Most able-bodied adult applicants must meet certain work requirements and;
- All household members must provide a Social Security Number or apply for one.

Income Standards Effective October 1, 2012

Household Size	200% Monthly Gross Income (BBCE) (BBCE based on 100% FPL)	130% Monthly Gross Income	100% Net Monthly Income
1	2,144	1,394	1,072
2	2,902	1,887	1,451
3	3,660	2,379	1,830
4	4,420	2,872	2,210
5	5,178	3,365	2,589
6	5,936	3,858	2,968
7	6,694	4,351	3,347
8	7,452	4,844	3,726
9	8,210	5,337	4,106
10	8,968	5,830	4,486
Add on +	+758	+493	+380

Program Goal

To deliver client benefits and services accurately and in a timely manner.

Program Objective

To meet federal compliance standards.

SNAP Achievements in FY 2012

The number of Hawai'i individuals receiving SNAP benefits in 2011 was 154,496. In 2012, that number increased by 18,706 (12.10%) to 173,202. As a result of increased number of applicants, reduced resources and rapidly rising caseloads, DHS/BESSD implemented a statewide Business Processing Re-engineering model (BPR) to improve the overall effectiveness and management of resources and services. Keys to this management model included adopting the concept of same-day service processing, and streamlining approaches and procedures for operations. As of this report, 90% of the DHS Public Assistance Offices had transitioned their operations to the BPR model.

Future Planned Improvements and Goals

SNAP will continue to work with the other program offices within BESSD (Financial Assistance, Employment and Training, and Child Care) to further modernize existing operations. This includes upgrading technology to improve the performance of the nutrition and public programs, and to provide efficient delivery of customer service.

9) Homeless Programs Office**Program Description**

The HPO provides shelter and supportive services for homeless persons and homeless prevention programs. Functionally, the homeless program consists of three basic components: 1) Facilitation and development of programs, and strategic planning for affordable housing and transitional living facilities; 2) Contracting with private entities for the delivery of shelter and services to mitigate and eliminate homelessness; and 3) Managing programs and properties to maximize the State's homeless resources.

Program Objectives

The HPO remains committed to its mission of building on homeless prevention, decreasing the number of people needing homeless services, empowering homeless persons to attain permanent housing, and providing opportunities for homeless persons to achieve improved living situations. Homeless prevention is the most cost effective strategy to avoid the adverse impacts of homelessness including poor health and nutrition, loss of self esteem, family upheaval, job loss, depression, and despair.

FY 2012 Homeless Programs Achievements

During FY 2011-12, the Homeless Programs Office (HPO) relocated physically and functionally from the administratively attached Hawai'i Public Housing Authority (HPHA) to DHS/BESSD.

The HPO entered into 88 contracts or Memoranda of Agreement (MOA) with nonprofit agencies to provide statewide services including: emergency, transitional and permanent housing coupled with health and social services; housing placement services with landlord assistance; outreach services to the unsheltered homeless; and emergency grant assistance to prevent homelessness.

- Contracted agencies assisted a total of 14,380 unduplicated homeless persons during the fiscal year.
- 1,100 homeless individuals were transitioned to permanent housing through the emergency and transitional shelter programs.
- 908 individuals received assistance and avoided homelessness through the State emergency grant program.
- Homeless outreach providers conducted 78,639 supportive contacts with unsheltered homeless individuals during FY 2012.
- The highly successful Housing Placement Program (HPP) is a valuable tool in preventing homelessness. It provides linkage between landlords, Section-8 voucher holders and homeless persons transitioning to permanent housing. HPP utilizes DHS Temporary Assistance for Needy Families (TANF) funds to provide low-income families assistance with finding affordable rental units, and assistance with first month's rent or damage deposit. The TANF funds also are used to mentor clients on the responsibility of being renters.
- In FY 2012, the HPP assisted 745 families or 3,953 people with securing affordable rental units and sustaining their tenancy through the placement program.

The Housing Placement Program has been in operation for several years. Longitudinal data indicates that of the 745 families placed through HPP, 576 (77%) remained in housing for at least six months post-intervention. These statistics strongly support the need for preventive measures and for further implementation of evidence-based practices such as Housing First and Rapid Re-housing.

- The DHS applies for competitive Housing and Urban Development (HUD) funding each year. In FY 2011 DHS was awarded \$2,016,535 for homeless projects in the rural counties of Hawai'i, Maui and Kauai. That funding was in addition to the annual HUD formula grant funds of \$598,376. HPO continues to work with the Continuum of Care in rural counties to build capacity and to attract more funding for Neighbor Island housing needs.
- The Hawai'i State Legislature provided \$1 million to initiate the Housing First Program, a nationally recognized best practice that offers one universal solution for homelessness. During FY 2012, HPO procured and contracted for the Permanent Supportive Housing Program, also called "Housing First." Two agencies were selected to implement the Housing First program, which targets chronically homeless (unsheltered) individuals in urban Honolulu and attempts to place them in housing with supportive services. Contracted services began in June, 2012. To date, both contracted agencies have demonstrated progress in engaging landlords for the housing program, conducting aggressive outreach of the unsheltered and chronically homeless, and coordinating services needed to support permanent housing. These services include intensive case management and application for eligible entitlement programs (food stamps, general assistance, SSDI, Veteran's benefits) that will greatly enhance self-sustainability.

Future Program Targets

- The DHS will continue to build on community partnerships through the Hawai'i Interagency Council on Homelessness (HICH). HPO is a member of the HICH and will continue to contribute to the Council's work on developing collaborations and opportunities to improve the efficiency and efficacy of services to the homeless.
- HPO expects to continue working closely with the rural county Continuum of Care groups (Partners in Care on Oahu, and Bridging the Gap) to provide the collaboration and community-based planning to mitigate homelessness. These groups also guide the most effective use of limited resources. The collaboration conducts the annual statewide homeless point-in-time count each January, the publication of the University of Hawai'i Homeless Utilization Report each November, and the annual Homeless Awareness Week. The collaboration also is the basis for annual applications for federal grant opportunities to leverage State funding. Increased capacity within HPO will allow the office to leverage and yield more positive results.
- The HPO expects to continue collaborative discussions with community partners to strategically convert some of the State-supported transitional shelter bed capacity, to much needed permanent housing. This conversion will be well-planned and is based on HUD's mandate that communities receiving homelessness funding should focus

fewer resources on emergency and transitional shelter services, and increased resources on permanent housing with the ultimate goal of ending homelessness.

10) Investigations Office

The principle function of the Investigations Office (INVO) is to provide investigative services that support Department of Human Services (DHS) efforts to: (1) Prevent, detect, report, and prosecute crimes that violate the law and/or administrative rules for programs administered by the Benefits Employment and Support Services Division (BESSD); (2) Recover monies due the DHS as a result of overpayments or over issuances in the various programs; (3) Disqualify clients found to have provided false eligibility information; and (4) Locate persons for the various programs of the DHS. The INVO also conducts investigations of malfeasance within DHS.

The Investigations Office (INVO) consists of four sections; Investigations, Restitution and Recovery, Administrative Disqualification, and Case Control.

Investigations Section

- 33 cases were referred to the Department of the Attorney General (AG) Office for a total of \$689,904.56 in suspected financial, food stamp, medical, child care, or other types of fraud.
- 37 indictments were handed down for a total of \$499,664.84 in suspected abuse.
- 48 individuals were convicted for a total of \$891,304.23 in fraud.

Administrative Disqualifications Section

- 83 cases were referred to the Disqualification Section for hearings for a total of \$123,254.00.
- 124 individuals signed waivers and 42 individuals were found to have committed an intentional program violation for a combined total of \$363,602.21.

Restitution and Recovery Section

- New Fraud Cases
68 new criminal judgments were processed and the information established in the Hawai'i Accounts Receivable Information (HARI) system. The HARI system tracks overpayments.
- HARI Claims
160 non-fraud and Intentional Program Violation (IPV) claims were manually inputted or modified in HARI.
- Referrals/Inquiries
Responded to 371 referrals/inquiries from clients, Eligibility Worker (EW) Units, BESSD Program Office, Fiscal Management Office (FMO), etc.
- Restitution Monitoring of Probationers
An average caseload of 423 individuals on probation for theft/welfare fraud convictions and deferral pleas were monitored for payments.
- Locates
62 individuals with outstanding felony arrest warrants were located for the Sheriff's Office and
44 individuals were located for the social services programs.

- **Fleeing Felons**
If you are a fleeing felon, or if you are violating a condition of probation or parole as determined by an administrative body or court that has the authority to make this decision, you are not eligible for many federal and State benefits including TANF, ABD, GA, or SNAP.

215 financial/food stamp (HAWI) cases with total yearly benefit of \$1,413,504 were closed.
Research conducted on 165 inquiries from current and past fleeing felon lists.
Research conducted for 214 inquiries from BESSD Units for names not on fleeing felon lists.
- **Parole/Probation Violators, Drug Convictions**
Research conducted – 38
- **Federal Treasury Offset Program (TOP)**
TOP is a centralized offset program, administered by the Financial Management Service's (FMS) Debt Management Services (DMS). It collects delinquent debts owed to federal agencies and states in accordance with 26 U.S.C. § 6402(d) (collection of debts owed to federal agencies), 31 U.S.C. § 3720A (reduction of tax refund by amount of the debts), and other applicable laws. "Creditor agencies," such as the DHS, submit delinquent debts to FMS for collection and inclusion in TOP and certify that such debts qualify for collection by offset.

The DHS completed reviews on or entered into repayment agreements in the 28 pre-tax referrals and completed reviews on the 25 tax intercept referrals received.
- **State Pre-Tax/Tax Setoff Program**
Completed reviews on the 104 referrals received from FMO/CRS.
- **Bureau of Conveyances**
20 criminal judgments were filed with the Bureau of Conveyances to secure restitution owed the DHS.
- **Lump Sum Payments**
Received overpayment payoffs from 6 clients totaling \$31,203. Five were due to probation monitoring and one was due to an estate claim
- **Bankruptcy**
21 cases were processed to FMO/CRS for write-off due to bankruptcy discharge
- **Deceased**
108 debtors were confirmed deceased and the information updated in HARI
- **Collections and Recoveries**
\$3,387,945.90 was recovered by the Restitution and Recovery Section

B. DIVISION OF VOCATIONAL REHABILITATION (Formerly Vocational Rehabilitation and Services for the Blind)

1) Vocational Rehabilitation

Program Description

Effective July 1, 2012, the DVR officially began operating as the Division of Vocational Rehabilitation (DVR). This report refers to the Division by its new name.

The DVR administers three programs: 1) the Vocational Rehabilitation Program; 2) the Services for the Blind Program (Ho'opono); and 3) the Disability Determination Program. Although each program operates independently, the Division mission is singular - to work as a team so participants can achieve their hopes and aspirations for meaningful employment through timely and individualized services.

Program Objective

The DVR provides vocational rehabilitation services to assist persons with disabilities prepare for, obtain and maintain/retain employment. The economic benefits of DVR are significant. They include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance.

Program Goal

The DVR is a cost effective and sustainable program that pays for itself. On average, rehabilitated individuals repay the full cost of their vocational rehabilitation services within the first two years of employment. This means going forward, the rehabilitated individual lives and works as a contributing member of the State's economy.

FY 2012 DVR Program Achievements

- Served 5,903 individuals with disabilities.
- Received 1,321 new referrals.
- 241 individuals achieved successful employment outcomes, an increase of 12% over FY 2011.
- 100% of individuals placed in employment were persons with significant disabilities.
- The average annual earnings per individual before receiving services was \$5,548.40. After receiving services the average annual earnings per rehabilitated individual increased over 300% to \$18,555.16.

FY 2012 Program Highlights

- The Rehabilitation Services Administration (RSA) recognized the DVR Transition Age Youth (TAY) summer program as a national emerging practice. Recognition is based on the significantly higher wages earned by our TAY students when compared with the national average wage. In addition, the number of individuals with work experience and internships increased by 24% (390 students) over the previous year.
- In collaboration with the University of Hawai'i, DVR participated in the Dual Enrollment with Individualized Supports (DEIS) project. Over 30 of our youth with significant intellectual disabilities began college in the Fall of 2012. The DVR team was selected to present its results at the Council of State Administrators of Vocational Rehabilitation Conference in San Diego in November 2012.
- The DVR partnership with University of Hawai'i, College of Education, Curriculum Research & Development Group started the Technology for Untapped Talent (TUT) Program. Sixteen individuals with significant disabilities participated in the innovative high technology manufacturing training program, which was featured at the California State University at Northridge (CSUN) 27th Annual Technology Conference in February 2012.
- The Office of the Governor has recognized the Ho'opono program as a most valuable service for our blind and low vision clients. A filmed segment can be viewed on You Tube link at our www.Hawaii.i.vr.org website.

- In October, DVR Branch offices on Maui, Kauai, Hawai'i and Oahu sponsored the third annual statewide White Cane Day Walk celebrating National White Cane Safety Awareness Day.
- DVR held an Employer/Rehabilitant awards ceremony on October 11, 2012 at the Ala Moana Hotel with over 120 celebrants. Legislators and guests from each district and county presented awards to 13 outstanding rehabilitants and employers across the State.

2012 Outstanding Rehabilitants and Businesses

The DVR recognized five clients for their outstanding personal progress this fiscal year. From Hawaii Island they are Max Monroe, Sonja Faye Estrada Nakahara, John Cooper; from Kauai Danison Sarmiento; and from Oahu, Eliza Ruth Sprague and Gerard "Gerry" Lonergan

The Division also recognized Employers who successfully hired persons with disabilities. From Hawaii Island, The Korner Pocket Bar & Grill; from Maui, Iao Preschool; from Kauai, Safeway Food & Drug; and from Oahu, Blind Vendors Ohana, Hale Na'au Pono, Aloha Care, Tanioka's Seafoods and Catering, and Safeway, Inc.

2) Services for The Blind Program (Ho'opono)

Program Goal

The goal of Ho'opono, DVR's Services for the Blind program, is to enable blind and visually impaired adults to attain maximum vocational and functional independence. This is accomplished with a team of skilled professionals who provide varied services to meet the participant's individual needs.

FY 2012 Ho'opono Program Achievements

- On June 19, 2012, the New Visions Program was re-certified for three years as a Structured Discovery Training program with a passing score of 97.5%. Ho'opono remains the only one of three state agencies in the United States to receive this national certification.
- New Visions students and graduates completed their third year of a community outreach Braille Reading Project at Lanakila Elementary, where they read children's books with Braille overlay to Pre-K, Kindergarten and 1st graders. New Visions students and graduates spent over 155 hours on the project during this past fiscal year.
- The Low Vision Clinic continues to provide assistance to maximize use of residual vision for daily independent living skills, including reading and distance viewing. The Statewide Low Vision Clinic served a total of 280 individuals.
- Ho'opono's Rehabilitation Teachers equipped 245 blind Hawai'i residents with daily independent living skills, personal, leisure, and home management activities to enable them to live as independently as possible.
- Teachers for the Older Individuals who are Blind (OIB) program conducted monthly OIB Support Groups for people who are blind or who have low-vision on various vital resources and activities.

FY 2012 Ho'opono Highlights

- Transition youth who successfully graduated from previous summer programs were the key coordinators, mentors and teachers for 16 youth who participated in the 2012 summer program. New graduates learned job seeking skills (via Ho'ala), alternative skills of blindness and job shadowing, and participated in on-the-job internships/work experiences.
- On October 12, 2012, Ho'opono sponsored and celebrated its 20th National White Cane Safety Awareness Day Walk on Oahu. Lieutenant Governor Brian Schatz opened the event with the reading of the White Cane Safety Awareness Day Proclamation. Over 243 people gathered to walk the streets of downtown Honolulu, including enthusiastic blind citizens using their white canes to symbolize their independence and freedom.
- Ho'opono received donations in the amount of \$21,450.00 (monetary) and \$2,850.00 (materials) for a total of \$24,300.00.

Hawai'i's Business Enterprise (BEP) Program's FY 2012 Achievements

The Business Enterprise Program (BEP) authorized by the Randolph-Sheppard Act provides persons who are blind with remunerative employment and self-support through the operation of vending facilities on federal and other property. Under the Randolph-Sheppard Vending program, state licensing agencies recruit, train, license, and place individuals who are blind as operators of cafeterias, snack bars and automatic vending machines. The act also authorizes a blind individual licensed by the state licensing agency to conduct specified activities in vending facilities through permits or contracts.

Hawai'i's Business Enterprise Program remains one of the nation's leaders in benefits paid out, average net earnings and number of vendors per capita.

- The blind vendors in Hawai'i employ 218 persons, 23% of whom are visually or otherwise disabled
- Four new blind individuals were certified as ready for placement
- Licensed blind vendors: 43 statewide
- Blind vending sites: 40 statewide
- Average Annual Income: \$74,588 and
- Median Annual Income: \$38,251

3) Disability Determination Program

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

Title II provides for payment of disability benefits to individuals who are "insured" under the Act based on contributions to the Social Security trust fund through Social Security tax on earnings, and to certain dependents of insured individuals. Title XVI provides for SSI payments to individuals (including children under the age of 18) who are disabled and have limited income and resources. Program responsibilities are administered under the regulations, guidelines, and quality standards established by the SSA.

The Hawai'i DDB is one of 54 DDBs operating in the 50 states, Puerto Rico, Guam, the Virgin Islands and the District of Columbia. DDB is 100% funded by the SSA.

FY 2012 DDB Program Achievements

Federal Fiscal Year	2009	2010	2011	2012
Claims Processed	10,430	10,918	12,291	12,291
Favorable Determinations	4,464	4,738	4,615	4,615
Initial QA Accuracy Rates	97.8%	98%	95.3%	95.8%
Payments made to Hawai'i's residents (per calendar year)	\$400,975,224	\$463,608,000	\$507,852,000	<i>*information for 2012 will not be available until mid-2013</i>

DVR Future Goals and Performance Targets

The Division will live up to its vision of “Move Forward to Work” by respecting clients, taking pride in DVR work, going the extra mile and supporting growth and development for clients. Other Division goals and challenges include:

- Purchasing and implementing an Automated Case Management System (ACMS) to improve work efficiency, accuracy, and transparency of DVR services.
- Increasing training and placement opportunities for participants with the most significant disabilities in “High Tech” industries to keep up with the changing employment market.
- Increasing the number of Deaf, Hard of Hearing and Deaf-Blind individuals participating in post-secondary education through training in English, Math, American Sign Language, and Technology.
- Continuing to providing accurate and timely medical determinations on disability claims filed with the SSA.

CHAPTER THREE: PROTECTION

Social Services Division

Programs, Services, Achievements and Looking Ahead

The Social Services Division (SSD) includes the Child Welfare Services Branch (CWSB) and the Adult and Community Care Services Branch (ACCSB). These branches provide protective services for vulnerable adults and children, and offer family strengthening, child abuse and neglect prevention services. SSD also licenses some long-term care homes and community-based services for aged and disabled persons and medically fragile children. SSD partners and collaborates with the public and private sectors.

Adult and Community Care Services Branch

The Adult and Community Care Services Branch (ACCSB) administers a variety of programs and services to protect vulnerable adults from abuse and neglect, and to ensure their health, welfare, and safety in the community. The Adult Protective Services (APS) Program provides crisis intervention, including investigation and emergency services to vulnerable adults who are reported to be abused, neglected, or financially exploited by others, or seriously endangered due to self-neglect. ACCSB provides certifications for Community Care Foster Family Homes (CCFFH), the Nurse Aide Training and Competency Evaluation Program, and provides licensure for the Community Care Case Management Agencies and the Adult Day Care Centers. ACCSB also administers the Senior Companion, Foster Grandparent, and Respite Companion Programs and provides case management services for clients receiving adult foster care services, chore services, courtesy services, and repatriate services. ACCSB monitors and provides oversight for the payment of the State Supplemental funds for caregivers in residential care facilities in the community.

1) Adult Protective Services

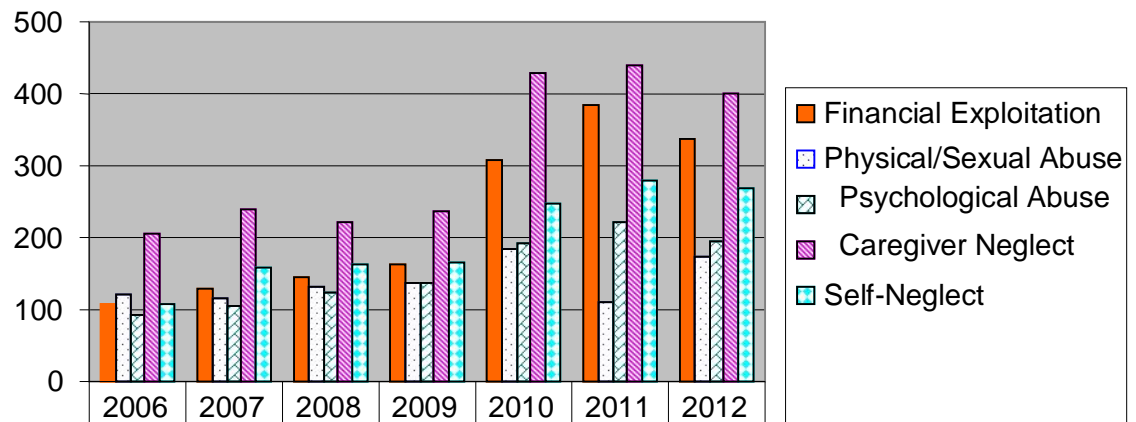
Program Goals

- Provide for the safety and protection of vulnerable adults.
- Respond to reports of abuse/neglect, including self-neglect and financial exploitation of vulnerable adults.
- Maintain the number of vulnerable adults who are re-abused within any 12-month period to 5% or less.

APS Statistics

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Reports investigated	575	625	630	1,065	1,160	1,048
Confirmed abuse or neglect	118	110	96	170	99	197
% confirmed	21%	18%	16%	16%	8.5%	18.7%
Re-abuse within 12 months	4.2%	1.8%	4.1	8.2%	6%	6%

Adult Abuse and Neglect 2011 Number and Type of Reported Abuse



Financial Exploitation	108	130	144	162	307	383	337
Physical/Sexual Abuse	122	116	132	136	184	110	174
Psychological Abuse	92	106	123	138	192	221	196
Caregiver Neglect	205	239	222	238	429	439	401
Self-Neglect	109	159	163	166	247	279	269

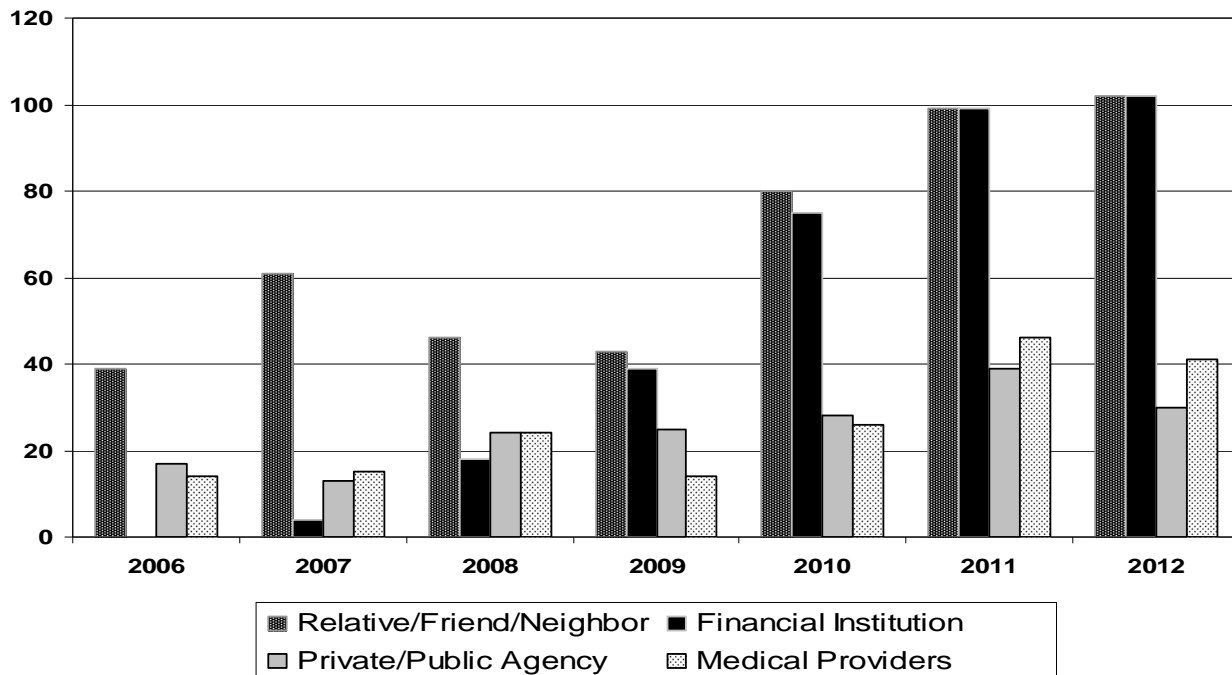
* cases may include multiple types of abuse

In FY 2012, APS investigated 1,048 reports of suspected abuse or neglect of vulnerable adults. The number of reports involving individuals age 60 and older was 82% (858). Of the reports investigated, 18.7% (197) were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred for 6% of the confirmed reports.

Since Act 94, SLH 2007, went into effect July 1, 2007, the number of allegations of financial exploitation against vulnerable adults reported to APS for investigation have steadily increased. The law required financial institutions to report suspected financial abuse of elders, age 62 and older, to APS. In fiscal year 2011-2012, the APS received and investigated 102 reports from financial institutions. That's a 466% increase over 2007-2008.

Financial exploitation referrals from financial institutions are typically complex and involve multiple banking accounts, trust funds, and annuities. The irregularities noted in these accounts by the financial institutions may involve financial crimes that APS social workers are not trained or qualified to investigate.

**Adult Abuse and Neglect
Reporters of Cases with Financial Exploitation**



REPORTER	2006	2007	2008	2009	2010	2011	2012
Medical Providers	14	15	24	14	26	46	41
Private Agency	9	6	16	19	19	26	18
Anonymous	2	0	8	4	37	35	7
Caregiver		1		0	0	1	2
Clergy	1			0	1	0	1
Financial Institution	N/A	4	18	39	75	99	102
Friend/Neighbor	10	12	8	14	16	19	19
Law Enforcement/Court	4	1	2	8	5	7	6
Other	28	28	22	27	45	45	35
Perpetrator	0	0		0	0	0	0
Public Agency	8	7	8	6	9	13	12
Relative	29	49	38	29	64	80	83
Victim	3	7	0	2	10	12	11
YEAR TOTAL	108	130	144	162	307	383	337

Adult Protective Services Achievements

- The ACCSB, and the APS Program in particular, re-established critical statewide positions that were eliminated during the 2009-2010 Reduction in Force (RIF) action. In FY 2012, ACCSB filled approximately 38 vacant positions including child/adult protective service specialists, registered nurses, social service assistants, and clerical support staff. In addition, the positions of ACCSB Branch Administrator, Oahu Section Administrator and Secretary for the administrator were re-established and are currently in the process of recruitment. The continued ability to fill vacant ACCSB positions is critical to maintaining a strong work force that is committed to providing needed services for the vulnerable adults in our community.
- The ACCSB/APS program renewed its contract with the Department of the Attorney General to implement the Case Management for Elderly Victims of Crime Project on Oahu. The contract provides services to elderly victims of abuse or neglect who have unmet needs. It includes federal funds for two social workers and a social service assistant to assist clients, age 60 and over, access needed services, including financial management services. Project funding is provided through the federal Victims of Crime Act (VOCA). Funding for the contract year October 1, 2011 to September 30, 2012 included \$189,940 (Federal) and \$47,485 (State in-kind match) for a total of \$237,425.

SENIOR VOLUNTEER PROGRAMS

Foster Grandparent Program (FGP)

The FGP is 80% federally funded through the Federal Corporation for National and Community Service (CNCS) and 20% funded through State matching funds. In public schools, Head Start Programs, and pre-elementary day care facilities for the past 36 years, the statewide Foster Grandparent Program serves children with exceptional and special needs. The FGP has staff on Oahu, Kauai, and in Hilo on the Big Island of Hawai'i. There is no program staff in Maui County.

The FGP recruits and engages low-income seniors, age 55 and older, to serve as role models, mentors, and tutors for Hawai'i's children. The volunteers receive stipends to work with children in public schools, non-profit childcare facilities, and Head Start Programs.

Annual Volunteer Service Hours - Performance Indicator

Number of Foster Grandparents	161
Number of Special and Exceptional Need Children Served	523
Total Number of Service Hours	133,704
Goal - Number of Service Hours	111,708
Percent of Goal Achieved	120%

Performance Measures

The FGP goal is that 85% of special and exceptional needs children served will achieve their educational goals as established by their teachers at the beginning of the school year, or will have graduated to their next respective grade level.

Educational Setting	Head Start	Pre-elementary Day Care	Public Schools
Number of Special and Exceptional Need Children Served	85	62	370
Number of Facilities	17	8	29
Percent of children achieving their educational goals or graduating	100%	99%	96%
Goal	85%	85%	85%

Senior Companion Program (SCP)

The SCP provides a cost-effective option in the continuum of care available to the State's aging population. The program is 80% federally funded through the Federal Corporation for National and Community Service (CNCS) and 20% funded through State matching funds. It has been a statewide program for over 34 years. The Senior Companions are low-income older adults, age 55 and over, who assist frail homebound elderly to continue living independently in their own homes. Senior Companions also assist caregivers by providing much needed respite services. In return, the Senior Companions stay active and healthy and gain satisfaction from helping others. The Senior Companions receive a stipend for their volunteer work. In FY 2012, 120 Senior Companions statewide provided 105,409 hours of service to 364 individuals.

Annual Volunteer Service Hours - Performance Indicator

Number of Senior Companions	120
Number of Individuals Served	364
Total Number of Service Hours	105,409
Goal - Number of Service Hours	102,312
Percent of Goal Achieved	103%

Senior Companion Program Achievements

GOAL	(A)	(B)	(C)
Description	Percent of individuals provided with in-home services that were able to remain in their homes as a result of services from a Senior Companion Program volunteer.	Percent of individuals who reported that they are more engaged in recreational activities as a result of Senior Companion Program services.	Percent of caregivers who were able to continue giving care to their loved one, in part, due to respite services provided by a Senior Companion Program volunteer.
Target Goal	75%	90%	75%
Achieved	89%	98%	97%

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Respite Companion Program (RCP)

The RCP provides older low-income adults with poor employment prospects, the opportunity to engage in community service activities. With the goal of preparing them for employment, participants gain job readiness skills at designated adult day care centers and day health facilities, or within the homes of older adults.

The program provides individualized employment plans, on-the-job-training, in-service training, and job search techniques including interviewing skills and resume writing. The program also provides classes for individuals who speak English as a second language, nurse aide training and computer training.

For the last 32 years, the RCP has received annual funding from the State Department of Labor and Industrial Relations (DLIR) under Title V of the Older Americans Act. Funding has been decreasing over the past few years, thereby limiting the overall number of participants served.

The RCP engaged 39 respite companions in FY 2012 who provided 30,866 hours of service to Hawai'i's elderly residents.

LICENSING AND CERTIFICATION PROGRAMS

Adult Day Care Centers

Adult Day Care Centers (ADCCs) maintain the health and welfare of elderly and disabled adults by providing supportive care. ADCCs are licensed annually to ensure that safety standards are met. 36 ADCCs served approximately 1,000 adults statewide in FY 2012.

Community Care Case Management Agencies (CCMA)

CCMAs are responsible for locating appropriate placement resources and providing case management services to individuals who require a nursing facility level of care in Community Care Foster Family Homes, Expanded Adult Residential Care Homes, or Assisted Living Facilities. Community Care Case Management Agencies are licensed every one or two years to ensure that operating standards are maintained.

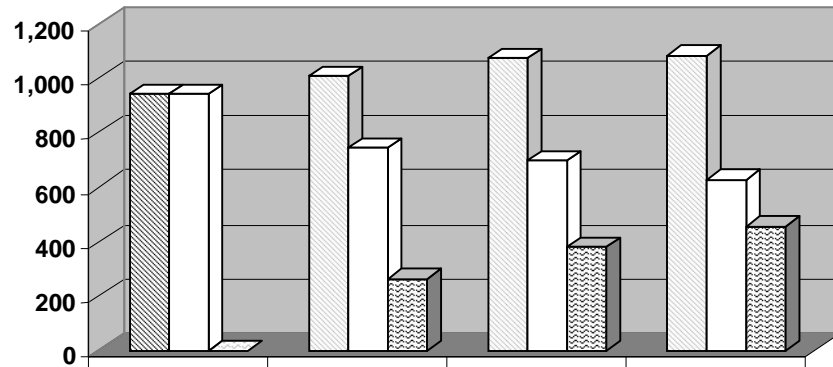
The number of case management agencies has decreased over the years due to several agency merges. At the same time, because of the growing number of clients in these care homes, most CMAs have increased in size. At the end of FY 2012, the State had licensed 16 CCMA's statewide.




Community Care Foster Family Homes (CCFFHs)

CCFFHs provide 24-hour living accommodations, care and supervision for individuals who are placed there by a licensed Community Care Case Management Agency. To ensure that nursing facility standards are maintained CCFFHs are certified every one or two years.

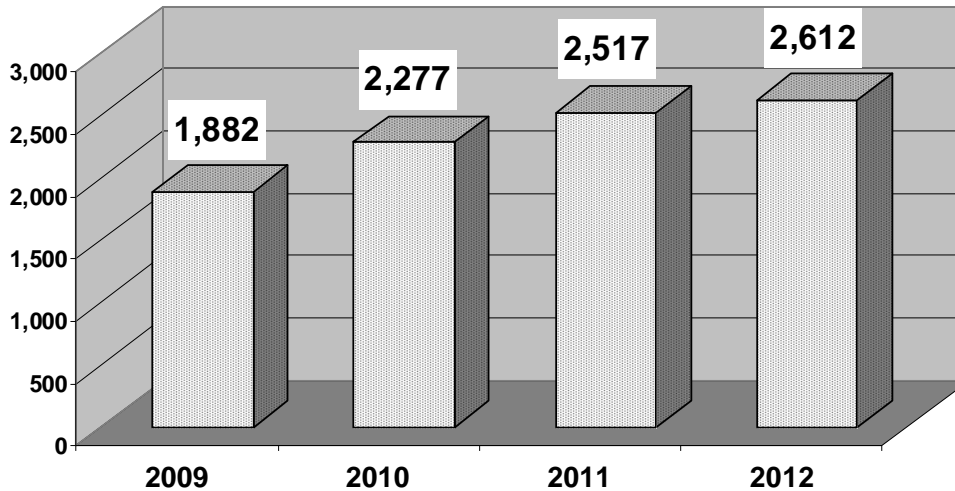
CCFFHs were originally licensed for two clients, one of which had to be a Medicaid client. In FY 2007, if the CCFFH already had two Medicaid clients they were allowed to obtain a third client. This arrangement was permitted on a client-by-client basis until FY 2010, when DHS began certifying CCFFHs specifically for two or three clients. That 2010 modification rapidly increased the number of beds available for individuals wanting an alternative to a nursing facility placement.

Community Care Foster Family Homes



	2009	2010	2011	2012
 Total # CCFFHs	941	1,008	1,073	1,081
 2 Client CCFFHs	941	741	694	626
 3 client CCFFHs	0	264	379	455

Community Care Foster Family Homes Number of Beds Available



Nurse Aide Training and Competency Evaluation Program

In FY 2012, the Nurse Aide Training and Competency Evaluation Program certified two new programs and re-certified 15 on-going nurse aide training programs statewide. Three programs voluntarily closed during the same period. Currently, there are 33 certified statewide nurse aide training programs.

Many of the 33 ACCSB certification programs also provide re-certification courses or continuing education classes for nurse aides employed in state-licensed or state-certified health care settings. These same nurse aides also may meet re-certification requirements with approved registered nurse evaluators. In FY 2012, ACCSB approved 13 registered nurse evaluators who provided re-certification for nurse aides employed in state-licensed or state-certified health care settings.

OTHER ADULT SERVICES

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

Chore Services provide essential in-home housekeeping services that enable eligible disabled clients, who do not meet the Med-QUEST eligibility requirements to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department. This same individual is not eligible for services from the Med-QUEST Division (MQD), Quest Expanded Access (QExA) program, because they do not meet the nursing home level of care at the time. In adult protective services cases, services also may be provided without regard to income. In FY 2012, the Chore Services Program served 68 clients statewide.

Repatriate Services

Repatriates arrive in Hawai'i with no family or formal support, so they depend on services provided by the various DHS divisions. ACCSB staff research and secure appropriate services, and work closely with repatriates to achieve successful re-settlement. Staff also pick up repatriates at the airport, transport them to all State and federal appointments, and accompany them to community service offices to apply for services. Lastly, staff and the repatriate work together to secure a temporary housing site.

Repatriates often arrive in Hawai'i with unanticipated needs, not disclosed by their departing foreign country. This requires ACCSB staff to quickly re-assess the clients' most urgent needs and seek resources while still at the airport. Service needs range from transporting a repatriate to the nearest hospital emergency room, to delivery of large equipment from the baggage claim at the airport.

In FY 2012, the Department received three referrals for repatriate services involving one child and two adults. These repatriates resided in East European and Pacific Basin countries. Two of the three repatriates arrived in Hawai'i with significant income, housing, and health needs. BESSD, MQD, and SSD collaborated to address the repatriates' needs.

State Supplemental Payments

This program provides State Supplemental Payments (SSP) to aged, blind or disabled people living in residential care facilities, and to those who need additional funds to pay for their room and board. Payments are authorized by HRS Chapter 346-53 to recipients who are eligible to receive Supplemental Security Income (SSI) from the federal government.

In FY 2012, a total of \$17,213,000 in State supplemental payments was provided for 2,759 clients. These clients resided in adult residential care homes, expanded adult residential care homes, community care foster family homes, and foster homes for the developmentally disabled.

Performance Targets

The DHS/ACCSB is proposing legislation that requires financial institutions to report suspected financial abuse directly to the police or appropriate law enforcement agency for the immediate investigation of any financial crimes.

Effective July 1, 2014, Adult Day Care Centers (ADCC), Community Case Management Agencies (CCMA), and Community Care Foster Family Homes (CCFFH) will be transferred to the Department of Health Office of Health/Care Assurance (DOH/OHCA). The purpose of the transfer is to streamline operations and consolidate all licensing functions for long-term care programs within one department, the Department of Health. The goal of this transfer is to better serve the public and to promote continuity of oversight and standardization of licensing and certification requirements.

The DHS/ACCSB will retain certification responsibility for the Nurse Aide Training and Competency Evaluation Program.

3) CHILD WELFARE SERVICES (CWS)

The mandate of the CWS Branch (CWSB) is to ensure the safety, permanency (stability), and well-being of children. CWSB also licenses resource family homes, child care institutions, and child placement organizations. Services are available on all islands. CWS programs include family strengthening and support, child protection, foster care, adoption and independent living.

The primary goal of CWS is to ensure child safety within the family home. CWSB staff and community partners provide supportive services. If it becomes necessary to remove a child from the family home to ensure their safety, placement with a relative is the priority. Family connections are preserved through regular visits with parents and siblings. When a child cannot be safely returned to the family, CWSB works with the child's family and other stakeholders, including Family Court, to develop and implement the most appropriate permanency plan to serve the best interests of the child. This may include providing permanent placement through adoption or legal guardianship.

Additional information about CWSB services is available in "A Guide to Child Welfare Services" on the Department's web site <http://humanservices.hawaii.gov>.

Interventions

The CWS Branch has developed interventions to promote successful outcomes that all share the same fundamental characteristics. These interventions are:

- Based on an assessment of each family's strengths and challenges;
- Tailored to the individual needs of each child and family;
- Designed using the strengths, problem-solving abilities, and unique capacities of each family and their local community;
- Culturally sensitive;
- Respectful of family lifestyles, dynamics, and choices;
- Undertaken in a spirit of partnership and collaboration with all parties committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children; and
- Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

Strategies

The strategies CWS implements to achieve its goals emphasize:

- A collaborative approach that respectfully engages families to design their own solutions;
- Multidisciplinary approaches that include family, community, and professional input from a wide range of fields and backgrounds;
- Creativity in addressing individual problems;
- Honest and earnest communication with everyone;
- Tenacity of purpose;
- Compassion and caring; and
- Strengthening the capacities of families and communities to care for children safely.

The CWSB envisions a Hawai'i where:

- All children grow up and thrive in safe, supportive and stable home environments; and
- Family connections are prioritized and preserved through regular, meaningful interactions among parents, children, siblings, and extended family members.

Recent Significant CWSB Achievements/Awards

- Foundation for Government Accountability Top Ten Award:
 - At the end of FY 2012, the national Foundation for Government Accountability ranked the State of Hawai'i's CWS among the nation's top 10 states for performance in serving abused and neglected children. This ranking was based on data from 11 separate outcome areas.
- Centennial Adoption Excellence Award:
 - In 2012, the National Children's Bureau honored the State of Hawai'i's DHS with the prestigious Centennial Adoption Excellence Award in recognition of its consistently strong performance over the past decade in adoption and achievement of permanency for children in foster care. Many factors contributed to the award, including impressive data for timeliness of adoptions, achieving permanency for foster youth, placement stability, special needs adoptions, and our integrated use of a family group decision-making model ('Ohana Conferencing). Compared to all other states in the nation over the past decade, Hawai'i had the greatest increase in the adoption of older youth.
- Best in the Nation for Relative Placement:
 - During FY 2012, Hawai'i was ranked first in the nation for having the highest percentage of children/youth placed in foster care with relatives.
- Aggravated Circumstances Law Change:
 - Initiated by CWS, Act 28 was passed in 2012 to amend Chapter 587A – Child Protective Act, Hawai'i Revised Statutes. Act 28 extends the legal definition of aggravated circumstances to include: 1) having been found guilty of committing sexual abuse against the surviving child or another child of parent; and 2) being required to register with a sex offender registry under the Adam Walsh Child Protection and Safety Act of 2006. When there is a Court determination of "aggravated circumstances" in a child welfare case, judicial hearings are scheduled more expeditiously. The passage of Act 28 was the final action needed by the State to be in full compliance with the federal Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2012 (P.L. 111-320).
- PIP2 Achievements:
 - In January 2011, the Federal Administration for Children and Families (ACF) approved CWS' second Program Improvement Plan (PIP2), which was based on the outcomes of the 2009 Federal Child and Family Services (CFSR) review. Throughout FY 2012, CWS staff worked toward achieving Hawai'i's PIP2 goals. The effort included countless program initiatives, community planning meetings, staff trainings, procedural amendments, and policy clarifications. At the end of FY 2012, CWS achieved five of the nine data outcome goals of the PIP2, with significant improvements over the previous review, in all items and areas.

Goals

Following thoughtful deliberation, the CWSB determined it was best for Hawai'i's children to align program goals directly with the desired outcomes of the Federal Child and Family Services Review (CFSR). The CWS vision and practice model dovetail with the seven goals listed below:

- Children are first and foremost protected from abuse and neglect;
- Children are safely maintained in their homes whenever possible and appropriate;
- Children have permanency and stability in their living situations;
- The continuity of family relationships and connections is preserved for the children;
- Families have enhanced capacity to provide for their children's needs;
- Children receive appropriate services to meet their educational needs; and
- Children receive appropriate services to meet their physical and mental health needs.

FY 2012 Outcomes Summary

The DHS adopted federal child welfare outcomes for performance monitoring. The outcomes listed below are for the FY 2012 reporting period.

Abuse and Neglect

Goal 1: Reduce the recurrence of child abuse and/or neglect

Measure: Of all children who were confirmed victims of child maltreatment during the reporting period, what percentage had another confirmed report within a six-month period?

For FY 2012, **2.8% or 36 children** had another confirmed report of abuse and/or neglect within six months of the initial report. This is far below the national tolerance standard of 6.1% and demonstrates Hawai'i's consistent trend of achieving one of the nation's lowest child re-abuse rates. Please note that for this measure **lower** percentages are desirable.

Goal 2: Reduce the incidence of child abuse and/or neglect in foster care

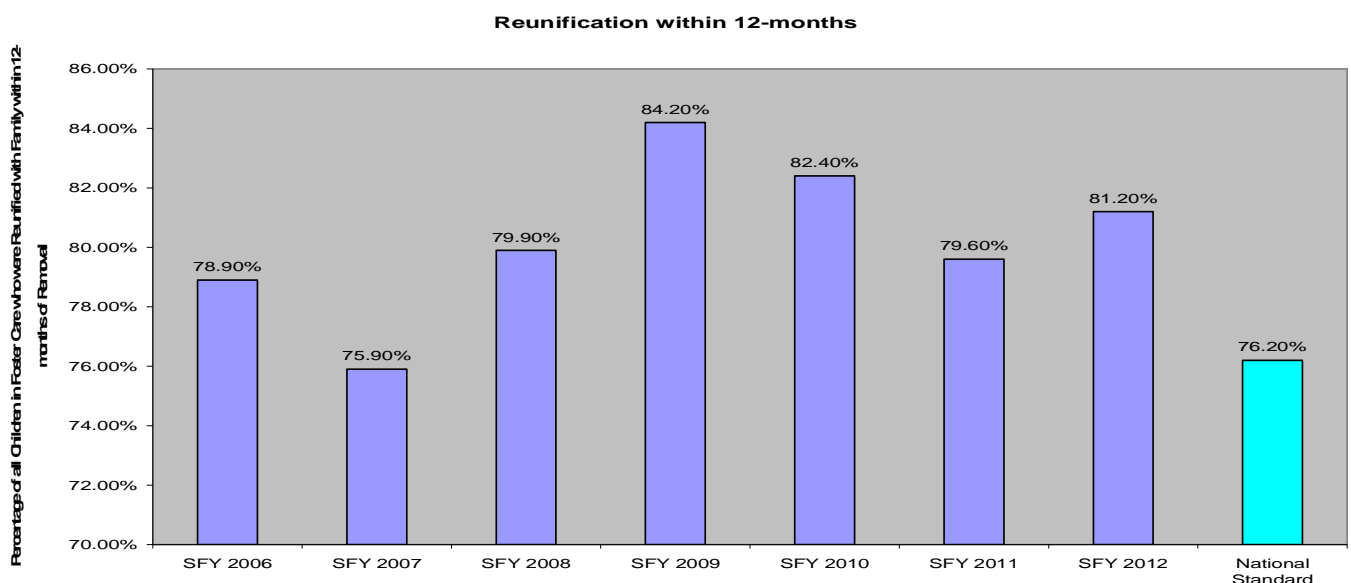
Measure: Of all children who were in foster care during FY 2012, what percentage were the subjects of confirmed maltreatment by a foster parent or facility staff?

In FY 2012, **0.2% or 5 children** in foster care were subject to confirmed maltreatment by a foster parent or facility staff. This is an apparent healthy improvement over the FY 2011 rate of 0.9%; however, this change is largely due to a data quality issue that has since been resolved. This is significantly lower than the national standard of 0.57%. Please note that for this measure **lower** percentages are desirable.

Goal 3: Reduce transition time from foster care to reunification, without increasing re-entry

Measure: Of all children reunified with their parents or caregivers, what percentage were reunified within 12 months of their last removal from the family home?

In FY 2012, **81.2% or 574 children** were reunified with their parents or caregivers within 12 months of their last entry into foster care. This surpasses the national standard of 76.2%, and is an improvement over the 79.6% in FY 2011. Please note that for this measure **higher** percentages are desirable.



Goal 4: Reduce foster care re-entries

Measure: Of all children who entered foster care, what percentage re-entered foster care within 12 months of a prior foster care episode?

In FY 2012, **10.2% or 112 children** who were reunified with their parents or caregivers re-entered foster care within 12 months of a prior foster care episode. This figure is higher than the national standard of 8.6%, but an improvement over the FY 2007 Hawaii re-entry rate of 13.9%. The DHS is reviewing these cases of re-entry, with specific focus on discharge criteria and identifying practices that need improvement.

Goal 5: Reduce transition time from foster care to adoption

Measure: Of all children who exited foster care to a finalized adoption during the year under review, what percentage exited care within 24 months of their latest removal from home?

In FY 2012, **27.7% or 54 Hawai'i children** placed in out-of-home care exited to adoption within 24 months of their latest removal from the home. This 10.8% drop below the State's FY 2011 figure of 38.3%, and 5% drop below the national standard rate of 32%, have prompted the DHS to reexamine CWS permanency practices and policies to ensure stability and expedited permanency for Hawai'i's children. Please note that for this measure **higher** percentages are desirable.

Goal 6: Increase placement stability

Measure: Of all children who have been placed in foster care within 12 months of the latest removal, what percentage had no more than two placements during that time period?

In FY 2012, **89.4% or 1,053** children experienced two or fewer placements within their first 12 months of care. This surpasses the national standard of 86.7%. Hawai'i has demonstrated significant sustained improvement in this area over the past 7 years.

Caseload

CWSB caseloads encompass a wide range of clients and services. Active service cases include investigation, assessment, case management, foster care, and permanency, as well continuing financial support to sustain adoptions, guardianship and higher education for youth formerly in foster care.

In FY 2012, the average caseload for CWS statewide was 19 cases per social worker. In FY 2011, the average was 20 cases per worker. The slight decrease in FY 2012 may be attributed to: 1) the gradual, partial recovery from the FY 2010 Reduction in Force (RIF) that reduced the overall CWS staffing by approximately 40%; and 2) the continuing trend of fewer children entering the child welfare system. This second factor is a triumph of our community at large.

The monthly average number of children in foster care has declined 65% over the past eight years. The population was highest in FY 2004 at 3,095 children, but dropped to a low of 1,078 children in FY 2012. The decrease in population is directly attributed to the Department's investment in voluntary services that engage families in preventing out-of-home placements and ensuring the safety of children.

Reporting and Intake

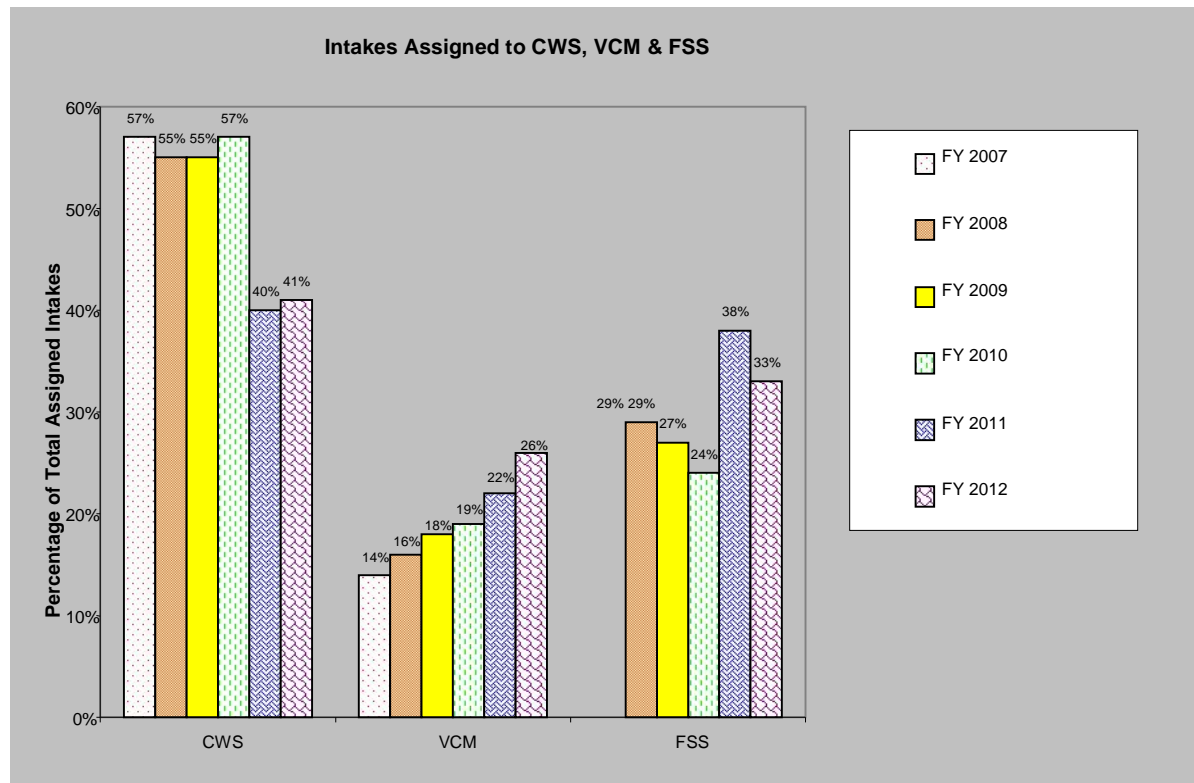
To review child abuse and neglect (CA/N) reports, the CWSB uses an intake assessment protocol collaboratively developed by the DHS and the National Resource Center on Child Protection. The assessment protocol helps determine the most appropriate and least intrusive intervention that will ensure the safety of the child. Implementation of the assessment protocol has resulted in significant improvements in key data indicators such as recurrence of maltreatment, rates of placement, and disproportional placement of Native Hawai'ian children.

Under the Guidelines for Threatened Harm for Intake and Assessment, CWS social workers assess each referral for "threatened harm." Where there is a reasonable, foreseeable substantial risk of harm to a child or "threatened harm" the case is assigned for CWS investigation. Reports without safety factors are referred to Voluntary Case Management (VCM) for moderate-risk situations and to Family Strengthening Services (FSS) for low-risk situations.

Cases without risk or safety factors may be closed without further action. During FY 2012, 2,277 cases were assigned to CWS for investigation, 1,405 cases assigned to VCM, and 1,785 were referred to FSS.

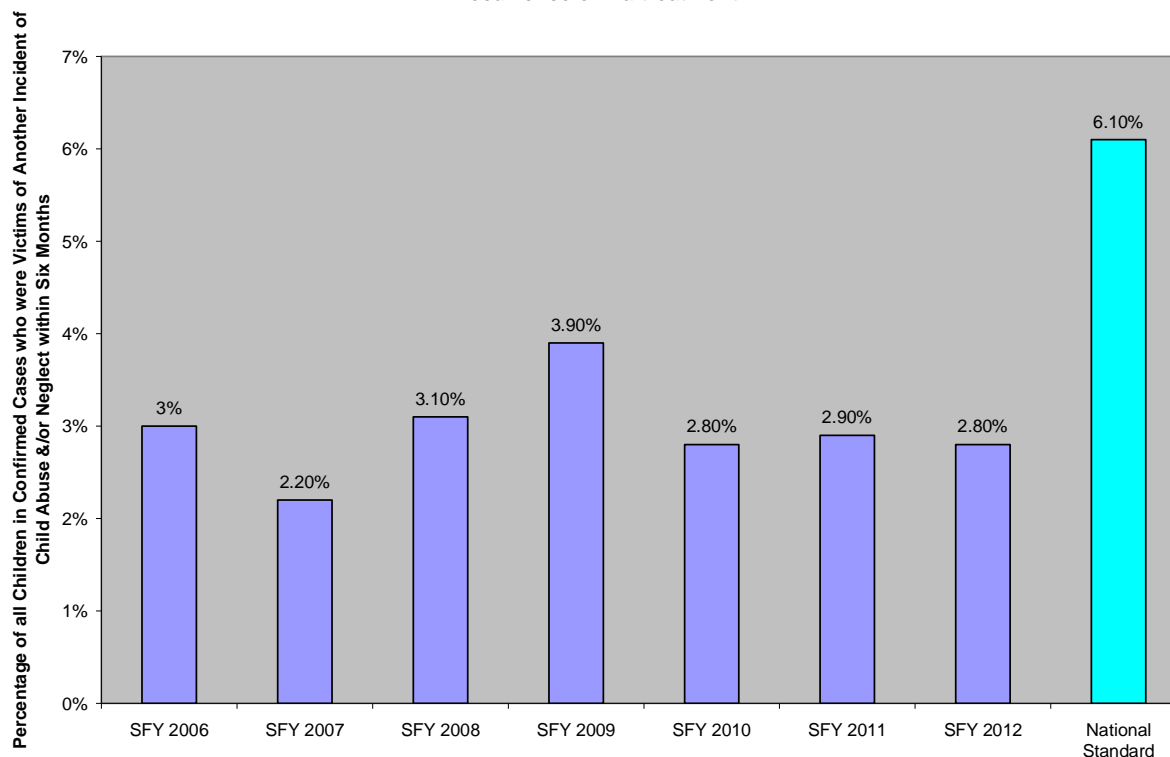
In FY 2012, the number of CA/N reports assigned for CWS investigation through the Intake Unit was 2,277, an increase of 28 assignments over FY 2011. In FY 2012, 506 CA/N reports were referred from Family Court to CWS for investigation, an increase of 119 referrals over FY 2011.

FAMILY COURT	FY 2008	FY 2009	SFY 2010	SFY 2011	SFY 2012
Reports of Potential Child Abuse and Neglect (CA/N) Received from Family Court	310	544	1,042	387	506
Confirmed Cases based on Family Court or CA/N reports	133	218	361	137	176
Confirmation Rate	43%	40%	35%	35%	35%



The 2,277 reports assigned for investigation in FY 2012 included a total of 3,893 children. Of those children 1,421 (36%) were confirmed as victims of child maltreatment. Threat of harm was confirmed for 927 (65.2%) of the children.

Recurrence of Maltreatment



Number of Children with Confirmed Maltreatment Reports (Listed by types of maltreatment)

TYPES / (Percentage)	FY 2007		FY 2008		FY 2009		FY 2010		FY 2011		FY 2012	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
Medical Neglect	22	(1.1)	21	(1.0)	18	(.09)	17	(.09)	5	(.04)	10	(.07)
Neglect	237	(12.2)	268	(13.2)	272	(13.9)	221	(11.2)	193	(14.3)	197	(13.9)
Physical Abuse	207	(10.7)	230	(11.3)	174	(8.9)	210	(10.6)	172	(12.8)	197	(13.9)
Psychological Abuse	10	(.5)	18	(.9)	13	(.7)	11	(.6)	5	(.4)	6	(.4)
Sexual Abuse	103	(5.3)	119	(5.9)	96	(4.9)	84	(4.3)	89	(6.6)	84	(5.9)
Threatened Harm	1,360	(70.1)	1,375	(67.7)	1,377	(70.6)	1,433	(72.5)	881	(65.5)	927	(65.2)
Total	1,939		2,031		1,950		1,976		1,345		1,421	

Foster Care

The number of children in foster care has decreased from a FY 2004 monthly average of over 3,000 to 1,078 children in FY 2012. Significantly, this 65% decrease is the lowest number of children in foster care since 1993, when the overall state population was lower.

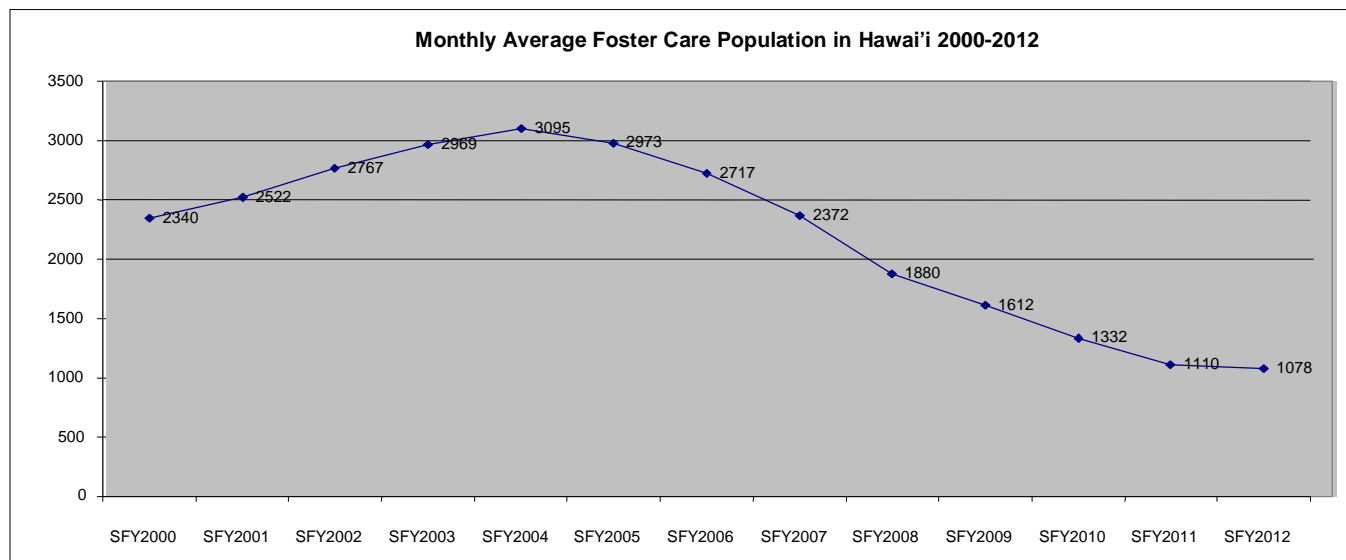
Key factors responsible for the decreasing numbers of children in foster care include: 1) implementation of the DRS; 2) an increased array of community-based family strengthening, child abuse, and family poverty prevention services; 3) the increased engagement of the Native Hawai'ian community; and 4) an increased collaboration with key stakeholders, including birth families, their relatives/ ohana, current and former foster youth, and resource caregivers.

The DHS continues to expand services that strengthen families and allow children to remain safely in the family home without CWS intervention. Those efforts have resulted in fewer children requiring foster care services to ensure their safety. Approximately 38.4% of all children in foster care during FY 2012 were ages five and younger. Children ages 6 to 11 years comprised about 28% of the children in foster care, and children ages 12 to 18 years constituted approximately 33.5% of the children in foster care.

Total Number of Children In Foster Care

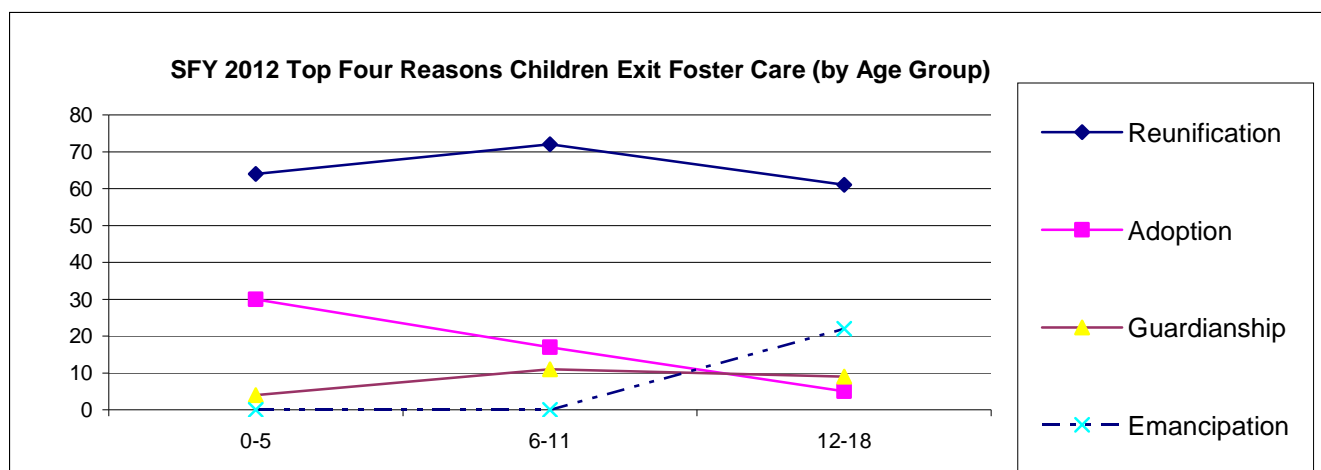
Number of children who:	State Fiscal Year					
	2007	2008	2009	2010	2011	2012
Were in care *	4,048	3,509	3,027	2,666	2,327	2,279
Entered Care *	1,599	1,408	1,367	1,180	1,012	1,146
Exited Care *	1,903	1,813	1,510	1,353	1,188	1,156

**Unduplicated count, child counted only once per year.*



Total Number Children in Foster Care per State Fiscal Year by Age Group

Age in Years	2009		2010		2011		2012	
	#	%	#	%	#	%	#	%
Age 0-5	1,069	35.3	1,004	37.7	875	37.6	876	38.4
Age 6-11	780	25.8	685	25.7	616	26.5	638	28.0
Age 12-18	1,170	38.7	970	36.4	828	35.6	764	33.5
Unknown	8	0.3	7	0.3	8	0.3	1	0.04
Year Total	3,027	100	2,666	100	2,327	100	2,279	100
Monthly Average	1,612		1,332		1,110		1,078	N/A



In FY 2012, 1,156 children exited foster care: 752 (65%) were reunified with their families; 196 (17%) were adopted; 92 (8%) left care to legal guardianship, and 93 (8%) were emancipated. The percentage children who exited foster care in FY 2012 for each termination type, is also broken down by age group.

FY 2012 Placement Termination by Type and Age Group								
Age	Reunification with family	Adoption	Emancipation	Guardianship	Transfer to other agency	Other	Total	% by Age
Age 0-5	271	126	0/0	19	0	8	424	36.7
Age 6-11	218	50	0	33	1	1	303	26.2
Age 12-18	263	20	93	40	6	7	429	37.1
Total	752	196	93	92	7	16	1,156	---
% / exit	65%	17%	8%	8%	.6%	1.4%	100.0%	100.0%

The data indicate that the majority of children who exit foster care are reunified with their families, regardless of the child's age. This strongly supports the CWS goals of returning children to live with their families, promoting safety in the family home, and enhancing family connections. Following national adoption trends, a significantly higher percentage of younger Hawai'i children exit foster care to adoption than older youth. However, when reviewing the legal guardianship percentages, the percentage of school-aged children and teenagers who exit foster care to legal guardianship is more than twice the percentage for the 0-5 year olds.

Resource Caregivers

National data indicate that when children and youth cannot remain safely in their own family homes, placement with relatives provides the best outcome. The DHS is committed to supporting a child's connection with their family. Through continuing CWS emphasis on finding family connections, and partnerships with 'Ohana Conferencing, EPIC 'Ohana and community stakeholders, children in foster care have 1) increased connections with their birth and extended families, and 2) increased placement with relatives.

The DHS continues to contract for services with Hui Ho'omalulu (a collaboration of Partners In Development Foundation, Catholic Charities of Hawai'i, and Family Programs Hawai'i) to integrate recruitment, training, home

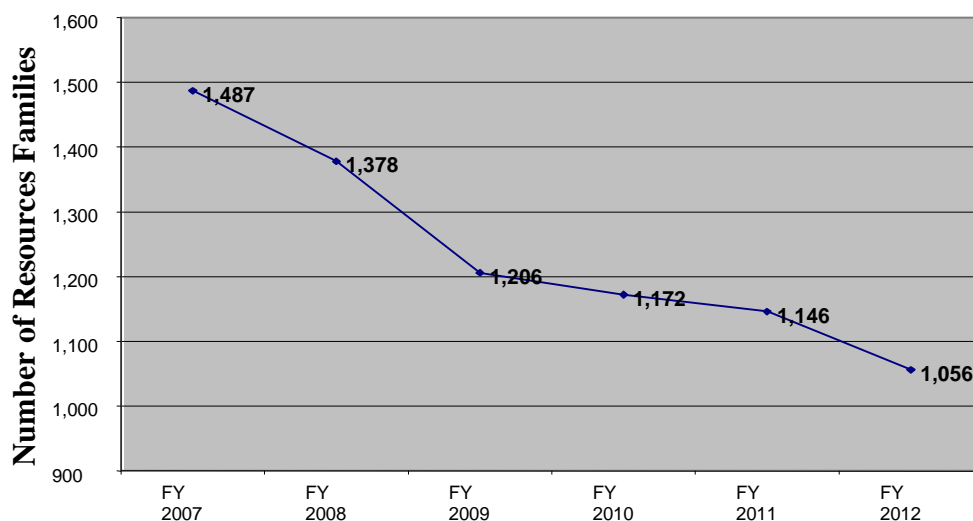
studies, and support services for foster children resource families. As part of the larger Hui Ho'omalua contract, home studies and training for prospective child-specific/relative resource families are provided by Catholic Charities Hawai'i.

Relative vs. Non-Relative Placement

At End of FY	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Relative Placement	1,004 47%	769 46%	676 48%	644 51%	551 52%	532 52%
Non-Relative Placement	1,153 53%	909 54%	735 52%	623 49%	505 48%	499 48%
Total	2,157	1,678	1,411	1,267	1,056	1,031

The continued annual decrease since 2007 in the number of licensed resource family homes reflects the Department's successful efforts to maintain children safely in their own homes. As the number of children and youth in foster care decreases, the number of resource homes required to meet their needs also decreases.

Licensed Resource Families Statewide



The federal government encourages States to maintain a pool of resource families that reflect the foster care composition. Increased family strengthening services and involvement of the Native Hawai'ian community has helped decrease the number of Native Hawai'ian children entering foster care from approximately 54% in FY 2004 to 47% in FY 2012. However, Native Hawai'ian children still remain the largest ethnic group represented in the population of foster children. The Department partners with Hui Ho'omalua and the community at large for targeted statewide recruitment of Native Hawai'ian resource families. In FY 2012, the percentage of Native Hawai'ian resource families (41%) was comparable to the percentage of Native Hawai'ian foster youth (47%). At the end of FY 2012, approximately 58% of Native Hawai'ian foster children were in placement with Native Hawai'ian resource families, a 4% increase over FY 2011.

The CWSB remains committed to reunification, relative placements, birth family connections, cultural connections, and targeted recruitment. The CWS continues to partner with families, stakeholders, service providers, other government entities, and communities to reduce the number of children entering foster care, and to increase the number of children who can safely remain in their homes and communities. When a child must be removed from the family home for safety reasons, the Department aggressively pursues a policy of looking within a child's 'ohana for placement and family support resources.

Higher Education - Board Allowance

The Higher Education Board Allowance program provides financial support for former foster youth while they pursue post-secondary education -- either academic or vocational -- at an accredited institution of higher education. Eligible youth must apply before the end of their 21st year and may receive a maximum of 60 months (five years) of benefits until they reach age 27. The monthly benefit of \$529 is equivalent to the monthly foster care maintenance rate. This program began in 1995 with 31 students; it currently serves 416 students. An estimated 1,322 former foster youth have benefited from this program since its inception. In collaboration with the University of Hawai'i Community College System and the Hawai'i Youth Opportunities Initiative, the DHS and CWS are making efforts to establish programs and linkages within and across the University of Hawaii system to provide additional services and support for young adults formerly in foster care.

Higher Education Board Allowance Recipients

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
New Students	72	112	109	138	149	158
Returning Students	135	132	175	204	240	258
Total Students per FY	207	244	284	342	389	416

Higher Education - Education and Training Vouchers

Education and Training Vouchers (ETV) are an additional source of financial support for former foster youth participating in higher education. Funded under the Federal Chafee Foster Care Independence program, 282 former foster youth have benefited from this program since its inception. The annual participation rate ranges between 76 and 90 students. The amount of funding received by individual states varies from year to year. Students can use the vouchers for tuition and fees, room and board, books, and supplies.

Education and Training Vouchers

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
New Students	82	55	45	51	49
Returning Students	0	35	31	39	38
Total Students Per FY	82	90	76	90	87

Child Fatalities

In every instance that a child dies while under care of the DHS, the CWS Program Development Office and the Child Protection Multi-Disciplinary Team conduct an investigation to determine if any modifications to case planning practices, administrative rules, or CWS procedures could have prevented the death. There were no deaths in FY 2012 active cases.

Accomplishments & New Initiatives

- Wraparound Services

With assistance from Casey Family Programs, and in partnership with Department of Health (DOH), Department of Education (DOE), the State Judiciary, and EPIC 'Ohana, the DHS is designing a coordinated interdepartmental system of care for children and families. Modeled on nationwide evidence-based wraparound projects, the Hawai'i plan will improve the coordination of service delivery systems for children and families who have multiple needs and receive services from several systems. Hawai'i's Wraparound Services will be family-focused and family-driven. There will be a single case manager, pooled agency funds, and coordinated services among the public and private providers. The system will focus on children who receive services from at least two state entities, such as CWSB, the

DOH Child and Adolescent Mental Health Division or Developmental Disabilities Division, the DOE School-Based Support Services, the Family Court, or the Office of Youth Services. Coordinated services will focus on maintaining the child safely in the home with wraparound services from agency partners. If the child needs out-of-home placement during that period, wraparound services would be provided to meet the child's and family's needs. In these types of cases, CWS also will focus on developing wraparound services to safely return the child to their home. During the first year of the proposal, 20 children will be served. An additional 30 children will be served in the second year. The DHS anticipates that wraparound services will begin in FY 2013.

- Screening and Assessing Families for Domestic Violence

In FY 2012, CWSB developed guidelines for screening and assessing families for domestic violence (DV). In partnership with Casey Family Programs, a domestic violence summit was held in December 2011 with 125 people participating from various agencies and disciplines, including domestic violence service providers and advocates, law enforcement, prosecutors, CWSB case workers, supervisors and administrators, the Family Court-Court Improvement Project (CIP), the DOH and the DOE. A presentation on the DV safety decision-making process was presented by Theresa Costello of the National Resource Center for Child Protective Services. Following the summit, CWSB established a workgroup with representation by the above mentioned groups to develop screening and assessment guidelines. This was an exciting and positive collaboration that helped improve consistent practices. In June 2012, the Department trained CWSB Voluntary Case Management workers, and community partners on screening and assessing families for domestic violence.

- KinGAP

In July 2011, CWSB implemented the Title IV-E Kinship Guardianship Assistance Payments (KinGAP) program, which allows the State to be reimbursed using federal Title IV-E funds. The CWSB has since created new policies and procedures that have been approved by the federal Administration for Children and Families (ACF). The ACF also approved the State's revised Title IV-E State Plan that includes the Title IV-E KinGAP option. Title IV-E KinGAP eligible children also will be eligible for Title XIX Medicaid services in any state the child resides. All Hawai'i CWSB staff was trained in September and October 2011 on the new policies, procedures and forms regarding the new KinGAP program.

- 'Ohana Time (Also known as Family Time or Visitations) between birth parents and their children and between siblings)

To increase the frequency and enhance the quality of 'Ohana Time, the CWSB clarified in FY 2012 procedures and conducted statewide trainings regarding face-to-face contact for family members. One focus of 'Ohana Time is to move away from sterile and artificial office visitation between parents and children. CWSB hopes to move toward more natural exchanges in family settings, and through ordinary daily activities that the child is engaged in, like ball games, clothes shopping, doctor's appointments, school events, homework, meal preparation, and bedtime rituals. Meaningful 'Ohana Time increases the possibility of successful reunification and timely permanency, reduces trauma and the amount of time spent in foster care, and enhances child well-being. Resource caregivers, relatives, and other significant supports are critical to the process. Activities, locations and processes are designed to be family-friendly, supportive of birth parents/family, and facilitate building of parenting skills.

- Educational Stability for Children in Foster Care

The DHS is collaborating with the DOE, the State Judiciary, and other stakeholders to ensure compliance with both the letter and spirit of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Children in foster care face many educational issues and obstacles that negatively impact their educational outcomes. The core concept of educational stability is that a foster child's school placement should not change unless such change is in the child's best interest. This concept applies equally to children who enter care and to children already in foster care who experience a change in placement.

Currently established guidelines allow a child to be moved from one school to another if: 1) they are being taken into foster custody; or 2) there is a foster placement change. It is intended that the DOE, the DHS and other stakeholders make collaborative decisions in each case. The intent of the guidelines is that school placement decisions will be

made expeditiously. If it is in the child's best interest to change schools, the transition will be carefully planned from one school to the next.

This initiative is intended to ensure educational stability for children in foster care and to facilitate successful transitions when a school change is in the child's best interests. An Educational Stability Worksheet is to be used whether or not an Educational Stability Meeting is convened. If no meeting is held, the DHS social worker and the DOE representative will use the worksheet to determine the child's school placement and to document all communications with other agencies and/or parties in reaching that decision. Documentation of communication is especially important where all parties agree that the child should remain in his or her current school.

When it is necessary to hold an Educational Stability meeting, the DOE representative compiles the information pertaining to the child's educational progress prior to the meeting. Likewise, the DHS representative compiles the information concerning the child's placement.

On March 1, 2012, the DHS, the DOE, and the State Judiciary jointly launched the pilot program, Educational Stability in the Child Welfare Services, in the Leeward Section (Waipahu, Kapolei and Campbell School Complexes), which encompass 23 schools. CWSB placed two youth in the same geographical area as the school of origin, and placed a separate youth into an emergency shelter where the shelter provider drove the child to school. In the latter case, the child's social worker/case manager worked with the school and shelter provider to ensure the child could remain in the same school.

The plan is to install Educational Stability in all Hawai'i schools by the end of 2013. CWSB is currently developing training resources for caregivers that emphasize their important role in ensuring educational stability for all children in foster care.

- Family Journal

On January 1, 2012, the Department implemented the Family Journal on Maui to engage with parents, children and youth served by CWS case planning. The Journal is in binder form to help parents keep an organized record of their CWS casework. Once the decision is made for the family to receive ongoing services, the social worker will provide the family a Family Journal. If the parents live in separate homes, each parent receives their own binder. Parents are encouraged to take their binders with them to their service appointments and classes, and to court hearings and meetings with their social worker.

The Family Journal has been very successful on Maui and the CWSB plans to expand it to other islands. The second phase will be implemented on Kauai and East and West Hawai'i. The final phase of the Family Journal implementation will be on Oahu.

On June 4, 2012, members of the Citizen Review Panel (CRP) flew to Maui where they evaluated the Family Journal using the Child and Family Services Review (CFSR) on-site review instrument with the focus on Well-Being. Members reviewed a selection of Family Journals and interviewed parents to whom the journals belong. Members also held a focus group with the social workers as part of the evaluation of the effectiveness of the Family Journal. In August 2012, the CRP submitted its findings to the DHS. The Department is reviewing the report and will provide a response within the next several months. One suggestion from the parents was to create smaller binders. CWSB has already implemented this change.

- Efforts to locate all parents and children during assessment and efforts to engage fathers and 'ohana in case planning, including deployed and incarcerated parents

As part of the PIP, CWSB identified and clarified procedures to locate all children and parents during an assessment, including parents who are incarcerated or deployed. CWSB also clarified procedures and created a workgroup to specifically engage community partners, fathers, youth, and 'ohana in case planning. The final products of the collaborative workgroup are:

- Revised procedures for identifying, locating and contacting all children and parents during assessment;
- Revised procedures to include caseworker efforts to engage fathers, 'ohana, and children/youth in case planning;

- Development of two new letters: a) Father Notification Letter that is used to notify father of the child's involvement with CWSB; and b) Relative Notification Letter that is used to notify relatives of the child's involvement with CWS, including giving the family options for maintaining family connections;
- Development of a Guide to Assist Caseworkers to Identify, Locate, and Contact, Children and Parents at a Glance;
- Development of a Paternity/Fathers Chart that explains the legal relationship between a father and child, and if/when legal paternity needs to be established. This chart was developed by Rosemary McShane, supervising attorney for the Family Support Branch, Child Support Enforcement Agency (CSEA); and
- Development of Tip Sheets for caseworkers to engage fathers, youth, and 'ohana in case planning. The sheets include suggestions for working with mothers to identify and locate fathers, engaging and involving fathers through the life of the case, locating a parent that is incarcerated, clarifying the caseworker's responsibility of engaging parents who are incarcerated, and developing strategies to engage and involve children and youth through the life of the case.

In collaboration with Rosemary McShane, attorney with Child Support Enforcement Agency, and Kauila Ho and Larry Ursua with the West Hawai'i Fatherhood Initiative, CWS completed the Family Partnership and Engagement Training in September 2012. It consisted of training CWSB and VCM case workers, as well as community partners throughout the State, on all the information described in the bullets above.

Hawai'i Youth Opportunities Initiative

The Hawai'i Youth Opportunities Initiative (HYOI) is a youth-adult partnership designed to improve outcomes for youth who transition from foster care to adulthood. The HYOI partnership includes leaders from Child Welfare, the Family Court, former and current foster youth, local colleges and universities, businesses, communications, housing, and health care. Current and former foster youth are encouraged to enroll in the Opportunity PassportTM, complete financial literacy training, and set up a personal savings account with a matched savings account to purchase approved assets.

The HYOI and the national Jim Casey Youth Opportunity Initiative are committed to a data-driven approach that measures outcomes in permanence, education, employment, housing, physical and mental health, and personal and community engagement for foster youth transitioning to adulthood. Implementation began on Oahu and has expanded to include all counties.

Strengths-Oriented Practice

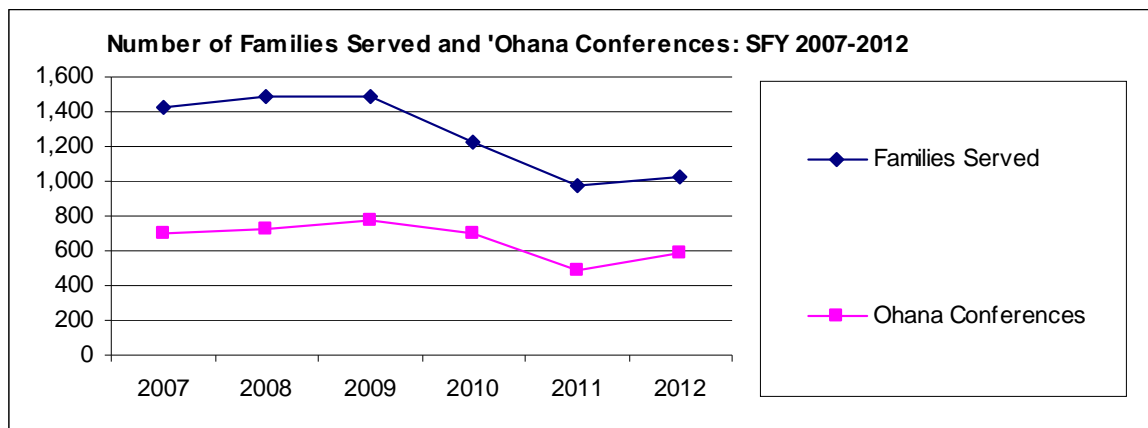
The CWSB is committed to working collaboratively with families in ways that fully respect their abilities, their culture, and their uniqueness. CWSB is devoted to enhancing the capabilities of families through focusing on their strengths, and empowering parents to increase their skills in caring for their children and themselves. Examples of our strengths-oriented practices include:

- During FY 2012, a total of 3,837 families statewide participated in Family Strengthening Services (FSS) and Voluntary Case Management (VCM) services. This strategy of referring moderate and low-risk cases to well-trained community agencies for follow-up has resulted in fewer children in foster care and one of the lowest abuse recurrence rates in the country. This is a tribute to the CWSB intake staff and SSD contracted community service providers who have clearly demonstrated that less intrusive interventions can be truly effective.
- Along with VCM and FSS partners, CWSB utilizes the services of Enhanced Healthy Start for children ranging from 0-3 years old. CWS makes the referrals or provides information for families where abuse and/or neglect have occurred, to access the services of Enhanced Healthy Start. Families involved with VCM and FSS also are encouraged to access Enhanced Healthy Start services. The support, mediation, and guidance provided by Enhanced Healthy Start have resulted in the reduction, and in many cases the elimination, of safety concerns. Enhanced Healthy Start interventions and regular in-home support also have enabled several parents to regain custody of their children and provided parents with positive age-appropriate skills. During FY 2012, the

Consuelo Foundation initiated a partnership with CWSB and Enhanced Healthy Start to train and offer the Attachment and Bio-behavioral Catch-up (ABC) model to support bonding, attachment, and responsive parenting for families.

- The Federal Government has determined that connections and placement with relatives a best practice that provides positive outcomes. With the goal of creating positive connections and placing children with appropriate relatives (52% in FY 2012), the CWSB and its partners continue to identify and notify relatives of at-risk children. The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and HRS Chapter 587A- Child Protective Act - require identification and notification of relatives within 30 days of assuming temporary foster custody of the child. In FY 2012, the 'Ohana Finding Program served a total of 379 families. 10,735 confirmed relatives were found, and 5,009 total contacts were made (calls and letters).
- 'Ohana Conferencing is a family supported decision-making practice that develops and implements safety and permanency plans. The 'Ohana Conferencing process enlists the support of key family members, invested family friends, and community members to work with CWSB to address and resolve child safety issues. The 2009 federal CFSR expressly recognized that when families engaged in 'Ohana Conferences the outcomes were better for children and families.

In the second phase of CWSB's Program Improvement Plan (PIP2), procedures for CWS and EPIC 'Ohana were reviewed and revised to increase the flexibility of 'Ohana Conferences and Youth Circle time frames and structures. Motivated by data indicating improved outcomes for families who engaged in 'Ohana Conferencing, effective January 2012 for Oahu and March 2012 for Neighbor Islands, CWSB initiated an auto-referral process for 'Ohana Conferencing for all children/youth who are placed into foster care. During FY 2012, the program experienced an estimated 20% increase over FY 2011 in the number of 'Ohana Conferences. The increase is due to the new auto-referral process and the increased emphasis on the use of this valuable method to increase family engagement and self determination.

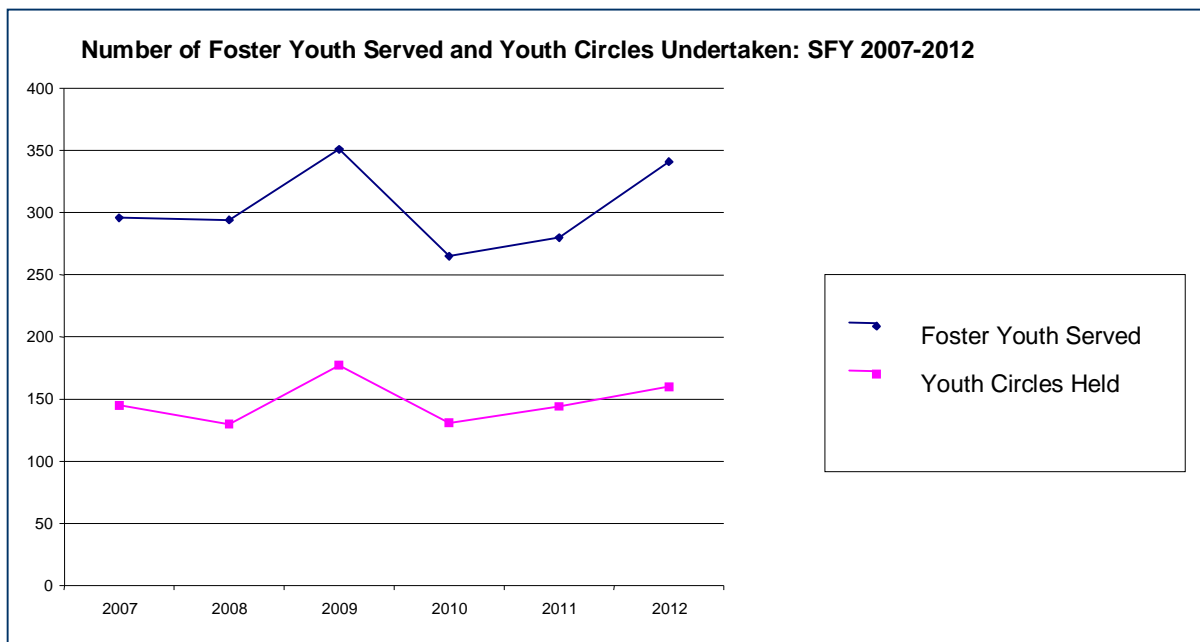


Youth Circles are solution-focused and youth-driven support systems for youth who are developing their required independent living transition plans. Youth Circles also are the major venue for development of the federally-required transition plan, which must be developed within the 90 days preceding the youth's 18th birthday. EPIC 'Ohana provides this service.

The youth determines which individuals are invited to their Circle, and how the Circle will open. The Circle members are asked to help develop options for housing, education, finances, employment, transportation and physical and emotional health for the youth. The youth chooses the plan to pursue and who will help him/her implement it.

More than 1,000 youth have participated in Youth Circles since the program began in 2004, which has resulted in an increased demand for youth circles from youth younger and older than the established age range of 15-21 years. The Department is assessing the fiscal and programmatic implications of broadening the eligible ages for participation.

The CWS success with the EPIC Youth Circle program prompted the Office of Youth Services (OYS) to explore the feasibility of providing this service to juveniles in the justice system, including residents of the Hawai'i Youth Correctional Facility (HYCF).



Partnerships

Numerous factors contribute to child maltreatment including parental substance abuse, family violence, and mental illness. The CWSB addresses these issues through strong collaboration with more than 60 public and private agencies, and State departments. These partnerships are crucial in promoting and preserving the safety and health of children. Some examples of our interagency work are described below.

- The Department partnered with the nationally renowned Casey Family Programs to establish a strategic planning committee that re-assesses social work practices related to: (1) assessment; (2) case planning; (3) appropriate service provision; and (4) client engagement. The committee also is developing a CWSB Partnership Practice Model to align agencies' written policies and procedures with the DHS' mission, guiding principles, practice strategies and activities. This Practice Model includes outcomes-based contracting for relevant and culturally appropriate community-oriented and community-based services. Outcomes of the Casey/DHS collaboration were the 2010 and 2011 'Aha, or community gatherings. The 'Aha brought together participants from all islands in a single meeting with the goal of developing collaborative strategies and maintaining the health and safety of Hawai'i's children. Participants discussed strategies for seeking out relatives, preserving cultural connections, and providing more culturally appropriate and effective services. Recruiting and retaining supportive foster and adoptive families also were discussed. The CWSB organized and participated in 'Aha on Oahu, Maui, Kauai, and the Big Island. Separate 'Aha were held throughout Hawai'i for distinct cultural communities, including the Native Hawai'ian, Tongan, and Micronesian communities.
- The Consuelo Foundation's Attachment and Biobehavioral Catch Up (ABC) Pilot Project reported positive outcomes in its October 2011 report. As a result, CWSB expanded the number of Hawai'i trainers using this program through Oahu and the Big Island Enhanced Healthy Start contracts. During 10 weekly sessions conducted in the home, the ABC model teaches birth parents and resource families nurturing caregiving techniques. Sessions are videotaped and reviewed by staff to provide strengths-based feedback. The goal is to promote positive parenting behavior and attitudes. In April 2012, five Oahu and Big Island Enhanced Healthy

Start workers contracted by CWSB were trained on the ABC model. One Enhanced Healthy Start Worker from a Kauai organization also was trained. The CWSB anticipates that with the addition of these six trainers, more families and children will experience and understand the benefits of improved caregiver/parenting behavior and child biobehavioral outcomes.

- The CWSB is a member of the Statewide Interagency Quality Assurance Committee facilitated by the Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD). This committee includes representatives from the DOE, the DOH/CAMHD, the Developmental Disabilities and Family Health Services Divisions, and the non-profit advocacy agencies of Hawai'i Families as Allies and Children's Community Council. The committee works to improve service delivery and coordination for children who receive services from more than one agency. CAMHD was awarded a federal Substance Abuse and Mental Health Services Administration (SAMSA) planning grant and an implementation grant to serve children who have both developmental disabilities and mental health concerns. CWSB is actively involved in the grant activities.
- In collaboration with the Hawai'i Youth Services Network, the CWSB applied and was accepted into the American Public Human Services Association's "Integration of Teen Pregnancy and Sexually Transmitted Infection Prevention into State and Local Foster Care Systems" project. Hawai'i is one of only five national jurisdictions to be accepted. The Institute encourages States to incorporate evidence-based teen pregnancy prevention practices into their programs for youth in foster care. During the project, participants will customize curricula and practices to ensure applicability and relevance to youth in the foster care population.
- In collaboration with the DOE and other stakeholders, CWSB developed and piloted protocols and guidelines to promote educational stability for children entering foster care.
- The CWSB continues to collaborate with the Family Court and Family Programs Hawai'i to support Project Visitation. This project recruits and trains Oahu and Kailua-Kona volunteers to provide transportation, and to facilitate monthly visits and special events with siblings living in different resource areas. Project Visitation seeks to minimize the trauma of family separation by preserving sibling relationships.
- The CWSB is a member of the Zero to Three Collaboration with the Family Court to encourage placement stability and appropriate permanent placement of younger children in out-of-home care.
- The Family Drug Court is an on-going successful partnership between the Family Court, CWSB, and the Department of Health's Alcohol and Drug Abuse and Public Health Nursing Divisions to assist families with substance abuse problems.
- The CWSB continues to support and expand the involvement of the Hawai'i Foster Youth Coalition, a youth-led organization that advocates for youth in foster care. The coalition helps foster youth develop leadership skills and transition from foster care to independent living. Youth are invited to provide feedback to CWSB, which is then used to build a stronger program foundation for other children moving through the system.
- In collaboration with the National Resource Center for Child Protective Services (NRCCPS) and Casey Family Programs, the CWSB reviewed reported cases of threat and abuse/neglect to improve practices by identifying trends and areas that need clarification. As a result, definitions and guidelines for threat of abuse/neglect are being revised to increase consistency within procedures and practices. CWSB is also working with the NRCCPS on improving the assessments, case planning, and timely permanency planning, for serious child abuse cases (non-accidental death, fractures, shaken baby syndrome) and when the perpetrator is unknown.
- The CWSB continued its emphasis on locating, recruiting and placing children with extended family, primarily through collaboration with EPIC 'Ohana. These efforts help ensure permanency for children by increasing the identification of connections and placement/support resources within their own family.
- In mid-2012, CWSB teamed up with the DHS' Med-QUEST Division (MQD) and the DOH CAMHD to increase the oversight of psychotropic medications among foster youth. This team is creating a comprehensive plan to address this issue.
- The DHS continues to participate in collaborative groups that include the Child Welfare Services Advisory Council, the Court Improvement Project (CIP), and the SCRP.

- Ma'ili Receiving Home - Ho'omalū O Na Kamali'i is a Waianae area on-call residential assessment center whose purpose is to keep together abused or neglected siblings and families. Opened in March 2009, facility operations remain strong. However, to assist with Ho'omalū O Na Kamali'i operating costs, the Michael B. Wood Family is donating \$8 million dollars over the next 20 years, or \$400,000 annually. Monthly meetings continue with Ma'ili Receiving Home, DHS Foster Home Licensing Unit, DHS Section Administrators and Epic 'Ohana Conferencing. Participants discuss how the children are doing, if an 'Ohana conference/family finding was completed, status of reunification, relative placement, or other placement.

Challenges

The CWSB has the primary mandate and responsibility of ensuring the safety, permanency, and well-being of children who have been reported as abused or neglected. The Hawai'i CWS program has demonstrated its ability to accomplish those goals.

Although Hawai'i's FY 2012 outcome reports are commendable, the DHS is still recovering from the 2010 Reduction in Force (RIF) that reduced the CWSB workforce by 40%. Some positions were permanently eliminated, some people were laid off, and other positions remained open, but subject to hiring freezes. Concurrent with the reduced staffing, employees continued to maintain higher caseloads. This resulted in difficulty responding to reports in a timely manner, and meeting Federal requirement of monthly face-to-face visits between caseworkers and children, birth parents, and resource parents.

During FY 2011 and 2012, CWSB was able to re-hire many of the previously frozen positions. However, as the vast majority of the laid off employees found new employment, recruitment of capable, qualified and experienced staff, and hiring, have been challenging. Additionally, given its recent history of instability, many potential employees are wary of working in State government. As of May 2012, CWSB still had 30% workforce vacancies. The CWSB has since initiated innovative recruitment methods to address the staffing shortage.

The CWSB also is challenged by the global economic recession and cuts in federal and State funding for direct services and support programs. In FY 2012, \$5.8 million was cut from statewide CWS support and prevention services contracts. The cuts forced decreases in many service contracts and the closing of five contracts. Diminished services included counseling, education, and substance abuse treatment for parents, as well as resource caregiver recruitment and emergency shelter homes for children. The reductions affected both urban and rural areas.

Future Performance Targets

The CWSB is in the final stages of reorganizing Oahu's CWS Sections and Units. With this reorganization we anticipate improved services and better outcomes for children and families. As we look toward the future, CWSB anticipates the following program enhancements:

- Use of social media and modern technology;
- Sharing data across systems and State departments;
- Implementing the voluntarily extension of foster care to age 21;
- Monitoring psychotropic medications in the foster youth population;
- Increasing child well-being through trauma-informed care in screening and treatment;
- Use of more evidence-based tools in assessment and treatment services; and
- Continued successful collaboration with other State departments, stakeholders, and community partners.

Despite the challenges we face, the CWSB will continue to:

- Maintain progress made thus far, and continue to improve as a result of the second federal CFSR's PIP;

- Focus on stabilizing its professional workforce;
- Sustain its ability to respond to emerging needs of the communities;
- Secure sufficient funding to:
 - Support adequate and appropriate services for children and families;
 - Attain and maintain compliance with federal mandates and requirements;
- Maintain efforts to maximize federal funding; and
- Strengthen collaboration and partnerships with families, parents, and youth, other Federal, State, and County departments, and community agencies and stakeholders.

CHAPTER FOUR: HEALTH

The DHS helps low-income adults and children obtain needed health care through the federal Medicaid health insurance program. State-funded programs help provide health care for low-income adults who are not eligible for Medicaid. The various programs cover primary care, hospital care, and long-term care.

The Med-QUEST Division (MQD) administers the State's Medicaid and other health insurance programs. A federal program created by Congress in 1965, Medicaid was designed to provide access to medical care for the low-income population. In FY 2012, an estimated \$1.7B (including \$800M in federal funds) was expended on benefits and administration of the Medicaid program.

Innovative home and community-based programs help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services (HCBS). Medicaid HCBS waiver programs in lieu of the more expensive institutional long-term care services, also reduce costs to taxpayers. Information on the Med-QUEST Division and programs can be found at www.med-quest.us.

MED-QUEST DIVISION

Program Description

The MQD provides health insurance through several Medicaid programs under Title XIX of the Social Security Act. The health insurance coverage includes the Hawai'i QUEST and QUEST Expanded Access (QExA) managed care programs, and the Medicaid Fee-For-Service (FFS) program. Other smaller health insurance programs include QUEST-Net, QUEST-ACE, Transitional Medical Assistance (TMA), State Children's Health Insurance program (S-CHIP), Federal and State-funded Coverage of Individuals with Breast and Cervical Cancer, and Special Programs for Medicare Beneficiaries. Additionally, the MQD oversees the Funeral Payments program for the State.

These programs enable low-income adults and children to maintain and improve their health by providing payment for comprehensive medical benefits along the continuum of care, as well as dental and other health care services.

Application and Eligibility

There is a single general application form for all Medical Assistance programs, except for pregnant women and children who use a separate, simplified version. The MQD encourages all individuals who might be eligible to apply for the medical insurance. The MQD will place eligible persons into the appropriate program. There are basic eligibility requirements including income and asset limits, which differ by "coverage groups." These groups are children, pregnant women, adults, the elderly, and the disabled.

Basic eligibility requires the applicant to: (1) be a U.S. citizen or qualified alien age 19 years and older (citizenship requirements may be waived for individuals under age 19); (2) be a Hawai'i resident; (3) not be residing in a public institution; and (4) provide a Social Security number. Financial eligibility requires the applicant to be within income and asset limits. Pregnant women and individuals under age 19 are not subject to an asset limit.

The MQD coordinates with other health insurers to ensure that Medicaid recipients who have other health insurance coverage exhaust those benefits before Medicaid benefits are utilized. The MQD also recovers medical expenses when Medicaid recipients are injured in motor vehicle or employment-related accidents, and when Medicaid recipients recover damages from malpractice and product liability suits, and other lawsuits. Under certain conditions, a claim also may be filed against the estate of a deceased Medicaid recipient for funeral, burial, or medical expenses.

In FY 2012, the MQD Eligibility Branch (EB) staff made dispositions on 96,929 applications - 66,830 were approved and 30,099 were denied. The EB staff also provided assistance to the Benefit, Employment and Support Services Division (BESSD) for its medical cases. Altogether, the MQD oversaw the provision of health care to more than 287,000 eligible residents during FY 2012. EB staff continues to work actively with community agencies and groups to ensure easy access to health insurance and swift problem resolution.

		Recipient Growth Between FY 2009 and FY 2012								
Enrollment	Jun-08	Jun-09	% Increase	Jun-10	% Increase	Jun 11	% Increase	Jun-12	% Increase	Total % Increase
Oahu	138,730	150,425	8%	162,602	8%	167,319	2%	177,258	5%	27%
Kauai	10,749	12,604	17%	14,453	12%	15,753	8%	16,337	3%	51%
Hawai'i	42,409	47,913	12%	53,472	11%	57,182	6%	60,925	6%	43%
Maui	17,810	21,142	18%	25,407	20%	28,318	11%	29,473	4%	39%
Molokai	2,406	2,645	9%	3,800	5%	2,957	-22%	3,213	8%	33%
Lanai	385	474	23%	573	20%	689	20%	696	1%	80%
Statewide	212,489	235,203	10%	259,307	10%	272,218	4%	287,902	5%	35%

The Federally Qualified Health Centers (FQHCs)

The DHS funds an outreach program at the FQHCs to assist families with children in the completion of applications and submission to the MQD for medical assistance eligibility determination.

Applications from FQHCs in FY 2008, 2009, 2010, 2011, 2012						
Date	East HI	West HI	Kauai	Maui	Oahu	Total
FY 2008	622	457	352	1,701	4,010	7,142
FY 2009	1,005	541	269	1,935	4,053	7,803
FY 2010	1,070	841	155	1,583	7,892	11,541
FY 2011	1,080	867	170	1,645	7,855	11,617
FY 2012	1,058	584	139	905	6,589	9,275

Pregnant Women and Children's Application

The MQD continued to expedite the application process for pregnant women and children through the use of the Medical Assistance Application for Children and Pregnant Women Only Form (DHS 1108). Use of this simplified form (called the "Pinkie") assists staff in processing the paperwork within five working days of receiving the completed application.

At the end of FY 2008, an estimated 8,104 pregnant women received medical assistance. This number increased to 8,837 at the end of FY 2009, and to 9,571 at the end of FY 2010. The number of pregnant women receiving medical assistance decreased to 4,018 at the end of FY 2011, and to 3,735 at the end of FY 2012. The reduction was largely due to increased program integrity efforts. Previously, many women continued to be identified as pregnant long after having delivered their child.

1) QUEST MANAGED CARE

The QUEST program serves eligible individuals who are under age 65, and who are not blind or disabled. The income range for eligible adults and children ages 6 to under 21, is up to 100% of the Federal Poverty Level (FPL). For children ages 1 to under 6 years, the income range for eligibility is up to 133% of the FPL. For newborns and children under 1 year of age, the income range for eligibility is up to 185% of the FPL.

QUEST participants choose their medical coverage from participating health plans throughout Hawai'i. All plans offer the same required benefits, but also offer their own optional benefits. Beneficiaries choose a primary care provider from their health plan's provider network. The QUEST health plans pay contracted health care providers for medical services received by enrollees.

QUEST enrollment was 234,218 at the end of FY 2012, an increase of 8,917 over the FY 2011 enrollment of 225,301 enrollees.

Benefits under QUEST include:

- Inpatient hospital care – medical, surgical, and rehabilitation care, inpatient 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; and
- Hospice care services.

2) QUEST EXPANDED ACCESS

The QUEST Expanded Access (QExA) program was implemented in FY 2009 to include seniors 65 years and older, and individuals of all ages with disabilities. This group receives service coordination, outreach, improved access, and enhanced quality healthcare services coordinated by health plans through a managed care delivery system. This plan expands program services to include long-term care services, both institutional and home- and community-based waiver services.

With a few exceptions, QExA clients receive their primary, acute, and long-term care services through two managed health care plans. The long-term care services offered include both home- and community-based services (HCBS) as well as institutional care (nursing facilities).

The QExA Ombudsman program continues to help clients who have difficulty navigating the QExA program. MQD works with the Hilopa'a Family to Family Health Information Center to help QExA clients resolve their issues. The Hilopa'a Center is staffed with veteran moms and caregivers of individuals with a disability. In their role, they are uniquely qualified to help QExA clients address their concerns.

At the end of FY 2011, there were 43,344, clients enrolled in the QExA program. By the end of FY 2012 that number increased to 44,967 enrollees.

3) FEE-FOR-SERVICE

The fee-for-service (FFS) program is for individuals who have special circumstances, or for coverage of certain benefits. For example, individuals who are expected to be eligible with a spend-down for less than three months, have retroactive eligibility only, or individuals awaiting an organ transplant may be enrolled in the FFS program. Benefits provided by another State department, including developmentally disabled/intellectually disabled waiver services, specialized behavioral health services, early intervention services, and school-based services, are paid through the FFS program. Dental benefits also are provided through the FFS program. Individuals under 21 years old have full dental benefits; adults can receive emergency care only.

At the end of FY 2010, there were 3,217 clients enrolled in the FFS program. There were 3,573 at the end of FY11, and 3,069 at the end of FY 2012.

4) EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT)

The Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program offers additional services for all Medicaid clients less than 21 years of age, with no co-payment requirement. EPSDT provides coverage for:

- Complete medical and dental examinations;
- Hearing, vision and laboratory tests;
- Immunizations and skin tests for tuberculosis;
- Assistance with necessary scheduling and transportation upon request; and
- Additional needed treatment for conditions detected during screening.

Annual EPSDT Participation Report	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012**
Total individuals eligible	132,459	145,702	152,235	158,907	
Total screens performed	100,01 (75.5%)	109,272 (75.0%)	117,218 (77.0%)	115,954 (73.0%)	

** FY 2012 data is not available until April 2013

5) QUEST-NET

Effective July 1, 2012, adults in QUEST-Net began receiving limited QUEST benefits. To be eligible for QUEST-Net, beneficiaries must first have been enrolled in the QUEST, QExA or FFS programs, and then subsequently lost coverage due to increasing income, assets, or other disqualifying reasons. The income range for QUEST-Net rose to 200% of the FPL, until July 1, 2012 when it was reduced to 133% of the FPL.

Maternity benefits are not covered under the QUEST-Net program, but once an adult female is determined pregnant, she may apply for the QUEST program. When deemed eligible, she will receive full maternity benefits including prenatal vitamins.

QUEST-Net enrollment was 1,144 at the end of FY 2011 and 1,015 at the end of FY 2012, a decrease of 129 clients.

6) QUEST-SPENDDOWN

The QUEST Spenddown program provides medical and dental coverage to certain families and children who because of their income, are not eligible for QUEST coverage. QUEST Spenddown is also available to QUEST-Net recipients who have a medical need for which QUEST-Net coverage is exhausted or is not provided.

To qualify for QUEST Spenddown, a family's monthly gross income must be more than the FPL but not exceed 300% of the FPL for a family of applicable size. The family also must have monthly medical bills that are equal to, or greater than, the family's excess income. The spenddown amount is the family's excess income amount. In any month that the family is eligible, the family is responsible for paying medical bills up to the spenddown or excess income amount. The QUEST Spenddown program will pay any remaining medical bills in excess of the spenddown amount, if it is an eligible QUEST service.

QUEST Spenddown enrollment as of FY 2011 was 2,365. In June 2012 it increased by 10 to 2,375 enrollees.

7) QUEST-ACE (Adult Coverage Expansion)

Implemented in March 2007, the QUEST-ACE program provided the same limited health care benefits as the QUEST-Net program. However, unlike QUEST-Net, to qualify for QUEST-ACE, an individual need not have been previously enrolled in QUEST, QExA or FFS. QUEST-ACE provides medical coverage to adults age 19 and older. To receive QUEST-ACE benefits, an individual must be:

- An adult 19 years or older;
- In a household with countable income that does not exceed 200% FPL; and
- Without other insurance coverage, unless the individual is a financial assistance recipient who participates in the Department's Grant Diversion or Supporting Employment Empowerment (SEE Hawai'i Work) programs.

The QUEST-ACE package offered adult beneficiaries limited health care benefits. Effective July 1, 2012 clients enrolled in QUEST-ACE began receiving QUEST benefits.

The QUEST-ACE program continued to cover uninsured adults in FY 2012, which helped strengthen the State's healthcare safety net. QUEST-ACE enrollment was 12,395 in FY 2011. It increased by 1,450 in FY 2012 to a total enrollment of 13,845.

8) TRANSITIONAL MEDICAL ASSISTANCE (TMA)

Prior to the Welfare Reform Act of 1996, anyone eligible for Aid to Families with Dependent Children (AFDC), the predecessor to the current TANF program, was automatically eligible for Medicaid. The Welfare Reform Act de-linked TANF and Medicaid eligibility and concurrently created Section 1931 of the Social Security Act to provide health coverage to persons who formerly would have been eligible for both AFDC and Medicaid.

Previously, when a recipient lost AFDC eligibility due to increased earnings or work hours, the recipient was entitled to AFDC Transitional Medicaid for up to 12 months. Under Section 1931 provisions, a recipient who qualifies for medical assistance using Section 1931 standards can receive free medical assistance. When a recipient loses Section 1931 status, continued free medical coverage for up to 12 months is provided under the provisions of Section 1925 of the Social Security Act.

To be eligible for the Section 1925 extension, a family must: (1) have been eligible under Section 1931 provisions in three of the past six months; (2) have lost Section 1931 eligibility due to increased earnings or loss of earned income exemptions of a family member; and (3) include a child under age 19. To be eligible for the second six-month extension, the family must include a child under 19 and report income and child care information. In addition, free medical assistance can be provided for a four-month period to recipients who lose Section 1931 eligibility due to increased child or spousal support.

At the end of FY 2011, TMA program enrollment was 5,183. Enrollment increased at the end of FY 2012 to 6,361. The increase of 1,178 clients shows that families receiving medical assistance are working toward employment while utilizing the needed resources to help them transition off of medical assistance.

9) 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 coverage for their children. In Hawai'i, S-CHIP was implemented as a Medicaid expansion program. Currently, eligible blind and disabled children receive coverage through the QUEST Expanded Access (QExA) program. Those who are not blind or disabled are covered under the QUEST managed care program. To avoid public confusion, S-CHIP is not referenced as a separate program. Instead, the QExA and QUEST programs are identified as providing coverage to all eligible children.

To qualify for free health coverage, children must be uninsured, under age 19, and the family income cannot not exceed 300% of the FPL. In 2011, this was a monthly income of \$5,331 for a three-person household; \$6,429 for a four-person household. In 2012, this was a monthly income of \$5,490 for a three-person household; \$6,630 for a four-person household. There is no asset test requirement for this program.

Federal funds in FY 2011 covered 66.25% of S-CHIP and the State's Tobacco Settlement Funds covered 33.75% of program costs. Enrollment in S-CHIP increased from 20,763 in FY 2011 to 27,340 in FY 2012.

10) IMMIGRANT CHILDREN AND PREGNANT WOMEN PROGRAMS

Hawai'i no longer administers immigrant children or pregnant women programs. These individuals were transferred to QUEST or QExA in FY 2010 and are now eligible under CHIP.

11) BREAST AND CERVICAL CANCER PROGRAM

Medicaid coverage 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. These individuals must be screened and diagnosed by a physician approved by the Hawai'i Breast and Cervical Cancer Control Program of the Department of Health. In addition, clients cannot already have medical coverage that would pay for the treatment of their breast or cervical cancer, nor can their gross family income cannot exceed 250% of the FPL. Assets are not considered in determining eligibility. In FY 2011, 29 individuals received coverage from this program; in FY 2012, 24 individuals received this coverage.

Hawai'i also provides a state-only funded look-alike program to women who are legally admitted immigrants, but barred from any federally-funded medical assistance program. These women are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau. This program for individuals with breast and cervical cancer was established in 2001 by the Hawai'i Legislature under Act 278. In FY 2011, five individuals received coverage; in FY 2012, three individuals received coverage from the state-funded program.

Breast and Cervical Cancer Program Recipients

Program	July 2010	July 2011	July 2012
Federal Breast Cancer	34	26	21
Federal Cervical Cancer	2	3	3
State Breast Cancer	5	4	2
State Cervical Cancer	1	1	1

12) FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial funeral expense payments to qualified applicants. Any person may apply on behalf of the deceased. Applicants need to apply for funeral benefits with the MQD before making the funeral arrangements. The total program expenditure for FY 2012 was \$423,008.

The deceased person may be eligible for Funeral Payments if they qualify under one of the following two categories:

- The person was receiving medical or financial assistance from the State at the time of death, but was ineligible for the Social Security Administration's (SSA) one-time lump sum benefit. MQD will pay an amount equivalent to the SSA payment (currently \$255) to help pay for funeral expenses; or
- An unclaimed body, (the person died without any known or surviving relatives and friends), or the deceased person died without any legally responsible relatives (the deceased did not have a spouse or legal guardian). MQD will pay \$800 for mortuary expenses.

13) 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 is to ensure that the Medicaid Program is the payor of last resort. As such, the State Medicaid agency and/or its designated agents must make active efforts to cost-avoid or recover Medicaid payments made on claims for which other coverage was available when the health care services were rendered.

The Department of the Attorney General (State Claims Unit), the TPL contractor Affiliated Computer Services (ACS), and other health insurance providers including the QUEST Health Plans (HMSA, Kaiser and Aloha Care), the QExA Health Plans (Ohana and Evercare), Medicare, CHAMPUS, the Veteran's Administration, and Worker's Compensation, coordinate to contain Medicaid program expenses. They attempt to recover Medicaid expenses when accident or liability insurance is liable and by cost-avoiding medical expenses when a recipient has other health insurance coverage.

The TPL contractor, in this case, ACS, recovers medical expenses on the agency's behalf when Medicaid recipients are injured in motor vehicle or employment-related accidents, and when Medicaid recovers damages from malpractice and product liability suits, and other lawsuits related to slip and fall injuries, and assaults.

The Attorney General's State Claims Unit also places liens on home properties of Medicaid recipients confined in Nursing Homes, and files claims against a deceased recipient's estate when real property is involved. The ACS-TPL Contractor identifies health insurance coverage by following up on insurance leads. Subject to estate recovery, ACS-TPL conducts Medicaid recovery activities on deceased recipients by filing small estate claims. The QUEST and QExA health plans help contain medical expenses by identifying and reporting members' other health insurance coverage, cost-avoiding medical expenses and recovering accident claims.

14) MEDICARE MODERNIZATION ACT - MEDICARE PART D

Under the federal Medicare Modernization Act of 2003 (MMA), effective January 1, 2006, Medicare provides prescription drug coverage through Medicare Part D Prescription Drug Plans (PDPs). The PDPs are responsible for the prescription drugs for the Medicare eligible population much like commercial health plans are responsible for medical services of an enrolled member. Medicaid will still provide prescription drug coverage for some drugs that are excluded from coverage by the MMA.

Approximately two-thirds of Hawai'i's Aged, Blind and Disabled (ABD) recipients are dual-eligibles, having both Medicare and Medicaid eligibility. The Medicaid Part D program continues to provide coverage for their 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.

15) MEDICAID WAIVER PROGRAM

The Developmentally Disabled/Intellectually Disabled Home and Community-Based Services (DD/ID HCBS) Program, was established in 1983 to serve individuals with developmental disabilities and intellectual disabilities living in the community. These individuals are Medicaid-eligible and certified as requiring Intermediate Care Facility-Mental Retardation (ICF-MR) level of care. The DHS and DOH collaborate to administer and implement this program, and to maximize Federal Medicaid reimbursement. A total of 2,657 individuals were served in FY 2012.

16) GOING HOME PLUS PROGRAM

In May 2007, MQD received a \$10.3 million “Money Follows the Person” grant from CMS to transition MQD clients from an institution (i.e., nursing facility, acute care hospital or ICF-MR facility) into the community. The Going Home Plus program is the continuation of an already established Going Home program, which successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). The planning for the Going Home Plus program started in the fall of 2007 through use of a stakeholders planning group that included a coalition of community partners and government agencies. The Going Home Plus program has been integrated with the QExA program, so QExA members can transition from nursing facilities to receive services in their home or the community. The Going Home Plus program had 107 members admissions during FY 2011. Combined with FY 2012, this program served a total of 196 clients.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

During FY 2009, the U.S. Department of Health and Human Services issued new HIPAA guidance in the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new rules increased compliance penalties for legal entities covered by the HIPAA regulations. DHS is a legal entity and will need to review, and if necessary, update internal processes and policies to meet the new requirements. New Health Information Exchange (HIE) mandates also will require working with stakeholders to ensure accessibility and confidentiality of Protected Health Information (PHI).

The MQD continually monitors Federal HIPAA Privacy, Security and Transaction and Code Set compliance throughout the Division. New State identity theft laws and recent incidents of national data security breaches emphasize the need for a robust and adequately staffed information security compliance program. The DHS Information Security Compliance team (ISCT) continues to review and develop strategies to protect and prevent data security breaches.

Future Challenges and Performance Targets

The major challenge for the MQD in FY 2013-2014 is complying with the health insurance related provisions of the Affordable Care Act. These include Medicaid eligibility expansion, a complete change in the criteria and methodology for determining eligibility for non-aged, blind or disabled individuals, and the requirement to interface with Hawai'i's Health Insurance Exchange. To comply, the Division will need to develop and implement a new integrated eligibility system by October 1, 2013, (although it typically takes 3 to 5 years to bring up a new eligibility system, revamp its Medicaid State Plan, and nearly rewrite its Administrative Rules). MQD has already submitted an application to CMS for approval of a 5-year renewal of its section 1115 demonstration waiver to align with ACA, which will need to be negotiated with CMS throughout the year.

During the next year, MQD will increase reimbursement (to match Medicare rates) to primary care providers for services, and implement the Medicaid electronic health record incentive program. MQD will oversee the transition of contracts to new vendors, including the dental fiscal agent to Hawai'i Dental Services and the Community Care Services (CCS) program to Ohana Health Plan. We anticipate transitioning QExA adult members with serious and persistent mental illness or severe mental illness who currently receive specialized behavioral health services through the Department of Health Adult Mental Health Division, to receive services through the CCS program. In addition, we will re-procure the health plan contracts. All the while, we will continue to comply with other federal requirements that arise such as background checks, T-MSIS, and ICD-10.

CHAPTER FIVE: DHS ADMINISTRATION

A. DHS ADMINISTRATION AND SUPPORT SERVICES

The Office of the Director has the primary responsibility for operations of the Department of Human Services. The Director is appointed by the Governor and confirmed by the Senate, and is assisted by a Deputy Director.

Five Staff Offices support the DHS Administration, operating divisions, and attached agencies.

The Administrative Appeals Office (AAO) currently provides administrative due process hearings in contested cases for the Department. The AAO has contracts with 11 private practice attorneys, through appointment by the DHS Director under Hawai'i Revised Statutes §346-12, to conduct hearings. The AAO receives approximately 1,500 administrative hearing requests and referrals annually, and issues approximately 750 administrative hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of departmental rules.

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

The Management Services Office (MSO) provides research, budget, quality assurance, program and financial evaluation, and assessment capabilities that enable the DHS to oversee its programs and to make effective decisions concerning those programs. The MSO conducts studies, analyses, evaluations and reviews, to ensure regulatory compliance, achievement of stated goals and objectives, and effective and efficient departmental programs and services, and use of resources.

The Office of Information Technology (OIT) is 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. The 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 operates the Data Center, which includes computing facilities management, data control and technical help desk functions located in the Queen Liliuokalani Building basement. The OIT also oversees administration of the dedicated DHS Mainframe system 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 State and county agencies, federal agencies, and commercial hardware and software vendors including private consultants.

The Personnel Office (PERS) oversees the personnel programs 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.

CHAPTER SIX: ATTACHED AGENCIES

A. OFFICE OF YOUTH SERVICES (OYS)

Description

The Legislature established the Office of Youth Services (OYS) in 1989 to provide and coordinate a continuum of services and programs for youth-at-risk in every county, to prevent delinquency and to reduce the incidence of recidivism. Although a core responsibility of the OYS is to manage and operate the State's only Hawai'i Youth Correctional Facility (HYCF), the agency places great emphasis on providing and supporting "front end" prevention, diversion, and intervention services.

Programs & Service Areas

The OYS focuses on programs and services that address youth needs, ranging from prevention to incarceration to after-care. The following is a brief description of the programs and services the OYS provides.

1) Positive Youth Development (PYD)

The PYD programs are funded by the OYS and offered by seven (7) private non-profit providers. The PYD program targets youth who are homeless, truant, in foster care and group homes, sexually active, pregnant and parenting youth, and youth at risk who had involvement with the Family Court and/or contact with the police. Because these youth were at risk for educational failure or involvement in the juvenile justice system, services and activities aim to help them develop resiliencies so they can successfully transition to young adulthood. Since its inception PYD providers have served an estimated 4,000 youth from urban and rural communities.

2) Youth Gang Prevention and Intervention

Through a grant-in-aid, the OYS funded youth gang prevention and intervention services. Targeted youth were ages 11 to 18 and engaged in either emergent or more established gang behavior. Adult Friends for Youth provided the services, which included community mobilization efforts, strategies for gang prevention and intervention, and formal mediation services for youth gang members.

3) Truancy Prevention and In-School Suspension

Working in collaboration with the Department of Education (DOE) to ensure educational success for at-risk youth and their families, the OYS offered services to enhance school engagement and performance. Targeted youth were ages 7 to 18 and at risk for truancy and chronic absences. To ensure educational success, the six funded agencies provided service and activities that promoted attendance, attachment, and achievement.

4) Community-Based Outreach and Advocacy

The OYS provided intervention case advocacy services to youth whose unhealthy, risky behaviors placed them at risk for initial or further penetration into the juvenile justice system. Four OYS-funded providers identified and engaged youth and their family members to provide attendant care services, to conduct intake and assessment, to help create a youth/family-driven service plan, to support youth/family in accessing services, and to provide follow-up to ensure services were properly provided. In FY 2012, approximately 200 youth statewide were served by the four OYS-funded providers.

5) Intensive Monitoring Program

Intensive Monitoring Program services are targeted for youth who have been adjudicated by the Family Court and have been placed on probation. The program provides intensive supervision for youth, holds them accountable for their behavior and to helps them comply with the terms and conditions of their probation. The service delivery approach includes the youth's family, whose role is to support the youth's participation in activities that increase protective factors and decrease risk factors. Approximately 200 youth were served statewide in FY 2012. An estimated 80 youth were served at any one time in all four judicial circuits.

6) Day Treatment Center

Day Treatment Center services provide a community-based, coordinated set of individualized treatment services, including educational, substance abuse, mental health, counseling, family intervention, psychosocial skills development, and community service. The target population for these services is youth who are involved with the Family Court and whose behavior interferes with their daily functioning in a typical school, work, and/or home environment. These youth require additional structured education and treatment interventions at this level of care.

7) Community-Based Residential Services

To help them prepare for return to community living, youth who cannot or will not remain at home are served by community-based residential programs. Programs focus on improving youths' decision-making, social, and independent living skills, and enhancing their personal commitments to learning and education. Under the umbrella of 19 contracts, seven different providers on all major islands offered a range of residential programs. Approximately 200 youth were served in FY 2012, with most remaining on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10 to 18 - Recently arrested status offenders, non-violent law violators, intoxicated, troubled, abused, or neglected youth requiring short-term shelter and related services that address a present crisis;
- Intensive Residential Services for youth ages 12 to 19 - Youth involved with the juvenile justice system have priority for services. The youth are assessed as high-risk in one or more areas of need, are unable to function in a pro-social manner without constant supervision and support, and can benefit from highly structured residential services;
- Independent Living Programs for youth ages 17 to 22 - Troubled, abused, neglected, or adjudicated, and lack the attitudes, skills, and resources for independent living; and
- Statewide Ke Kama Pono ("Children of Promise") Safe Houses - These are community-based residential alternatives for troubled youth who are at risk of penetrating further into the juvenile justice system. A diversion from the institutional setting of the HYCF, the Ke Kama Pono program provides guidance and support for troubled youth in a highly structured, closely supervised rehabilitative environment, while preparing the youth to reintegrate back into their respective communities.

8) Hawai'i Youth Correctional Facility (HYCF)

The HYCF is a 56-bed facility where the primary purpose is to provide care and custody of at-risk youth committed to the State by the Family Courts. A safe and secure setting, the HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth ward. Programs conducted within the facility are intended to provide guidance and opportunities for positive behavioral changes.

9) Federal Grant Programs

In addition to the service areas, the OYS also oversees and manages a variety of federal grant programs that enable the State to improve the juvenile justice and education systems and/or implement local youth programs and services. These federal grant programs come from the U.S. Office of Juvenile Justice and Delinquency Prevention.

Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act in 1974 to improve the effectiveness of the juvenile justice system. Statutorily, the administration of the provisions of the JJDP Act rests with the Office of Youth Services [HRS §571-32(k) and HRS §352F-5(b)].

The State of Hawai'i's compliance with the JJDP Act results in funding for juvenile justice programs from the United States Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). More importantly, the courts have found that jailing juveniles with adults, and/or for status offenses, could violate the 8th Amendment (Cruel and Unusual Punishment) and/or the 14th Amendment (Due Process). Compliance with the JJDP Act protects the State from civil suits related to conditions of confinement litigation. The following is a summary of the different grant programs.

- **JJDP Act, Title II, Formula Grants Program** enables states to meet and maintain compliance with the four core requirements of the JJDP Act, support delinquency prevention efforts, and improve the juvenile justice system. The core requirements mandate the deinstitutionalization of status offenders, removal of law violators from jails and lockups, elimination of sight and sound contact between juveniles and adult offenders, and reduction of the disproportionate numbers ethnic minority youth who come into contact with the law.
- **JJDP Act, Title V, Incentive Grants for Local Delinquency Prevention Program** is aimed at reducing delinquency and youth violence by supporting local communities in implementing delinquency prevention programs. Counties that are in compliance with core requirements of the JJDP Act received grants, and
- **Juvenile Accountability Incentive Block Grant (JAIBG)** provided funds to states and units of local government to promote greater accountability in the juvenile justice system. Through this program juvenile offenders were held accountable for their wrongdoing by individualizing their consequences, and by being made aware of and answerable for the loss, damage, or injury perpetuated upon victims.

10) U.S. Department of Education, Title IV, Part A, Safe and Drug Free Schools and Communities Act (SDFSCA) State Formula Grants, Governor's Program

The OYS administered the Governor's program for the purpose of fostering safe and drug-free learning environments and supporting academic achievement. The Governor's portion of the grant is 20% and is primarily awarded to community-based agencies that provide drug-use prevention and violence prevention activities for populations needing special services, such as drop-outs, suspended and expelled students. The services also targeted youth between the ages of 10 to 19 who had contact with the police, or were experiencing social, emotional, psychological, educational, moral, physical or similar problems, or who were of ethnicities over-represented within the juvenile justice system.

11) U.S. Department of Health and Human Services -- Title XX Block Grant

The OYS utilizes funding from the Title XX Block Grant Program to provide services to at-risk youth and youth in need of foster care. Primary goals of this grant are to increase the level of self-sufficiency for youth and to prevent institutionalization within the social welfare or juvenile justice systems.

OYS Achievements in FY 2012

In-Community Programs

OYS continued funding more than 90 community-based agency contracts to enhance the continuum of services offered within geographic regions, and to address the statewide needs of at-risk youth and their families. Over 5,200 children and youth were served under the umbrella of these contracts.

The OYS partnered with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to continue implementation of the Juvenile Detention Alternatives Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of core JDAI strategies helps eliminate inappropriate or unnecessary use of secure detentions, minimizes failures to appear and incidences of delinquent behavior, redirects public finances to successful reform strategies, improves conditions in secure detention facilities, and reduces minority over-representation in the juvenile justice system. The full report, [Disproportionate Minority Contact in the Hawaii Juvenile Justice System 2000 – 2010](#), is available for download from the DHS website.

The OYS targeted at-risk youth who did not require out-of-home placement, but still needed comprehensive, structured and intensive day/evening educational services. The educational/vocational services are designed to help youth reintegrate back into appropriate, less restrictive educational settings.

In partnership with the Hawai'i Youth Services Network (HYSN) and the Coalition for a Drug-Free Hawai'i, the OYS sponsored a training conference: *Shaping the Future for Youth: Knowledge, Strategies, Connections*. Approximately 200 participants, representing private community-based organizations and public youth serving agencies, learned about accessing available youth services, increasing skill development to enhance ohana and mentoring relationships, and using strategies for bullying prevention and intervention.

Following a “collective impact” model, the OYS collaborated with non-profits and other State agencies to address the issue of truancy on Oahu.

As alternatives to confinement at the youth correctional facility, the OYS also continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring. The FY 2012 Requests for Proposals concentrated on meeting the needs of adjudicated youth on probation as a means of decreasing the number of commitments to HYCF.

Hawai'i Youth Correctional Facility

Admissions to the facility rose slightly over FY 2011 (from 130 to 135), but the average daily population increased 18% to 60 youth.

New programs continued to be developed and implemented to expand the rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs not only assisted with population control, but also helped reduce recidivism by better preparing our youth for adult life in the community.

Project Kealahou is designed to enhance gender specific programming for incarcerated girls. HYCF's collaboration with the Project continues to positively impact the girls at the facility. Funded through a federal SAMHSA (Substance Abuse and Mental Health Services Administration) grant awarded to the Hawai'i Department of Health, the focus of Project Kealahou 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 who work with the female population. The goal of staff training is to enhance staff sensitivity to trauma-related issues and to broaden the staff knowledge and skill base.

The HYCF continues to evaluate State operations against national standards, remedy deficiencies, and to upgrade the quality of correctional programs and services. The recognized benefits of this process include improved management and defense against lawsuits through documentation. The process also demonstrates 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 on a continuing basis, the establishment of measurable criteria for upgrading programs and personnel.

The identification of community-based programs as alternatives to incarceration is on-going. With support from the OYS, HYCF is working closely with the Courts to ensure that any commitment to the facility is a “last resort” and is based on ensuring public safety. Furthermore, the expanded use of parole has shown to enhance youths' transition back to their home communities. It also makes a positive impact on maintaining the facility's average daily population near its maximum capacity. The HYCF administration supports and encourages the following major initiatives:

- Continued development of facility policies, procedures and practices that are juvenile justice appropriate;
- On-going staff training on juvenile justice/juvenile corrections best practices for the HYCF direct care staff, social workers, and other staff. The goal is to better equip staff with necessary skills and knowledge needed to provide a safe, secure and nurturing environment for the youth in the state's care and custody;
- Continuing to strengthen communications between the Judiciary and State agencies including the DOH, the DOE, DHS and the OYS/HYCF to ensure the delivery of appropriate services for youth in a seamless and collaborative manner;
- Continued enhancement and expansion of in-facility programs and services to better prepare youth for reintegration back into community. For quality assurance, HYCF continues to monitor, assess and facilitate progress through a performance-based standards program. HYCF also continues to evaluate facility progress and conditions of confinement;
- Better coordination of the State's efforts to provide services to youth by building partnerships with public agencies including the DHS, the DOE, the DOH, the Family Court, and various county agencies, including law enforcement agencies, and non-profit agencies. A multi-disciplinary team approach comprised of the DOE, the DOH, the HYCF, contract service providers, youth and parents is developing the youth's Individual Service Plan

and reintegration back into the community. Through the Parole Section, the HYCF continues to provide an intensive Aftercare/Reentry Program for youth transitioning out of the HYCF and returning to their families/communities.

OYS Focus in FY 2013

- Enhance services and programs to best meet the needs of adjudicated youth on probation, to prevent further penetration into the juvenile justice system, to reduce recidivism, and to maximize opportunities for youth to become productive, responsible citizens.
- Ensure adjudicated youth are placed in the least restrictive environment possible – without jeopardizing public safety, consistent with nationwide best practices.
- Ensure fair and equal treatment for all youth, regardless of race/ethnicity, and reduce disproportionate minority contact at the decision-making points in the juvenile justice system.
- Establish a pilot Youth Community Service Center to provide an array of services for juveniles who have been arrested, or who are at risk for involvement with the juvenile justice system. Services would include performing in-depth assessments, facilitating access to services, and developing connections with other community resources in a culturally appropriate manner.
- Plan and implement a tailored civil citations system diversion project to address status offenders and first time misdemeanants who may require more comprehensive services.
- Increase community-based, family-focused treatment interventions, with emphasis on culturally appropriate service delivery.
- Actively participate with the DHS, the DOE, the DOH and the Judiciary to implement “Wrap Hawai’i” – a collaborative pilot program that effectively addresses the complex needs of at-risk youth through integrated case planning between agencies.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program, which promotes detention reform efforts and alternatives to incarceration.
- Improve provider accountability to ensure that youth programs meet the needs of children and communities.
- Collect outcome data to improve program performance and youth success.
- Prioritize youth needs and enhance fiscal responsibility to ensure that moneys are being directed to meet the most serious needs of youth.
- Continue to improve conditions and programs at the HYCF.

Provider Focus in FY 2013

- Improve reporting systems and reduce paperwork for both contractors and the OYS.
- Provide technical assistance and training opportunities for contractors, HYCF staff, and the community.
- Maintain continuity in programs and services for youth and their families.
- Explore partnerships with public and private funding resources to maintain and enhance service capacity for the community.

B. THE HAWAII PUBLIC HOUSING AUTHORITY

The Hawai'i Public Housing Authority (HPHA) administers and manages State and federal low-income public housing, and rent subsidy programs. The HPHA is guided by a Board of Directors and consists of 11 members appointed by the Governor. The HPHA is the State's largest residential landlord with almost 6,200 housing units throughout Hawai'i.

The HPHA operates 5,331 federal low-income public housing units and another 864 State-funded units. Federal public housing is subject to regulations of the U.S. Department of Housing and Urban Development (HUD), which also provides the majority of funding for the HPHA's housing programs. To qualify for entry into public housing, applicants must meet low-income standards and other eligibility requirements.

The federally funded Section 8 Housing Choice Voucher (HCV) Program and the State funded Rent Supplement Program enable low-income families or individuals to find private, market-rate housing in communities of their choice. These programs subsidize monthly rent payments.

The HPHA is an agency dedicated to a mission of public service, from asking all callers how we may serve their needs, to spearheading the "I Have a Dream" Hawai'i Housing campaign. The "Dream" project organized volunteer service days at public housing projects statewide.

For more information on the HPHA, including the agency's most recent Annual Report, please visit: www.hpha.hawaii.gov/

C. COMMISSION ON THE STATUS OF WOMEN (HSCSW)

Programs, Services, Achievements, and Looking Ahead

The Hawai'i State Commission on the Status of Women (HSCSW) was established on May 15, 1964, by executive order of the Governor, and made permanent by Act 190, Session Laws of Hawai'i 1970. The HSCSW was established to aid in the implementation of recommendations, the development of long range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawai'i. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawai'i County Committees on the Status of Women, and the University of Hawai'i President's Commission on the Status of Women.

Over its 46 year history, the Commission has worked to ensure that women and girls receive full and equal coverage under the law by informing government and non-government agencies and the public about women's rights, opportunities, contributions, and responsibilities; advocating for the enactment or revision of laws and/or policies that eliminate gender discrimination; identifying and supporting programs and projects that address women's concerns and needs; and establishing and maintaining an active presence in the community by facilitating information dissemination, acting as a liaison, clearinghouse, and coordinating body for issues relating to women.

The work of the HSCSW is based largely on effective public/private partnerships and networking among a variety of diverse boards, coalitions, professional and community groups and organizations. Its efforts address a wide range of issues impacting women and girls, including education and employment, the social, political and legal arenas, and economics and health care. The HSCSW continues to connect with the women around the State and to actively represent them during the Legislative Session. The HSCSW once again took up the role of supporting women's organizations in the community by chairing the Hawai'i Women's Coalition in FY 2012.

In the wake of budget and staffing restrictions, the current HSCSW goal is to revitalize and strengthen statewide program links between the HSCSW and the County Committees on the Status of Women, and to meaningfully impact the lives of women and girls across the State.

Future Plans

- ***Women's Health Month***

September is Women's Health Month in Hawai'i. The goal of this designation is to widely communicate that women's health is more than the absence of disease - that it encompasses physical, mental, emotional and social well-

being. For the 15th year, the HSCSW has organized Women's Health Month events statewide. Events include educational workshops, health fairs, lectures, fitness activities and other special events. The HSCSW will continue to grow this signature event. The HSCSW initiated Women's Health Month in 1994 with the purpose of maximizing public awareness of women's health issues, empowering women to be their own health advocates, reducing health care disparities, and promoting the physical and emotional well-being of women in Hawai'i.

- ***Women's History Month***

March is Women's History Month. To celebrate Hawai'i's women, the HSCSW has begun collecting interviews to establish the Hawai'i Women's Oral History Collection. The purpose of the collection is to record women's stories in their own voices, with the goal of enabling them to speak to Hawai'i's future by sharing their wisdom and knowledge. In 2010 the Women's History Month theme was *Writing Hawai'ian Women Back into History*. In 2011 it was *Our History is Our Strength* and in 2012, it was *40 Years of Title IX: Where are We Now?* We hope Hawai'i's women will embrace the Hawai'i Women's Oral History Collection and work with the HSCSW to ensure that women's stories and those of the women who have touched their lives are told. The HSCSW is planning statewide events to highlight the contributions of women in the community, including celebrating the 30th anniversary of the nation's women's history month tradition.

- ***Ready to Run™***

Ready to Run™ is a bi-partisan effort to recruit and train women to run for all levels of public office. The mission of *Ready to Run™* is to promote greater knowledge and understanding about women's participation in politics and government, and to enhance women's influence and leadership in public life. This one-day training presents a unique opportunity for potential women candidates and campaign managers to hear directly from prominent elected and appointed leaders, campaign consultants, and party officials about how to get ready to run. The program builds a strong foundation for the HSCSW's mandate of educating women on their political rights and responsibilities.

- ***Wage Club***

The WAGE (Women are Getting Even) Project launched a collaborative grassroots program designed to help close the wage gap between working women and men. Across the country, women are discussing the wage gap and what they can do to address pay disparities. The HSCSW collaborates with organizations in our local community to examine this issue.

- ***Legislative Agenda***

The HSCSW works with the Hawai'i Women's Coalition to participate in the legislative process, to advocate on issues, and to strengthen laws impacting women, children and families. Comprised of stakeholders dedicated to women's advocacy, the coalition focuses on issues that include economic security, domestic violence, violence prevention, human trafficking, sexual assault, employment, affordable housing, health and well-being, elder care, voting, and women offenders.

- ***Women's Safety***

The HSCSW works with a coalition of State, military and non-governmental agencies on domestic violence awareness, advocacy issues and projects. This includes planning Domestic Violence Awareness Month in Hawai'i with other non-profits to present a month-long violence prevention conference focused on anti-sex trafficking. The conference goal is to help prevent violence against women and girls through education, art, and grassroots community involvement.

Looking Ahead

The HSCSW is committed to building a statewide network that supports women and girls. The current challenge is reconnecting with women in the community and the organizations that support them. The HSCSW has begun re-evaluating and designing programs that address the needs of women across the State, while simultaneously strengthening our national and international connection to women's advocacy.

D. HAWAI'I STATE COMMISSION ON FATHERHOOD

The Hawai'i State Commission on Fatherhood (SCF) advises State agencies and makes recommendations on programs, services, and contracts to promote healthy family relationships. The SCF also emphasizes the importance of involved, nurturing, and responsible fatherhood on children's lives. The presence of fathers positively impacts school performance and self-esteem, and decreases high-risk behaviors and substance abuse.

The Governor appoints the SCF Board, which is comprised of representatives from all four counties, the DHS, the Attorney General's Office, and the Office of Youth Services.

The Commission participated in various community events over the past year, encouraging fathers to become more involved in the welfare of their family and children. Events included the Men's March Against Domestic Violence, the Celebrating Fatherhood - Look-a-Like Contest, and the Children and Youth Day at the State Capitol.

**APPENDIX I
THE BUDGET FOR FISCAL YEAR 2013**

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	202	Aged, Blind & Disabled Payments	0.00	\$4,029,480
BESSD	204	General Assistance Payments	0.00	\$21,289,056
BESSD	206	Federal Assistance Payments	0.00	\$5,108,943
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	\$66,694,156
BESSD	224	Homeless Services	6.00	\$16,829,819
BESSD	236	Case Management for Self-Sufficiency	545.00	\$31,402,680
BESSD	237	Employment and Training	0.00	\$1,169,239
BESSD	302	General Support for Child Care Services	39.00	\$11,963,026
BESSD	305	Cash Support for Child Care	0.00	\$53,542,565
BESSD	903	General Support for Self-Sufficiency Services	91.00	\$101,697,714
MQD	401	Health Care Payments	0.00	\$1,692,642,837
MQD	902	General Support for Health Care Payments	254.00	\$53,446,440
SSD	301	Child Protective Services	420.50	\$71,299,056
SSD	303	Child Protective Services Payments	0.00	\$56,911,679
SSD	601	Adult Community Care Services Branch	74.50	\$10,681,694
SSD	605	Community-Based Residential Support	0.00	\$17,810,955
SSD	901	General Support for Social Services	21.00	\$3,889,758
VRSD	238	Disability Determination	45.00	\$7,227,756
VRSD	802	Vocational Rehabilitation	105.50	\$19,085,420
HCDCH	220	Rental Housing Services	203.00	\$44,847,673
HCDCH	222	Rental Assistance Services	18.00	\$26,873,269
HCDCH	229	HCDCH Administration	88.00	\$37,047,321
OYS	501	In-Community Youth Programs	12.00	\$10,634,832
OYS	503	Hawaii Youth Correctional Facility	126.00	\$10,906,562
CSW	888	Commission on the Status of Women	1.00	\$155,084
ADMIN	904	General Administration of the DHS	155.00	\$8,464,631
DHS TOTAL:			2,204.50	\$2,385,651,645

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective Feb 1, 2013)													
HH SIZE	SON	TANF/ GA Ref	TANF -20%	GA	ABD	HH SIZE	SON	TANF	TANF -20%	HH SIZE	SON	TANF	TANF -20%
1	939	450	360	298	319	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	402	430	7	2894	1389	1111	12	4523	2171	1736
3	1590	763	610			8	3220	1545	1236	13	4849	2327	1862
4	1916	919	735			9	3545	1701	1361	14	5175	2484	1987
5	2242	1076	860			10	3871	1858	1486	15	5500	2640	2112
										15+	+326		

- Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.
 - TANF and GA Refugees Monthly Assistance Allowance is 48% of the Standard of Need effective July 1, 2009.
 - TANF mandatory work required households Monthly Assistance Allowance is reduced by 20% effective July 1, 2009.
 - GA Monthly Assistance Allowance is 31.8% of the Standard of Need effective February 1, 2013.
 - ABD Monthly Assistance Allowance is 34% of the Standard of Need effective June 1, 2010.
- Excludes medical care costs which are met in full by the Department through its Medicaid Program
- Excludes Supplemental Nutrition Assistance Program (additional benefits) which varies by family size and net income
- Emergency assistance due to natural disaster provided.
- Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.

Amount of assets disregarded:	TANF:	\$5,000 regardless of family size
	GA, AABD, SSI:	\$2,000 - 1 person; \$3,000 - couple

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Effective October 1, 2012)														
Household Size	MGI 200% (BBCE only)	Monthly Gross Income 130%	Monthly Net Income 100%	Thrifty Food Plan	Household Size	MGI 200% (BBCE only)	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan	Household Size	MGI 200% (BBCE only)	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan
1	2144	1394	1072	319	6	5936	3858	2968	1518	11	9726	6323	4866	2639
2	2902	1887	1451	585	7	6694	4351	3347	1678	12	10484	6816	5246	2877
3	3660	2379	1830	839	8	7452	4844	3726	1917	13	11242	7309	5626	3117
4	4420	2872	2210	1065	9	8210	5337	4106	2157	14	12000	7802	6006	3357
5	5178	3365	2589	1265	10	8968	5830	4486	2397	15	12758	8295	6386	3597
										15+	+758	+493	+380	+240

- HH with an elderly or disabled person must meet Monthly Net Income limits.

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,250 regardless of family size Eff. 10/01/11
	Households with a totally disabled person	\$3,250 regardless of family size Eff. 10/01/11
	Regular households including 1 person households:	\$2,000 regardless of family size
	BBCE HHS	Unlimited
Standard Deduction:	For household size of 1 through 4 members	\$211
	For household size of 5 members	\$215 For household six or more - \$247
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$632
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1, 2013)										
AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (1.7% Increase)										
Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Medical Institution (Medicaid Certified Facility) Personal Needs Allowance (PNA)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	1/13-12/13	1/13-12/13	1/13-12/13	1/13-12/13	1/13-12/13	1/13-12/13	1/13-12/13	1/13-12/13	07/07-	07/07-
Federal	710.00	1066.00	481.34	723.00	710.00	1066.00	710.00	1066.00	30.00	60.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	20.00	40.00
Total	710.00	1066.00	481.34	723.00	1361.90	2706.80	1469.90	2922.80	50.00	100.00

Date: 12/24/12