

**State of Hawaii**  
**Department of Human Services**  
**Annual Report on Fiscal Year 2013**



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## Director's Message

Aloha,

The Department of Human Services provides essential services to Hawaii's low-income, vulnerable communities. The DHS staff are the heart of the Department and the lifeline to the community we serve. This annual report reflects the staffs' work and dedication to serving our community. I am deeply appreciative of their collective commitment to the DHS' mission.

The Department continues to expand and rebuild services in collaboration with the Hawaii Legislature and our federal partners. Federal funding comprises 55 percent of the Department's FY 2014 budget. The DHS seeks every opportunity to leverage federal funding where there is mission alignment. This year, our federal partners continued their expanded support for the Department's homelessness initiatives, provided significant fiscal backing for the Department's new Medicaid IT Eligibility System - KOLEA, incentivized the expansion of electronic health care records across the provider community, and supported new initiatives in our Child Welfare Services Branch.

With strong bridges to the community, the Department continues to collaborate with stakeholders including clients and service providers. In 2013, community input influenced and informed development and design of the Child Welfare Services' Branch soon-to-launch Voluntary Care to 21 Program, renamed Imua Kāuko, by the community of foster youth. Similarly, collaboration with mental health providers and consumers informed the Med-QUEST Division as it revised its case management program for clients with serious mental illness and successfully expanded its services and client base.

The Department's commitment to accessible, timely services for its clients is best reflected by achievements of the Benefits, Employment & Support Services Division (BESSD). In 2010, BESSD's timeliness rate for making determinations on Supplemental Nutritional Assistance Program (SNAP) benefits was as low as 66 percent. Today, it stands at 97 percent. In recognition of this achievement, the United States Department of Agriculture awarded BESSD a \$724,000 bonus. BESSD's responsiveness to community needs was also underscored by a major policy shift that enabled TANF/TAONF applicants to comply with work requirements and gain access to benefits within seven (7) days. Under former policies, applicants faced a twenty-one (21) day mandatory waiting period before receipt of benefits. The reduced waiting period, coupled with the removal of asset testing for TANF/TANOF families, eliminated significant barriers to assistance for Hawai'i families needing a helping hand

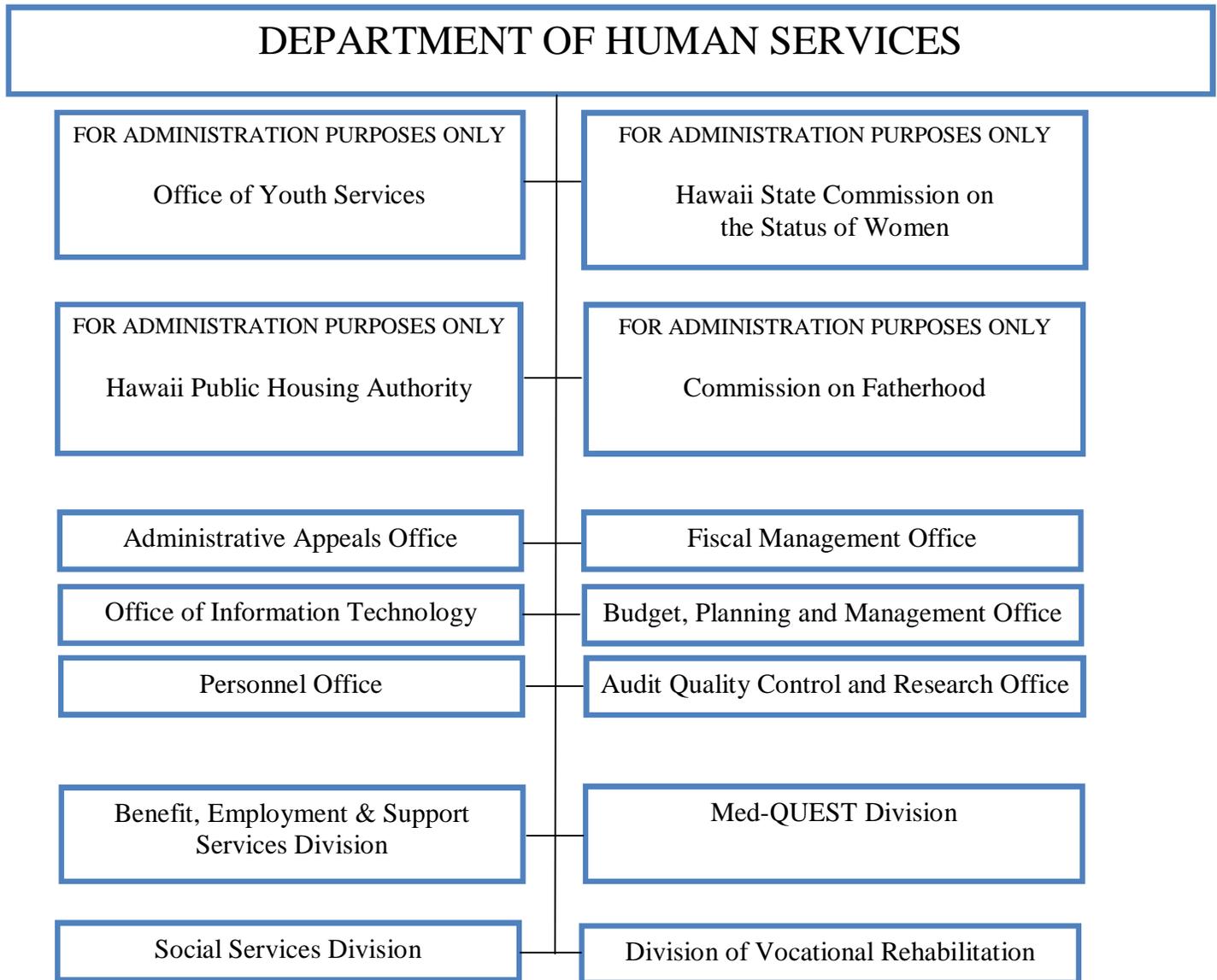
As the Department moves forward, we pledge to continue building upon our partnerships and collaborations with the Legislature, our Federal partners, and the community.

Mahalo,



Pat McManaman

State of Hawaii, Department of Human Services  
**Organizational Chart**  
 (January 2014)



# **CHAPTER 1: Introduction**



*The administrative offices are located in the Queen Liliuokalani Building  
1390 Miller Street in downtown Honolulu*

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 2,141 permanent positions and an annual budget of over \$2.6 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 a broad array of services for Hawaii residents:

- 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 Hawaii 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 through family strengthening, child abuse and neglect prevention services. The SSD also licensing some long-term care home and community-based providers; and
- The Vocational Rehabilitation Division helps persons with disabilities and the blind become employed, start their own businesses and live independently.

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

The DHS also supports two State commissions. The Hawaii 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 Hawaii. The Hawaii Commission on Fatherhood (HCF) was established by Act 156, SLH 2003 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 two administratively attached agencies and two commissions are assisted by five staff support offices. Staff support offices provide 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.

*The Department of Human Services recognizes the significance of diacritical markings in written Hawaiian as pronunciation guides, but has opted not to use them in this Annual Report because they display inconsistently across various computer platforms/browsers. Please consult the Hawaiian electronic library [Ulukau](#) and the below resources for diacritically accurate Hawaiian spellings: 1) Hawaiian Dictionary, Revised and Enlarged Edition, by Mary Kawena Pukui and Samuel H. Elbert (UH Press) and 2) Place Names of Hawaii, Revised and Expanded Edition, by Mary Kawena Pukui, Samuel H. Elbert and Esther T. Mookini (UH Press).*

## **CHAPTER 2: Self-Sufficiency**

**BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION**

The Benefit, Employment and Support Services Division (BESSD) staff provide basic support to needy families through Financial Assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and the Low Income Home Energy Assistance Program (LIHEAP). 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. The mission of BESSD is to provide timely, efficient and effective programs, services and benefits to empower those who are the most vulnerable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.

**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF)**

**Program Description**

TANF and TAONF provide monthly cash benefits to qualifying families for food, clothing, shelter, and other essentials. To qualify, a family must include dependent children under the age of 19 and the family’s total gross income must be under 185% of the 2006 Federal Poverty Level (FPL). For 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 under \$610 if the household includes an employable adult. Effective April 18, 2013, assets were disregarded to encourage asset building and to promote self-sufficiency.

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

<b>Citizenship – Individuals - FY 2013</b>		
U.S. Citizens	Non-U.S. (includes COFA)	COFA*
23,448	3,433	3,040

*\*Compact of Free Associations countries include Micronesia, Marshall Islands and Palau*

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

Payment standards were increased in July 2007 for the first time since 1994. Payments went 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 greater than the 1994 payment amounts.

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

- Since 2004, the DHS has provided Positive Youth Development and Family Strengthening programs to improve the lives of vulnerable and needy keiki, teens and their parents. Programs are designed to reduce truancy, crime, out-of-wedlock pregnancies, substance abuse and child abuse. They include the UPLINK program offered by the Department of Education, and statewide after school programs at youth centers. 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 also provide support services and programs. These services engage youth in positive activities and discourage risky behaviors that lead to pregnancy, substance abuse and crime. The programs provide positive information and promote 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 assistance program. Adults who are able to work, and those with employment barriers must participate in and comply with work-related or assessment activities before the family can receive UFUE benefits.

### **Program Goal**

To provide a safety net for families when they cannot work or are under-employed; to help parents find and maintain employment; and to help families achieve self-sufficiency.

### **Program Highlights for 2013**

Hawaii's welfare reform program is innovative, progressive and realistic. It provides families and individuals the appropriate combinations of incentives to work and disincentives to remain dependent on public assistance.

- The average monthly assistance per household in 2013 was \$512 per month.
- Based on the number of cases closed in FY 2013, the average time on assistance from the month of approval to the month of closure was 13.3 months.

- For cases still active during FY 2013, the average time on assistance from month of approval through June 2013 was 15.2 months. The combined average for cases closed during 2013 and those still active through June 2013 is 14.2 months.
- With implementation of welfare reform, the average number of families receiving assistance per month decreased from a high of 23,659 in 1999 to a low of 8,344 in 2008. The figure was 9,829 in 2013.
- In June 2012, 2,522 working households grossed \$2.5 million, representing a cost savings of \$804,731 to the State. In June 2013, 2,467 employed households grossed \$2.3 million, a cost savings of \$744,859 to the State.

### Caseload

Fiscal Year	Average Families per Month	Average Time on Assistance
2005	11,629	15
2006	9,837	15
2007	8,976	16
2008	8,344	13
2009	8,661	14.1
2010	8,942	15.2
2011	9,477	16.5
2012	9,811	13.5
2013	9,829	14.2

### Caseload (By Selected Months)

	<b>June 2008</b>	<b>June 2009</b>	<b>June 2010</b>	<b>June 2011</b>	<b>June 2012</b>	<b>June 2013</b>
Number of Households Assisted	8,008	8,907	9,180	9,368	9,831	9,235
Monthly Benefits Paid	\$4.57 million	\$5.04 million	\$5.2 million	\$5.17 million	\$5.38 million	\$5.06 million
Number of Employed Households	1,768	2,129	2,316	2,438	2,641	2,467
Gross Earned Income	\$3.7 million	\$1.5 million	\$1.8 million	\$1.9 million	\$2.4 million	\$2.31 million
Employment Cost Savings	\$621,383	\$748,389	\$693,740	\$748,746	\$804,731	\$744,859

BESSD continues to expand training and skill-building programs for clients with temporary disabilities or other significant barriers. The Division has contracted services for victims of domestic violence, and individuals with physical or mental disabilities. To permit program participation, work requirements for domestic abuse victims may be suspended for up to six months, with a possible extension of six months. Assessments are conducted on an individual basis to keep 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 support services. Families achieve self-sufficiency through contracted case management services for recovery activities, employment and skill development. These programs and services develop self-sufficiency skills for all BESSD families, and enable them to comply with work participation requirements according to federal public assistance laws. To maintain eligibility, all adults, except for those receiving Supplemental Security Income (SSI), Social Security Disability Income (SSDI) or age 65 or older, are required to participate in some work-related activity such as training, counseling, treatment or work.

- BESSD continues to assist disabled individuals receiving assistance to qualify and receive federal SSI or SSDI benefits through contracts with the Legal Aid Society of Hawai'i (LASH), and the Social Security Advocacy program. SSI is higher than State benefits, and not time-limited.
- BESSD continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing the need for public assistance, and keeping people off public assistance.

- Contracted physicians, psychiatrists and psychologists conduct medical disability assessment for disabled recipients. This standardizes the determination of disability to emphasize work ability and treatment compliance to ameliorate the disability, and enables these recipients to work. A medical board reviews all findings to more consistently plan for appropriate support services. With physician, psychologist and psychiatrist disability determinations, vocational rehabilitation contractors are better able to service recipients, and assess the level and types of activities the TANF recipient may perform. A total of 3,465 evaluations were performed in FY 2013.
- To provide consistent eligibility criteria for BESSD programs, the Division continues to align Financial Assistance program policies with those of the Supplemental Nutritional Assistance Program (SNAP).
- To establish and determine 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 family application process from a maximum of 21 days to no less than seven days. There are exceptions for 1) families with children under the age of six months, 2) those without an adult in the household, and 3) those with one adult caring for a disabled household member.

### **Recent Improvements**

- The Business Process Re-engineering Project (BRPR), converted the previous case management process to a task-oriented process, and has been successfully implemented in eligibility offices across the State. Conversion to the new service delivery model was conducted in stages starting with Maui and East Hawaii in November 2011. The final conversion at the West Hawaii offices occurred in October 2012. BESSD continues to monitor and evaluate this new process to ensure the Division provides timely service to our clients.
- On April 18, 2013, Governor Neil Abercrombie signed a bill into law to disregard counting assets towards eligibility for program assistance. This change allows beneficiaries to save and build assets towards self-sufficiency.

### **Beneficiaries Served**

Households that include an adult without work barriers can receive cash benefits for a lifetime maximum of five years (60 months). While each family that receives financial assistance is unique, BESSD can identify some common characteristics:

- The average family is a household of three persons;
- Households that include an adult without work barriers are allowed to receive cash benefits for a lifetime maximum of five years (60 months);
- In FY 2013, 370 cases were closed due to time limits; and
- In FY 2013, 1,050 cases were closed due to earned income.

The BESSD continues expanding its outreach activities to ensure that families approaching the five-year limit are prepared with a self-sufficiency plan. Job preparation, job search skills, training and educational services are available.

Transitional benefits are provided to those who are employed. BESSD also has expanded supportive services for individuals with barriers to employment. The intent is to assist and guide families towards self-sufficiency as expeditiously as possible.

<b>Year</b>	<b>Time Limit Closures</b>	<b>Earned Income Closures</b>
2005	708	2,144
2006	517	1,864
2007	477	1,830
2008	434	1,451
2009	415	1,396
2010	228	991
2011	359	904
2012	367	1,031
2013	370	1,050

<b>Household Composition – June 2013</b>	
Child Only	1,426
One Parent	5,892
Two Parents	2,378

## **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 SSDI 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 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 funded each year through a block-grant appropriated by the State Legislature. The Department operates within the block-grant appropriation and adjusts the monthly benefit amount throughout the year, based on the number of individuals

participating in the program. Monthly payments have fluctuated from a high of \$469 in 2007 to a low of \$234 in 2009. In FY 2013, benefits began at \$319 but were reduced to \$298 in February 2013 to remain within the appropriation.

### **Program Goal**

To provide temporary economic assistance to individuals who are temporarily disabled and unable to work. Providing cash support helps meet some of their basic needs while assisting them to obtain treatment and pursue other potential sources of income.

### **Program Highlights for 2013**

The BESSD continues to require that all individuals claiming a disability be examined by a contracted medical provider, and that all medical examinations are reviewed by a contracted medical board. This statewide process establishes a consistent program standard for determining disability and eligibility.

- In FY 2013, 16,906 medical evaluations were conducted and 21% were determined not-disabled. Of those determined disabled, 55% were determined psychiatrically-disabled, and 45% were determined physically-disabled. The medical board reversed 4% of psychiatric and 1% of medical determinations in FY 2013.
- The medical board refers applicants to the SSA when the recipient appears to meet the SSA permanent disability criteria. Additionally, recipients who have been disabled or expected to be disabled for 12 months are referred to SSA by eligibility staff.
- The DHS continues to contract Social Security advocacy services to maximize the number of recipients eligible for federal assistance. In 2013, 825 GA referrals were made; 302 individuals were approved for SSI or SSDI benefits. This process allows the transfer of persons with long-term disabilities to the federally-funded programs.

### **Recent Improvements**

- The Interim Assistance Reimbursement (IAR) authorization process was automated in November 2012 to allow the Department to be reimbursed for state-funded assistance when a recipient is determined eligible for SSI. Prior to automation, hard copy authorization agreements were mailed or faxed to the SSA to inform them that an applicant for SSI is receiving State funded assistance. Automation also helps eligibility staff record data into the HAWI system, including the date the authorization form was signed by the recipient. Electronic notification will increase the SSA reimbursements to DHS.
- The financial assistance application form has been revised to include an authorization that allows the Department to make SSI referrals to the social security advocate. Previously, referrals were made only with signed authorization from the recipient. This new approach allows referrals to LASH recipient without authorization, eliminates delays and increases the number of referrals to the SSA.
- Disability treatment is an eligibility requirement of the GA program. A treatment plan is established by the contracted evaluator and discussed with each recipient. Newly approved psychological recipients are required to provide proof of treatment eight weeks following their initial evaluation. During 2013, 4,030 follow up checks were

requested. Five hundred seventy-four (574) were sanctioned for failing to comply with their recommended treatment plan; 1,453 were closed for failing to respond to the request for proof of treatment compliance.

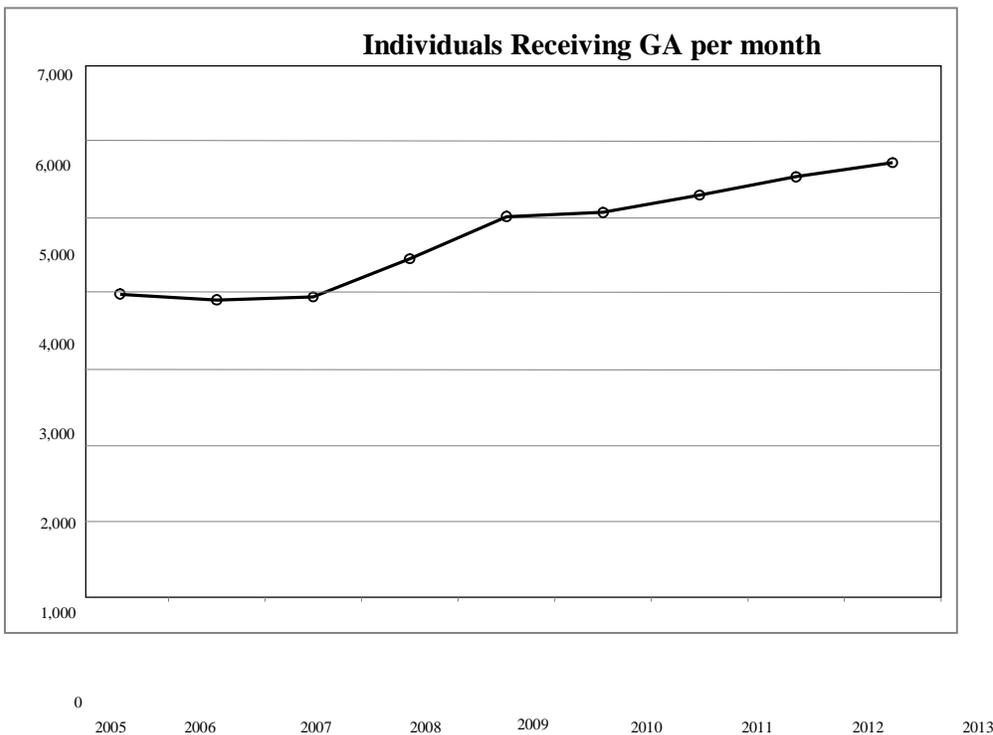
- Members of the Department’s BESSD Medical Board also are members of the Med-QUEST Aid to Disable Review Committee (ADRC). BESSD has arranged for an ADRC determination to be made at the same time the Medical Board reviews and certifies GA disability. This eliminates the need for separate referrals to MQD for the ADRC determination. Streamlining the process allows the transfer of a GA recipient to the Aged, Blind and Disabled program more quickly, thus, freeing up limited GA funding.

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

<b>Fiscal Year</b>	<b>Total Reimbursement from the SSA*</b>	<b>Current Year Reimbursement **</b>	<b>Prior Year Reimbursement to General Fund</b>	<b>Cost of LASH Contract</b>
2009	\$2,226,570	\$1,021,894	\$1,204,675	\$506,775
2010	\$2,485,285	\$1,050,416	\$1,434,869	\$678,200
2011	\$1,901,487	\$837,407	\$1,064,080	\$632,725
2012	\$1,529,409	\$632,074	\$897,335	\$469,425
2013	\$1,679,715	\$623,496	\$1,056,219	\$410,957

*\*Reimbursements received from the SSA via the IAR program.*

*\*\* Portion DHS retained from the current fiscal year.*



### GA Caseload

Year	Individuals per Month	Average Time On Assistance
2005	3,994	Not available
2006	3,917	Not available
2007	3,955	Not available
2008	4,458	Not available
2009	5,014	Not available
2010	5,068	8
2011	5,298	8
2012	5,537	8.6
2013	5,722	10.4*

*\*Based on the number of cases closed during calendar year 2013. The combined average for cases closed during 2013 and those still active through December 2013 going back to date of approval.*

### Citizenship FY 2013

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
5,366	492	311

*\*Compact of Free Associations countries include Micronesia, Marshall Islands and Palau*

## **AID TO THE AGED, BLIND, AND DISABLED (AABD)**

### **Program Description**

The Aid to the Aged, Blind and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to a gap group of Hawaii residents. They are elderly adults (65 years of age or older) or individuals who meet the Social Security Administration (SSA) definition of disabled or blind. Most are not eligible for federal Social Security benefits. To qualify for State assistance, individuals must have countable income below 34% of the 2006 Federal Poverty Level and resources not exceeding of \$2,000 for a single person and \$3,000 for a couple.

### **Program Goal**

To provide safety net assistance to individuals who are age 65 and older, and/or permanently disabled, and/or who do not qualify for federal benefits, or qualify for very little. Interim assistance also is provided to those waiting for a SSA determination of eligibility for SSI or SSDI.

## Highlights for 2013

- Reviews of U.S. citizen and non-U.S. citizens age 65 or older cases are being conducted to refer them to our Social Security advocacy contractor.
- In June 2010, BESSD decreased the AABD eligibility standard from 48% to 34% of the 2006 FPL. The decrease resulted in termination of benefits for individuals with partial income greater than \$319, primarily from SSI. As a result, the caseload declined significantly in 2011 and stabilized below 900 cases in 2013.

### AABD Caseloads

Year	Average Monthly Cases	Average Time on Assistance
2005	1,887	30
2006	1,568	30
2007	1,334	30
2008	1,341	30
2009	1,461	29
2010	1,375	33
2011	899	31
2012	859	31
2013	898	29.6

### AABD Citizenship Status FY 2013

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
171	323	404

*\*Compact of Free Associations (COFA) countries include Micronesia, Marshall Islands and Palau*

### Recent Improvements

The Interim Assistance Reimbursement (IAR) authorization, which allows the Department to be reimbursed for state funded assistance when a recipient is determined eligible for SSI, has been automated as of November 2012. Prior to this automation, hard copy authorization agreements were mailed or faxed to the SSA to inform the SSA that an applicant for SSI is receiving State funded assistance. The IAR program allows the SSA to reimburse the State assistance provided to recipients. With the automation, eligibility staff simply record the date the client signed the form into our HAWI system. This electronic notification will increase the SSA reimbursements to DHS.

## **LOW INCOME HOME ENERGY ASSISTANCE PROGRAM**

### **Program Description**

The Low Income Home Energy Assistance Program (LIHEAP) is federally funded assistance that helps families manage costs associated with home energy bills and energy crises.

LIHEAP assists qualifying households pay their utility bills (electric or gas) in two ways:

- The Energy Crisis program provides up to \$200 to restore power to the residence of a household whose electricity or gas has been shut off, or is about to be terminated; and/or
- The Energy Credit program provides a one-time payment to households not in crisis. The funds are deposited directly into their utility accounts.

To be eligible for the program, applications must include all individuals (related or unrelated) living at the residence, and Social Security numbers for all household members. Income, assets, and utility bills must be submitted with the application when determining eligibility for the program. Applications for this program are taken annually in the month of June.

### **Program Goal**

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

### **Highlights for 2013**

- 9,529 families or individuals received energy credits.
- 121 families or individuals received emergency crisis credits.
- The average energy credit was \$526; the average crisis credit was \$195.

### **Recent Improvements**

BESSD will begin providing crisis credits throughout the year. Previously, the energy and crisis credits were issued only once a year.

## FIRST-TO-WORK PROGRAM

### Program Description

The First-To-Work Program (FTW) was implemented in SFY 1997 to provide case management, employment and support services to work-eligible individuals (WEI) receiving Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF), pursuant to Public Law 104-193, “Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PWORA),” reauthorized by the “Deficit Reduction Act of 2005 (DRA).” In addition, the FTW Program provides vocational rehabilitation and domestic violence advocacy services to other work-eligible individuals (OWEI) who may be unable to work due to temporary disability or domestic violence-status.

To assist participants who work towards employment goals, the FTW Program may provide supportive services such as child care subsidies, transportation reimbursement, tuition and books for education, and work-related expenses.

Program services are provided through partnerships and contracts with public and private agencies.

### SFY 2013 Demographics and Statistics

In SFY 2013, the FTW Program serviced an average of 5,209 WEI and 1,382 OWEI per month, for a total monthly caseload of 6,591.

Of the total OWEI population 1,131 participants were serviced due to temporary physical or mental disability; 198 participants received services relating to domestic-violence status; and 53 participants were serviced due to substance abuse treatment.

#### Average WEI and OWEI Serviced by the First-To-Work Program<sup>1</sup>

	2011	2012	2013
<b>WEI</b>	5,773	6,107	5,209
<b>OWEI</b>	1,144	1,146	1,382
<b>TOTAL</b>	6,917	7,253	6,591

<sup>1</sup> Average number of participants per month in FTW. Some participants may have multiple participations within the fiscal year.

Parents of TANF and TAONF recipient households who participated in the FTW Program were predominantly between 18 and 29 years old. An estimated 81% of total recipient families serviced by the FTW Program were work eligible individuals.

### Age Distribution of FTW Participants

	WEI	OWEI	TOTAL
<b>&lt; 18</b>	0.32%	0.02%	<b>0.34%</b>
<b>18 – 29</b>	43.79%	5.3%	<b>49.09%</b>
<b>30 – 45</b>	31.42%	10.44%	<b>41.86%</b>
<b>46 – 55</b>	4.83%	2.61%	<b>7.44%</b>
<b>56+</b>	0.67%	0.60%	<b>1.27%</b>
	81.03 %	18.97 %	100.00 %

Sixty-five percent (65%) of the FTW participants come from single-parent families; two-parent families comprised less than a third of families serviced by the FTW Program.

### FTW Participants - Family Composition

	WEI	OWEI	TOTAL
<b>Single-Parent</b>	48.26%	17.24%	<b>65.50%</b>
<b>Two-Parent</b>	31.02%	1.12%	<b>32.14%</b>
<b>Child-Only</b>	1.76%	0.60%	<b>2.36%</b>
	81.04 %	18.96 %	100.00 %

An estimated 58% of recipient families consisted of two and three household members. A majority of children were non-school age between 2 and 4 years old and school-aged children between 7 and 12 years old.

### Number of Household Members in TANF/TAONF Recipient Families

<b>&lt; 2 HH Members<sup>2</sup></b>	<b>2 HH Members</b>	<b>3 HH Members</b>	<b>4 HH Members</b>	<b>5 HH Members</b>	<b>&gt; 5 HH Members</b>
9.2%	31.49%	26.63%	16.50%	9.16%	7.02%

<sup>2</sup> TANF recipient families with less than two household members may include individuals not receiving TANF benefits due to receipt of SSI benefits or Foster Care Board payments.

### Ages of Children in TANF/TAONF Recipient Families

<b>&lt; 1 Year Old</b>	<b>2-4 Yrs Old</b>	<b>5-6 Yrs Old</b>	<b>7-12 Yrs Old</b>	<b>13-18 Yrs Old</b>	<b>≥ 19 Yrs Old</b>
18.1%	23.2%	13.0%	27.2%	18.4%	<1%

The PWORA imposed a lifetime limit of 60 cumulative months in which families may receive TANF benefits (cash assistance). In SFY 2013, about 28% of recipient families received assistance for 12 months or less. However, 26% of TANF and TAONF families exhausted about half of their eligible months; 6% neared exhausting or exhausted their 60 months limit.

#### **Number of TANF Months Used**

<b>≤ 12 Months</b>	<b>13-24 Months</b>	<b>25-36 Months</b>	<b>37-48 Months</b>	<b>49-60 Months</b>	<b>&gt; 60 Months</b>
27.6%	20.0%	16.8%	9.3%	6.3%	20.0%

A majority of FTW participants have earned their high school diplomas, GED, or certificate of high school equivalency; 19% did not complete their high school education.

#### **Education Levels of FTW Participants**

<b>&lt;1 – 8<sup>th</sup> Grade</b>	<b>9 – 11<sup>th</sup> Grade</b>	<b>12<sup>th</sup> Grade</b>	<b>Post-Secondary Education<sup>3</sup></b>	<b>Other</b>
5.2%	19.4%	73.6%	1.3%	0.05%

<sup>3</sup> *Post-secondary education includes vocational training and college education.*

### **SFY 2013 First-to-Work Program Highlights**

As a condition of receiving and expending federal TANF block grant funds and state MOE on assistance, the federal government mandates that states meet two work participation rates: 1) an all-family work participation rate where 50% of all cases have at least one WEI complying with their federally mandated work participation requirements; and 2) a two-parent work participation rate where 90% of cases have two work eligible parents complying with their federally mandated work participation requirements.

The 50% compliance rate for the all-family rate is the federal baseline before factoring in the caseload reduction credit. This is a credit given to individual states for reducing their assistance caseloads. Hawaii's FFY 2013 caseload reduction credit is estimated to be 50%, so the adjusted all-family work participation requirement is 0% (50% - 50% = 0%). As of the third quarter of FFY 2013, 46.3% (from three quarters of TANF Extract Reports) of mandatory households were meeting work participation requirements. Therefore, Hawaii is currently exceeding the required participation rate of 0% with 46.3%.

The 90% compliance rate for the two-parent family rate is the federal baseline before factoring in the caseload reduction credit. The same estimated caseload reduction credit of 50% can be applied for FFY 2013. The adjusted two-parent work participation requirement to be met is 40% (90% - 50% = 40%). As of the third quarter of FFY 2013, 56.4% (from three quarters of TANF Extract reports) of mandatory two-parent households were meeting the work participation requirements. Therefore, at 56.4% Hawaii currently exceeds the required participation, of 40%.

## Education

Bridge to Hope (BTH) is a nationally recognized model partnership between the University of Hawaii System and the DHS. Since 2000, BTH has supported post-secondary education as a path for FTW participants to achieve life-long economic self-sufficiency. BTH has helped FTW participants enroll as full-time UH students to earn college degrees while they work on campus. Between 2000 and 2012, BTH served over 562 FTW participants; 331 graduates earned degrees in social work, education, health professions, and sociology.

In SFY 2013, BTH served a total of 109 FTW participants, of which 85 were placed in subsidized UH campus employment. The median wage of participants attending four-year colleges was \$10.00/hour; those attending community colleges received a median wage of \$9.00/hour.

### FTW Participants Employed Through BTH

Campus	# of Students	Campus	# of Students
UH Manoa	16	UH Hilo	5
UH West Oahu	2	Hawaii Comm College	24
Honolulu Comm College	4	Kauai Comm College	3
Kapiolani Comm College	7	Maui College	12
Leeward Comm College	5		
Windward Comm College	7		

According to a 2010 BTH survey, FTW participants who also received BTH services reported median wages of \$20.70/hour; \$23.92/hour for those that earned their degrees.

### Subsidized Employment

In 2006, the DHS implemented the **SEE (Supporting Employment Empowerment) Hawaii Work Program** to provide FTW participants that may have little or no work experience or basic work skills with on-the-job training and employment opportunities with private sector employers. Participants employed through the SEE Program may work a minimum of 24 hours per week for up to six months.

Participating employers set and pay SEE employees (aka FTW participants) wages and benefits. The state reimburses the employers 100% of the state's hourly minimum wage. For each additional \$1.00 per hour paid to the SEE employee, the state reimburses the employer \$0.50. The maximum hourly rate paid to the employee that may be subsidized is \$12.00, and the employee may work no more than 40 hours per week. Employers also are reimbursed 14% of subsidized wages to cover training and other employment-related costs and overhead expenses. Additionally, the State provides SEE employees supportive service payments including transportation and child care assistance.

The SEE Hawaii Work Program is an employer- and business-friendly program that helps TANF/TAONF recipient parents 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 businesses meet their labor demands with minimal cost and effort. It also saves taxpayer dollars by reducing the number of families on public assistance. Most FTW participants employed through the SEE Program are hired by the businesses that trained them, or obtain employment with other businesses involved in the program.

During SFY 2013, 425 FTW participants were employed through the SEE Program; 53% completed their employment. The average hourly wage was \$8.51/hour. The majority of participants were placed in food service, retail sales, manual labor, office administration/clerical, child care/education, and transportation-related positions. Of the total participants that obtained SEE employment, 47% successfully transitioned into unsubsidized employment. In FY 2012, a total of 378 employers participated in the SEE Hawaii Work Program; 165 employed FTW participants.

### Unsubsidized Employment

In SFY 2013, there were a total of 6,083 (unduplicated) WEIs that obtained unsubsidized employment. Their median wage was \$9.39/hour and they worked an average of 29 hours per week. Participants were primarily employed in the food service industry, retail sales, personal service occupations, healthcare industry, and office/clerical occupations.

Additionally, 307 (unduplicated) OWEIs obtained unsubsidized employment while pursuing rehabilitation and treatment services. Their median wage was \$9.48/hour and they worked an average of 18 hours per week primarily in the same industries as WEI participants.

Approximately half of all FTW participants (WEIs and OWEIs combined) were employed while receiving assistance; only 15% exited TANF/TAONF due to earnings.

### Reasons for FTW Participation Closures

Closure Reason	WEI	OWEI
Exempt (OWEI) to Mandatory (WEI)	< 1%	35%
Exit Due to Employment	13%	2%
Change in Household Composition	3%	4%
Loss of Benefits	23%	22%
Mandatory (WEI) to Exempt (OWEI)	18%	11%
Moved Out of Service Area	< 1%	1%
Moved Out of State	1%	1%
Sanctioned	38%	22%
Other	3%	2%

### Program Goals

The FTW Program goals are to assist WEI in TANF and TAONF families to obtain the necessary education, vocational skills, job readiness training, and employment to move towards self-sufficiency, and to assist OWEI to rehabilitate so they may participate in work activities and obtain employment.

FTW participants engage in various work activities including vocational and adult basic education, job readiness training, skill-building, and employment placement. The majority of the participants were placed in employment components that include unsubsidized, subsidized and on-the-job training employment. Participants that were active in educational activities pursued basic adult education, vocational training and post-secondary education. Job readiness activities included, but were not limited to resume development, job search and retention, and interviewing skills. Many participants engaged in skill building activities such as volunteer work experience and participation in community service programs.

### Categories of FTW Activities<sup>4</sup>

	<b>Employment</b>	<b>Education</b>	<b>Job Readiness/ Job Search</b>	<b>Skill Building</b>
<b>WEI</b>	3,272	225	265	728
<b>OWEI</b>	165	26	169	29
<b>TOTAL</b>	3,437	251	434	757

<sup>4</sup> Numbers reflect unduplicated count of participants.

According to the Self-Sufficiency Income Standard: Estimates for Hawaii 2011, published by the Hawaii Department of Business Economic Development and Tourism (DBEDT), single parents with one preschool-aged child (family of two) must earn about \$24.57/hour to meet their families' basic needs; single-parents with one preschool-aged child and one school-aged child (family of three) need to earn about \$29.75/hour. The self-sufficiency standard includes housing, food, transportation, child care, healthcare, taxes, and miscellaneous expenses such as telephone, clothing, personal care expenses, household supplies, and school supplies.

Although the median income of \$9.39/hour for FTW participants is \$2.14 higher than the State Minimum Wage, it is far below the earning levels needed to meet the basic needs of a Hawaii family. To reduce this income disparity, the FTW Program plans to emphasize education as a viable option for increasing participants' employability. TANF families need to obtain employment that pays well above the State Minimum Wage and that can develop into career opportunities with wage progression. Participants without a high school diploma who are motivated, prepared and eligible, will be encouraged to pursue basic adult education, and short-term vocational training to enhance or develop new skills. High school graduates also will be encouraged to pursue short-term vocational training or attend college to earn a degree. The Community College Career and Training (C3T) Program, provided by the University of Hawaii Community Colleges (UHCC), will be utilized as an educational resource for FTW participants.

To find subsidized employment placements, the FTW Program is considering expansion of the SEE Hawaii Work Program for FTW participants who are unable to secure unsubsidized employment following the completion of their educational activities.

Integrating education and employment may help more FTW participants develop their individual career pathways into meaningful employment and move towards self-sufficiency.

#### **Future Performance Targets**

- Improve the Work Participation Rate by 4% in FFY 2013 to reduce reliance on the TANF caseload reduction credit.
- Increase the number of FTW participants in educational activities by 5% in SFY 2013.
- Increase the number of FTW participants who exit TANF with employment by 5% in SFY 2013.
- Realize a \$1.00 increase in the average hourly wage for unsubsidized FTW participants.

## **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 become self-sufficient.

### **FY 2012 and FY 2013 Achievements and Highlights**

- 1,537 intakes in FY 2012 and 1,708 intakes in FY 2013.
- 2,204 clients served in FY 2012 and 6,038 served in FY 2013.
- A total of 1,298 clients employed in FY 2012 and 1,132 employed in FY 2013.
- A total of 1,077 clients participated in job readiness components in FY 2012 and 998 clients were in job readiness components in FY 2013.
- A total of 79 clients participated in an Adult Education component in FY 2012 and 66 clients in FY 2013.
- A total of 189 clients participated in a vocational training component in FY 2012 and 107 clients in FY 2013.
- A total of 953 clients were involved in work experience in FY 2012 and 827 clients in FY 2013.
- There were a total of 936 exits due to employment in FY 2012 and 205 exits in FY 2013
- In FY 2012, the average wage at exit was \$9.77 per hour and the median wage was \$8.00 per hour.
- In FY 2013, the average exit wage was \$9.92 per hour and the median wage was \$8.25 per hour

### **Future Performance Targets by June 30, 2014**

- 1,500 E&T clients employed.
- 1,000 E&T clients exit due to employment.
- 800 E&T clients involved in vocational training programs.

### Employment and Training (E&T) Clients Served By County

Island	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Oahu	1,331	1,195	1,114	1,056	1,061	1,521	4,588
Hawaii	93	93	134	177	175	198	423
Maui	190	182	266	351	395	353	725
Kauai	79	64	114	155	137	132	302
Total	1,693	1,534	1,628	1,739	1,768	2,204	6,038

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

Age	FY 2012		FY 2013	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
<16	0	0%	0	0%
16 to 24	375	17%	1,268	21%
25 to 34	595	27%	2,234	37%
35 to 44	529	24%	1,449	24%
45 to 55	507	23%	966	16%
55+	198	9%	121	2%
Total	2,204	100%	6,038	100%

### Ethnic Distribution of Employment and Training (E&T) Clients

Ethnicity	FY 2012		FY 2013	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
Part Hawaiian	595	27%	2234	37%
Caucasian	728	33%	1751	29%
Filipino	331	15%	664	11%
Samoan	110	5%	423	7%
Asian	198	9%	362	6%
Black	66	3%	181	3%
Hispanic	110	5%	121	2%
Other	66	3%	302	5%
Total	2,204	100%	6,038	100%

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

### Program Description

The Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) is a federal program funded through the U.S. Department of Agriculture. It 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 to Hawaii's needy households and to those making the transition from welfare to work. In FY 2013, SNAP helped approximately 94,649 Hawaii families, a more than 4.5% increase over the average monthly number of families receiving SNAP benefits in FY 2012.

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



The EBT card contains an 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 include:

- All members who receive, or are authorized to receive TANF or SSI cash assistance are categorically eligible for SNAP. There is no gross income limit, no net income limit and no asset limit.
- Households receiving information about a TANF-funded service such as the DHS 1464 TANF Informational Brochure, and whose gross monthly income is less than 200% of the federal poverty level (FPL), also may be categorically eligible for SNAP with no asset limit. However, these households are subject to a 100% net monthly income limit.
- Households that contain a member disqualified from SNAP may not be categorically eligible for SNAP, but may still qualify for regular SNAP if: 1) gross monthly income is less than 130% FPL; 2) net monthly income is 100% or less of FPL; 3) assets are \$2,000 or less or \$3,000; or 4) if there is an elderly or disabled household member.
- Most able-bodied adult applicants must meet certain work requirements.
- All household members must provide a Social Security number. If they don't have one, they must apply for one, immediately.

### Effective October 1, 2013 Current Gross and Net Income Eligibility Standards

Household Size	(\$ Monthly Gross Income 200% FPL	(\$ Monthly Gross Income 130% FPL	(\$ Monthly Net Income 100% FPL
1	\$2,206	\$1,434	\$1,103
2	\$2,976	\$1,934	\$1,488
3	\$3,746	\$2,435	\$1,873
4	\$4,516	\$2,935	\$2,258
5	\$5,286	\$3,436	\$2,643
6	\$6,056	\$3,936	\$3,028
7	\$6,826	\$4,437	\$3,413
8	\$7,596	\$4,937	\$3,798
9	\$8,366	\$5,438	\$4,183
10	\$9,136	\$5,939	\$4,568
+10	\$770+	\$501+	\$385+

#### Program Goal

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

#### Program Objective

To meet Federal compliance standards.

#### SNAP Achievements in FY 2013

Since 2008, there has been a more than 12% annual increase in the number of individuals applying for SNAP benefits. In 2012, the rate declined to 8.33% and the average number of individuals receiving SNAP benefits in Hawaii was 172,676. In 2013, the average number of individuals receiving SNAP benefits increased to 187,062. As a result of the overall sharp increase in caseloads and minimal corresponding increases in supporting resources, the DHS implemented a statewide business process management model that has since improved the overall effectiveness and management of resources and services. Key components of this business and management model were same-day service processing and streamlined operating procedures.

In November 2010, a class-action lawsuit was filed against the DHS for failure to process SNAP applications in a timely matter. The ensuing lawsuit required the Department to process SNAP applications at a 95% timeliness rate. As of FY 2013, the Department and its BESSD staff have met the court conditions. A settlement was negotiated on September 3, 2013 that provided for reduced monitoring requirements and the dismissal of the lawsuit.

### **Future Planned Improvements and Goals**

SNAP will continue collaborating with other BESSD program offices including Financial Assistance (FA), Employment and Training (E&T), and Child Care to further modernize existing operations. This includes supporting technological changes to improve the performance of the nutrition and public programs, and providing efficient delivery of customer service.

## CHILD CARE CONNECTION HAWAII

### Program Description

The Child Care Connection Hawaii Program (CCCH) is a statewide service that offers child care licensing and child care payment assistance to needy families. Under the licensing program, the primary goal is to ensure the safety, health and well-being of children in licensed care facilities. Under the payment assistance program, financially needy families can apply for child care assistance if they work or attend training to become self-sufficient.

### Program Goal

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

#### Program Highlights

Child Care payment	FY 2012	FY 2013
# of active families receiving	20,234	19,863
# of children receiving	26,975	26,660

The fewer number of children receiving child care subsidies may be attributed to current child care rules that offer a range of sliding scale fees, which is 0-90% of the family's eligible benefit. The subsidy benefit for families at higher income limits may result in many families dropping out from the subsidy programs.

	FY 2012	FY 2013
<b>Child Care payment Totals</b>	\$31,400,701	\$30,948,820

#### Number of Licensed Facilities

Facility Type	FY 2012	FY 2013
Family Child Care Homes	604	581
Group Child Care Centers *	626	627

*\*Includes Group Child Care Homes, Before and After School Programs, and Infant/Toddler Centers*

The decrease in licensed facilities may be attributed to Hawaii's still fragile economy. Families' loss of employment or reduced work hours affected their ability to afford licensed care. Licensed providers noted lower enrollment in their programs during FY13. Providers who did not care for enough children to remain viable closed their business and found outside employment.

	<b>FY 2012</b>	<b>FY 2013</b>
<b># of Licensed Child Care Slots Available</b>	35,534	35,468

*The decreased number of slots is due to the decrease in licensed child care programs.*

#### **Future Performance Targets by June 30, 2014**

- 610 Family Child Care Homes licensed
- 650 Group Care Centers licensed
- An additional 200+ Child Care Slots available
- To provide child care payments for an additional 300+ children

#### **Ethnic Distribution of Children Receiving Child Care**

<b>Ethnicity</b>	<b>FY 2012</b>	<b>FY 2013</b>
Part Hawaiian	31.28%	30.88%
Caucasian	17.89%	17.99%
Filipino	15.67%	16.11%
Samoan	5.21%	4.95%
Asian, Black, Hispanic	16.04%	15.52%
Other	13.91%	14.54%

#### **HAWAII HEAD START COLLABORATION OFFICE**

In accordance with HRS 302L-1.5(e), under Act 178 of Session Laws Hawaii, 2012, the Head Start Collaboration Office has been transferred from the Department of Human Services to the Executive Office of Early Learning.

## **HOMELESS PROGRAMS OFFICE**

### **Program Description**

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

### **Program Goals**

The program objectives are to comprehensively address the needs of Hawaii's homeless populations and to provide opportunities for them to help themselves achieve improved living situations.

Functionally, the homeless program provides three basic services: 1) facilitate the development of programs, strategic planning efforts, and affordable housing and transitional living facilities; 2) contract with private entities for the delivery of shelter and services to mitigate and eliminate homelessness; and 3) manage programs and properties to maximize the State's homeless resources.

### **Homeless Programs 2013 Achievements**

- The HPO entered into more than 75 contracts and/or Memoranda of Agreement with nonprofit agencies statewide to provide a plethora of 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.
- In FY 2013, HPO contracted agencies assisted a total of 13,639 unduplicated homeless persons; 3,843 persons transitioned to permanent housing through the emergency and transitional shelter programs. These numbers represents a 29% improvement in housing placement over the previous fiscal year. To further promote successful and sustainable housing placements, the HPO is emphasizing agency use of case management, rapid re-housing and housing placement funds.
- During FY 2013, 631 persons obtained or retained housing with assistance from the State emergency grant program. Homeless outreach providers conducted 108,536 (duplicated) encounters with unsheltered homeless individuals during the fiscal year. HPO has begun strengthening the outreach component of its continuum of services with a focus on permanent housing via the Housing First pilot project and other systemic changes in service models. In addition to capturing the number of encounters made, providers are now required to document outcomes from each encounter that should lead to housing placement for the unsheltered.
- The highly successful Housing Placement Program (HPP) was maintained during FY 2013. The program utilizes TANF funds from the BESSD to help low-income families find affordable rental units, learn about renter responsibilities, and to provide assistance with the first month's rent or a rental deposit. The HPP connects landlords and Section 8 voucher holders, as well as homeless persons transitioning to

permanent housing. In FY 2013, 1,006 families secured affordable rental units and sustained their tenancy through the placement program.

- The HPP is a valuable DHS tool for preventing homelessness, and the most cost-effective strategy for combating the adverse impacts of poor health and nutrition, loss of self-esteem, family upheaval, job loss, depression, and despair. The DHS hopes to expand its homeless prevention programs to reduce the number of people needing homeless services.
- The HPP contractors also assist eligible families by providing the first month's rent, security deposit, utility deposit, (or combinations thereof), housing search, landlord engagement, and budgeting classes. Of the 1,006 families placed in permanent housing, approximately 85% retained housing for six months after placement. This positive retention rate strongly supports the need for preventive measures and further implementation of evidence-based practices, including the Housing First and Rapid Re-housing initiatives.
- On behalf of Hawaii's three rural counties, the DHS applies annually for Housing and Urban Development (HUD) competitive funding. In FY 2012, the DHS was awarded \$2,772,886 for homeless projects in the rural counties of Hawaii, Maui and Kauai. This funding was in addition to annual formula grant funds of \$504,143. The HPO continues to work with a continuum of care for the rural counties, with the goal of building capacity and attracting more funding for neighbor island housing needs. During FY 2013, the HPO secured technical assistance from HUD to provide the extra Continuum of Care training that is necessary to implement HUD-required HEARTH Act rules.
- The Hawaii State Legislature provided \$1 million to initiate the Housing First Program, a nationally recognized best practice for securing housing. Just one solution to fighting homelessness, Housing First means that housing provisions are tied to support services such as intensive case management. During FY 2013, the HPO procured and contracted the Housing First program (also called Permanent Supportive Housing Program) to target the chronically homeless (unsheltered) in urban Honolulu and attempt to place them in housing with supportive services. Two agencies began providing services in June, 2012 to 71 individuals (57 singles and 14 family individuals). An estimated 72% of those who exited the program did so laterally into permanent housing; only 10 individuals digressed. Many of the individuals served in the pilot project were able to obtain mainstream benefits such as SNAP, SSDI, SSI or veteran's benefits, which assist them in creating individual sustainability in housing.
- In FY 2013 the HPO requested funds to assess and address maintenance issues at nine homeless shelters situated on State land. The HPO remains committed to working with the non-profit operators to ensure up-keep and maintain habitability of the shelters.

## Looking Ahead

- The DHS will continue to build on community partnerships through the Hawaii Interagency Council on Homelessness (HICH). The HPO is a member of HICH and works to develop collaborations and opportunities that improve the efficiency and efficacy of services to the homeless.
- The HPO works closely with the Governor's Coordinator on Homelessness and the Department of Health (DOH) to implement a recently obtained Substance Abuse and Mental Health Services Administration (SAMHSA) grant that targets at the chronically homeless. Called the Hawaii Pathways Program, the SAMHSA grant requires local service systems to provide housing for substance abuse and/or mentally ill chronic homeless. SAMHSA funds also will pay for wrap around services. A well coordinated system is essential to the success and sustainability of this three-year program.
- The HPO also works closely with the County Continuum of Care groups (Partners in Care on Oahu, and Bridging the Gap in the rural counties) to facilitate community-based planning that mitigates homelessness, and guides the most effective use of limited resources. Collaborative projects include collecting data for the annual statewide homeless point-in-time count each January, the publication of the University of Hawaii Homeless Utilization Report each November, and the annual Homeless Awareness Week. These collaborations are the foundation of annual federal grant opportunities that leverage State funding. Increased capacity within the HPO should yield more positive results across the state.
- The HPO will continue collaborative discussions with community partners to strategically convert selected transitional shelter bed capacity to much needed permanent housing. This carefully planned conversion is based on HUD's mandate that communities receiving homelessness funding shall focus fewer resources on emergency and transitional shelter services, and more on permanent housing with the ultimate goal of ending homelessness. In FY 2013, several HPO contractors successfully converted transitional shelter units to permanent housing.

## **INVESTIGATIONS AND RECOVERY OFFICE**

### **Program Description**

The Investigations and Recovery Office (INVO) provides investigative services in support of the DHS' efforts to discover, investigate, report, and prosecute crimes that violate the law and/or administrative rules for programs administered by the DHS BESSD or Med-QUEST. In addition to prosecutions, the INVO disqualifies clients found to have provided false eligibility information and recovers, to the maximum amount practicable, moneys due the DHS as a result of overpayments. The INVO also conducts investigations of malfeasance within the Department.

### **New Fraud Cases**

28 new criminal judgments were processed and the information established in HARI (Hawaii Accounts Receivable Integrated system – DHS Overpayment Collection system).

### **HARI Claims**

254 non-fraud and IPV claims were manually inputted or modified in HARI.

### **Referrals/Inquiries**

Responded to 380 referrals/inquiries from clients, processing centers, the BESSD Program Office, FMO and other DHS divisions.

### **Restitution Monitoring of Probationers**

An average caseload of 399 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.  
41 individuals were located for the social service programs.

### **Fleeing Felons**

Fleeing Felons Project – 265 financial/SNAP HAWI cases with total yearly benefit of \$1,184,640 were closed. Research was conducted on 160 inquiries from current and past fleeing felon lists.  
Research was conducted for 214 BESSD Processing Centers for names not on fleeing felon lists.

### **Parole/Probation Violators, Drug Convictions**

Research conducted – 28

### **Federal Treasury Offset Program (TOP)**

Completed reviews on or entered into repayment agreements in the 105 pre-tax referrals and completed reviews on the 32 tax intercept referrals received.

### **State Pre-Tax/Tax Setoff Program**

Completed reviews on the 64 referrals received from FMO/CRS

### **Lump Sum Payments**

Received overpayment payoffs totaling \$33,639 from seven (7) seven clients due to criminal judgment lien (1) and probation monitoring (6).

**Bankruptcy**

19 cases were processed to FMO/CRS for write-off due to bankruptcy discharge.

**Deceased**

95 debtors were confirmed deceased and the information updated in HARI.

**Collections and Recoveries**

\$2,820,354.01 was recovered in Fiscal Year 2012-2013.

<b>Fiscal Year 2012-2013</b>	<b>OAHU</b>	<b>MAUI</b>	<b>KAUAI</b>	<b>HILO</b>	<b>KONA</b>	<b>TOTAL</b>
COMPLAINTS	593	200	36	209	72	1110
REFER TO AG	14	12		3	1	30
INDICTED	9	10		2	1	22
CONVICTED	9	6	2	3	1	21
REFER ADH	43	2				45
ADH GUILTY	27					27
ADH WAIVERS	33	33	3	7		76
<b>REFER TO AG</b>	\$	\$	\$	\$	\$	\$
FINANCIAL	35,345	33,548		17,640	3,880	90,413
FOOD STAMPS	134,042	81,069		8,417		223,528
MEDICAL		23,706		49,788		73,494
CHILD CARE	98,675	13,713		2,858		115,246
OTHER		5,841		39,563	896	46,300
TOTAL	268,062	157,877		118,266	4,776	548,981
<b>INDICTED</b>	\$	\$	\$	\$	\$	\$
FINANCIAL	18,012	33,548		31,877	3,880	87,317
FOOD STAMPS	66,086	54,630		16,691		137,407
MEDICAL	6,858	18,369		720		25,947
CHILD CARE	47,774	13,713				61,487
OTHER		5,841			896	6,737
TOTAL	138,730	126,101		49,288	4,776	318,894
<b>CONVICTED</b>	\$	\$	\$	\$	\$	\$
FINANCIAL	26,026	10,623	8,246	12,594	11,533	69,022
FOOD STAMPS	25,922	36,837	4,452	45,785	4,959	117,955
MEDICAL	10,540	11,469		8,747	1,238	31,994
CHILD CARE	34,233	11,066		9,604		54,903
OTHER						
TOTAL	96,721	69,995	12,698	76,730	17,730	273,874

<b>REFER ADH</b>	\$	\$	\$	\$	\$	\$
FINANCIAL	15,480	12,073				27,553
FOOD STAMPS	40,147	3,597				43,744
MEDICAL						
CHILD CARE						
OTHER						
TOTAL	55,627	15,670				71,297
<b>ADH &amp; WAIVERS</b>	\$	\$	\$	\$	\$	\$
FINANCIAL	27,751	23,922	1,356	3,020		56,049
FOOD STAMPS	115,271	59,673	1,774	6,622		183,340
MEDICAL						
CHILD CARE						
OTHER						
TOTAL	143,022	83,595	3,130	9,642		239,389

## **DIVISION OF VOCATIONAL REHABILITATION**

### **Program Description**

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

### **VOCATIONAL REHABILITATION PROGRAM**

Vocational rehabilitation (VR) services assist people with disabilities prepare for, obtain and maintain/retain employment. The economic benefits of VR include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance.

### **FY 2013 VR Program Achievements**

- VR served 5,417 individuals with disabilities.
- VR received 1,164 new referrals.
- 275 individuals achieved successful employment outcomes, an increase of 14% over FY 2012.
- 100% of individuals placed were persons with significant disabilities.
- The average annual earnings per individual before receiving VR services was \$4,455.36. After receiving VR services the average annual earnings per rehabilitated individual increased over 300% to \$17,974.60.

### **FY 2013 VR Program Highlights**

- After years of preparation, the DVR finally implemented an automated case management system (ACMS). Designed to replace the Division's Vocational Rehabilitation Information and Statistical System (VRISS), the ACMS features real-time case management tools with various interfaces to the state's financial and wage data informational exchange systems. It also improves the division's service delivery to persons with disabilities. The successful VRISS overhaul was made possible with support from the DHS Director's office, and the Fiscal Management and Information Technology offices.
- Literacy classes are now available for vocational rehabilitation clients who are deaf, hard of hearing and deaf-blind. Classes in English, Mathematics, American Sign Language and Use of Technology began on October 28, 2013, and are designed to promote career readiness and enhance employability statewide. The English class in adult education has not been available for the past four years. The Mathematics, American Sign Language, Use of Technology and Social Skills classes in adult education have never been available in Hawaii.
- Since its inception in 2012, twenty six (26) Maui clients are participating in the Maui Aquaponic Workforce Training program. A greenhouse is currently under construction with the planned completion at the end of 2013. The majority of student-clients have work shifts and are earning wages.
- The Food Truck Training program on Maui kicked off in April 2013. VR counselors and Hale Lanakila staff developed the plan, formulated a curriculum and used a donated lunch wagon to

train workers. On Tuesday and Thursdays in the parking lot of Wailuku Health Center, four trainees currently serve and sell meals from the food truck “Tutu Mango.”

- The total number of Kauai clients participating in On-The-Job-Training (OJTs), internships and work experiences increased 60% over the past two years. Thanks to the support of Kauai’s employers and DVR staff, 39 clients participated in the program.
- The number of Kauai referrals for the Special Education/Vocational Rehabilitation (SE/VR) program has increased 47%. SE/VR students at Kauai High and Kapa’a High received training services from the Kahawai Project at Hoomana. The non-profit provides training in a thrift shop and at St. Catherine’s School cafeteria.
- A grant from the University of Hawaii allows the Big Island Workplace Connection to utilize a single site to meet VR clients and host workshops. Through this collaboration, clients living in rural Hamakua can access services and resources. VR counselors also participated in the Community Job and Resource Fair held at the North Hawaii Education Resource Center.
- The Disability Employment Initiative (DEI) in Hilo and Kona is designed to improve education, training and employment opportunities and outcomes for adults with disabilities. The DEI participants meet weekly at the Big Island Workplace Connection where they also receive employment search assistance that leads toward self-sufficiency.
- On October 29, 2013, VR held its Employee/Employer awards ceremony at the Ala Moana Hotel with approximately 100 celebrants. Seven clients were recognized during the ceremony: Bradley Kaimana McDermott-Sa, Kate Korale, Kyle Laconsay, Albert Paz, Joshua Penner, Gregg Van Camp, and Christopher Webb. A total of 275 VR clients obtained competitive employment with 10 employers. Those employers were: Gerry’s Snacks Shop, Greens & Vines Raw Vegan Gourmet, Hard Rock Café, Hukilau Lanai, Leeward Bowling Alley, Maui Bay Shirt Company, Inc., The Club, Ross Dress for Less, Ruby’s Diner, City and County of Honolulu

## **SERVICES FOR THE BLIND PROGRAM (HO`OPONO)**

### **Program Description**

The Ho`opono, the Services for the Blind, program enables blind and visually impaired teens and adults from Hawaii and the Pacific Rim to attain maximum vocational and functional independence. The Ho`opono team of skilled professionals provides a variety of services to meet the participants’ individual needs.

### **FY 2013 Ho`opono Program Achievements**

- Processed 110 new vocational rehabilitation applicants, an increase of 36% over FY 2012.
- Rehabilitated 24 consumers in competitive employment with an average earning of \$32.80 per hour.
- Served 221 individuals in the Low Vision Clinic. The clinic works with clients to maximize their residual vision for daily independent living skills including reading and distance viewing, and counseling and referral services for individuals and families.
- Ho`opono rehabilitation teachers worked with 35 blind persons to equip them with daily living skills. Clients participated in personal, leisure, and home management activities that enabled them to live as independently as possible.

- Provided services to 247 consumers in the Older Individuals who are Blind (OIB) program. Also conducted monthly OIB Support Groups for seniors who are blind or low-vision on various vital resources and activities.
- The New Visions Program retained its prestigious certification by the National Blindness Professional Certification Board as a Structured Discovery training program. Hawaii is one of only three state agencies to hold this certification.

### **FY 2013 Ho`opono Highlights**

- Conducted an employers workshop in collaboration with the US Department of Labor Office of Federal Contract Compliance Program. A total of 24 federal contractors visited Ho`opono to learn about the program and develop community relationships for possible job placements for our blind consumers.
- The New Visions students participated in several District 50 Lions projects to give back to the community. Projects included: Lions World Service Day Dinner; Ho`opono's White Cane Walk; Christmas Party for the Blind and Visually Impaired and the Lions Picnic for the Blind and Visually Impaired.
- New Visions students and staff hosted a Blindness Training and Orientation Program for seven students from four schools. The students were participants in the DVR's summer transition youth experience.
- On Turn-Around Day the staff becomes students and the students become staff. The event gives students the opportunity to teach what they have learned and experience what it is like to be an instructor.
- On Fine Dining Day the staff prepared a restaurant-type setting meal for the students to get dressed up, make reservations, order from a menu and learn the skills of fine dining. The menu included a steak dinner with all the accompaniments, and was served with formal table settings.

### **Hawaii's Business Enterprise (BEP) Program's FY 2013 Achievements**

- Hawaii's Business Enterprise Program is a national leader in terms of benefits paid out, average net earnings and number of vendors per capita. Average annual income is \$67,800. Median annual income is \$27,100.
- The blind vendors in Hawaii employ 218 persons, 23% of whom are visually or otherwise disabled.
- Employment continues to increase especially near Federal buildings. Statewide there are 41 blind vending sites.
- On going negotiations with the Navy for three (3) new training sites: Joint Base Pearl Harbor Hickam Shipyard Buildings 167 and 2; JBPHH Joint POW/MIA Accounting Command; and at the National Oceanic and Atmospheric Administration facility at Ford Island.

- On-going construction of a new facility at the West Hawaii Civic Center in Kailua-Kona on the Big Island.
- Upgrading the two blind vendor facilities at the Kona International Airport continues.

## DISABILITY DETERMINATION PROGRAM

### Program Description

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. DDB’s mission is timely and accurate adjudication of disability claims filed by Hawaii 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, as well as 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 SSA. The Hawaii DDB is one of 54 DDBs among the 50 states, Puerto Rico, Guam, the Virgin Islands, and the District of Columbia. DDB is funded 100% by the federal SSA.

### DDB Program Accomplishments

Indicators	FY 2010	FY 2011	FY 2012	FY 2013
Claims Processed	10,918	12,291	13,528	13,284
Favorable Determinations	4,738	4,615	4,615	3,572
Initial QA Accuracy Rates	98%	95.3%	95.8%	96.4% <sup>1</sup>
Payments made to Hawaii’s residents (per calendar year)	\$463,608,000	\$507,852,000	\$517,644,000	* available mid-2014

<sup>1</sup> Initial QA Accuracy rate for FY 2013 are YTD through August 2013.

### Looking Ahead

The DVR will live up to its vision of “Move Forward to Work” by respecting clients and taking pride in Division outcomes. Staff will go the extra mile to facilitate client growth and development.

Development of the Comprehensive Services Center (CSC) for the Deaf, Hard of Hearing and Deaf-Blind: The CSC will provide programs and services to deaf, hard of hearing and deaf-blind individuals to maximize their ability to lead productive and fulfilling lives—personally, vocationally, academically, financially, and socially. The CSC is designed to be a one-stop shop for clients and their families/friends, and a professional development center for service providers.

Effective monitoring of the new statewide Vocational and Work Adjustment Training Services (VWATS) for VR consumers: These individualized services enable VR consumers to make

informed choices, to achieve meaningful employment that is consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and interests. VWATS also provides classroom facility and/or community training to increase the consumers' interpersonal skills.

# **CHAPTER 3: Protection**

## ADULT PROTECTIVE AND COMMUNITY SERVICES BRANCH

### Program Description

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

- The Adult Protective Services (APS) Program provides crisis intervention, 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.
- The APCSB administers programs to ensure that vulnerable adults maintain their independence in a safe and healthy manner, as long a possible. Support programs include the Senior Companion, Foster Grandparent, and Respite Companion Programs. The APCSB also provides case management services for clients receiving adult foster care services, chore services, courtesy services, and repatriate services.
- The APCSB monitors and provides payment oversight of State Supplemental Funds for caregivers in community residential care facilities.
- The APCSB provides certifications for Community Care Foster Family Homes (CCFFH), and the Nurse Aide Training and Competency Evaluation Programs.
- The APCSB provides licensure for Community Care Case Management Agencies (CCMA), and Adult Day Care Centers.

### Adult Protective Services Branch

	<b>FY 08 Actual</b>	<b>FY 09 Actual</b>	<b>FY 10 Actual</b>	<b>FY 11 Actual</b>	<b>FY 12 Actual</b>	<b>FY 13 Actual</b>
<b>Reports investigated</b>	625	630	1065	1160	1048	1,046
<b>Confirmed abuse or neglect</b>	110	96	170	99	197	189
<b>% Confirmed</b>	18%	16%	16%	8.5%	18.7%	18%
<b>Re-abuse within 12 month period</b>	1.8%	4.1	8.2%	6%	6%	3.6%

In FY 2013, the APCSB investigated 1,046 vulnerable adult reports of suspected abuse or neglect. Seventy-eight percent (78%) or 817 of the reports involved individuals age 60 and older. Eighteen percent (18%) or 189 of the investigated reports were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred in 3.6% of the confirmed reports.

Allegations and investigations of financial exploitation have increased steadily since July 1, 2007 when Act 94, SLH 2007 took effect. The law requires financial institutions to report suspected financial abuse of elders age 62 and older to the APS. In FY 2007-2008, the DHS received and investigated 18 reports from financial institutions. In FY 2012-2013, the Department received and investigated 94 reports from financial institutions.

Exploitation referrals from financial institutions are typically complex, involving multiple bank accounts, trust funds, and annuities. The irregularities noted in these accounts may involve financial crimes that APS social workers are not trained to investigate. In 2013, the Administration successfully proposed legislation to amend Act 94, SLH 2007 by:

- Requiring financial institutions to report suspected financial abuse against elders to both the DHS and the appropriate county police department. Dual reporting enables both agencies to act quickly within their respective jurisdictions to protect the financial assets of the elderly victim; and
- Re-defining financial abuse as “to wrongfully take, appropriate, obtain, or retain, or assist in taking, appropriating, obtaining, or retaining, real or personal property of an elder by any means, including undue influence, or with intent to defraud the elder.”

The legislation was signed into law on June 27, 2013 as Act 216, SLH 2013 with an effective date of July 1, 2013.

#### **Type of Adult Abuse (SFY 2013)**

	<b>Frequency</b>	<b>Percent (%)</b>
Caregiver Neglect	405	29.2
Financial Exploitation	315	22.7
Self-Neglect	259	18.7
Psychological Abuse	212	15.3
Physical Abuse	175	12.6
Sex Abuse	20	1.4
<b>TOTAL</b>	<b>1,386</b>	<b>100.0</b>

#### **Adult Abuse by Age and Gender (SFY 2013)**

<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Unknown</b>	4	10	14
<b>18-59</b>	106	109	215
<b>60-79</b>	151	191	342
<b>80+</b>	162	313	475
<b>TOTAL</b>	<b>423</b>	<b>623</b>	<b>1,046</b>

#### **Adult Protective Services 2013 Achievements**

- The APCSB continues contracting with the Department of the Attorney General to implement the Case Management for Elderly Victims of Crime Project on Oahu. This project provides services to victims of abuse or neglect age 60 and older who have unmet needs. The contract includes federal funds for two social workers and a social service assistant to help clients access needed services, including financial management services. Funding is provided through the federal Victims of Crime Act (VOCA). Funding for the contract period July 1, 2011 - September 30, 2013 included \$191,016 (Federal) and \$47,754 (State in-kind match) for a total of \$238,770.
- As a result of HCR 118, SLH 2013, the APCSB restructured its system and operations to better fulfill its mandate “to provide a comprehensive delivery of services to vulnerable adults who are,

or in danger of being, abused, neglected, or financially exploited; and to provide services to Medicaid eligible individuals who require services to prevent premature institutionalization.”

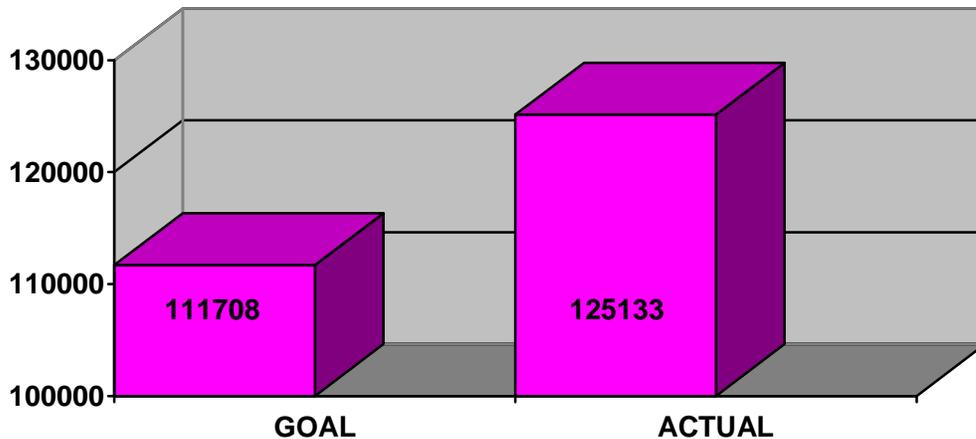
## SENIOR VOLUNTEER PROGRAMS

### Foster Grandparent Program

The Foster Grandparent Program is federally administered and funded through the Federal Corporation for National and Community Service, and State matching funds. The Program is more than 48 years old and utilizes low-income volunteers in school settings to serve children with exceptional and special needs. Foster Grandparents are located in the counties of Honolulu, Hawaii and Kauai, and receive a modest stipend. Maui County does not have FGP staff and struggles with recruiting and maintaining Foster Grandparents.

The Foster Grandparent Program recruits and engages seniors age 55 and older to meet the critical needs of children with special needs by serving as role models, mentors and tutors. Foster Grandparents work with the children in public schools, non-profit childcare facilities, and Head Start Programs.

Seniors who volunteer for the FGP give Hawaii’s keiki an opportunity to reach their full potential. In FY 2013, a total of 167 Foster Grandparents served 421 special and exceptional children in elementary schools statewide. The actual hours spent with the children were 125,133 hours; the goal was 111,708 hours. Volunteers exceeded the FGP goal by 20%.



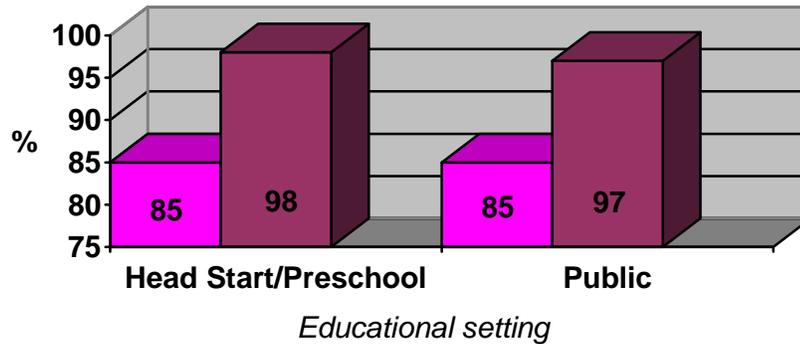
### Foster Grandparent Program Performance Measures

Foster Grandparents serve in public schools and Head Start Programs/Preschools with the expressed goal of helping 85% of special and exceptional needs children meet educational goals established by their teachers, or graduate to their next respective grade level.

- Foster Grandparent volunteers served 131 special and exceptional needs children at 24 Head Start Program/Preschools sites across the state. Ninety-eight percent (98%) of those children achieved educational goals set by their teachers, or graduated to the next grade level.

- Foster Grandparent volunteers served 290 special and exceptional needs children at 28 public schools across the state. Ninety-seven percent (97%) of those children achieved educational goals set by their teachers or graduated to the next grade level.

*Percentage of children achieving their educational goals and/or graduating*

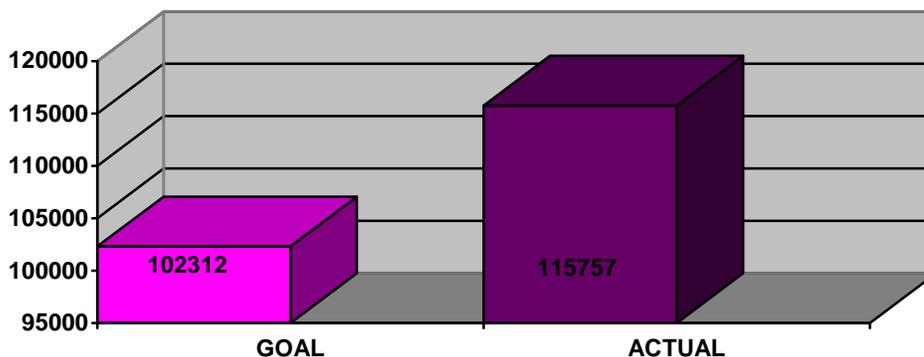


### Senior Companion Program

The Senior Companion Program (SCP) is federally administered and funded through the Federal Corporation for National and Community Service and State matching funds. The SCP is over 35 years old and offers a cost-effective continuum of care to Hawaii’s aging population.

The statewide program engages low-income adults age 55 and older to provide companionship and support services to homebound seniors so they may continue living independently in their own homes. The companions also assist the regular caregivers by providing much needed respite services. In return, volunteers stay active and healthy, and gain the satisfaction of helping others. The Senior Companions receive a modest stipend for their assistance.

In FY 2013, 115 Senior Companions provided 115757 hours of service to 349 individuals.

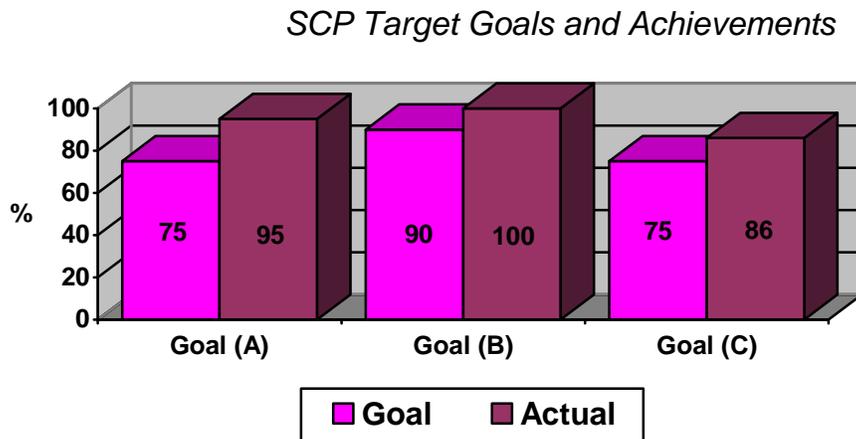


## Senior Companion Program Achievements

**Target goal (A) – 75%. Achieved – 95%** of individuals receiving in-home services were able to remain in their homes

**Target goal (B) – 90%. Achieved - 100%** of individuals reported that they are more engaged in recreational activities.

**Target goal (C) - 75%. Achieved – 86%** of caregivers received respite services provided by Senior Companion volunteers.



## Respite Companion Program

With the goal of preparing clients with job readiness skills, the Respite Companion Program (RCP) provides low-income adults age 55 and older the opportunity to engage in community service activities at designated adult day care centers and day health facilities, or within the homes of older adults.

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

For the past 33 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 decreased in recent years, thereby limiting the number of participants served.

In FY 2013, the RCP served 30 respite companions who provided 20,011 hours of service to elders in their community.

## LICENSING AND CERTIFICATION PROGRAMS

### Adult Day Care Centers

Adult Day Care Centers are licensed annually and provide supportive care to elderly and disabled adults. In FY 2013, approximately 1,200 elderly adults received services in 40 Adult Day Care Centers statewide.

### Community Care Foster Family Homes

Community Care Foster Family Homes (CCFFH) provide 24-hour living accommodations, care and supervision for individuals at the nursing facility level of care, and who are placed into homes by a licensed Community Care Case Management Agency (CCMA). Community Care Foster Family Homes (CCFFH) are certified every one or two years to ensure that standards are met.

CCFFHs were originally permitted to care for only two clients, one of which had to be a Medicaid client. Beginning in FY 2007, CCFFHs were allowed to obtain a third client as long as the CCFFH already had two Medicaid clients. The third client was permitted on a client-by-client basis until FY 2010, when the DHS began certifying CCFFHs for two or three clients. This expanded certification rapidly increased the number of beds available in the community for individuals seeking an alternative to nursing facility placement.

#### Number of Community Care Foster Family Homes

Year	2009	2010	2011	2012	2013
<b>Total # CCFFHs</b>	941	1,008	1,073	1,081	1,093
<b>2-Client CCFFHs</b>	941	741	694	626	601
<b>3-Client CCFFHs</b>	0	264	379	455	492

*Source: Community Ties of America*

#### Number of Beds in Community Care Foster Family Homes

As of June 30	2009	2010	2011	2012	2013
<b>Number of Beds</b>	1,882	2,277	2,517	2,612	2,674

*Source: Community Ties of America*

### Community Care Case Management Agencies

Community Care Case Management Agencies (CCMA) are responsible for locating appropriate placement resources and providing case management services to individuals who require nursing facility level of care. This includes clients who are placed 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 standards are met.

The number of case management agencies has decreased in recent years due to several agency mergers. At the end of FY 2013, 14 CCMA's were licensed statewide.

## **Nurse Aide Training and Competency Evaluation Program**

In FY 2013, the Nurse Aide Training and Competency Evaluation Program certified one new program, and re-certified 16 ongoing nurse aide training programs statewide. No programs voluntarily closed during the year; however two programs reopened classes at previously closed sites. There are currently 39 certified nurse aide training programs statewide. Many of them also provide re-certification courses or continuing education classes for nurse aides employed in state-licensed or state-certified health care settings. These same individuals also may meet re-certification requirements with approved registered nurse evaluators. In FY 2013, APCS B approved nine 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. To receive adult foster care services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the DHS.

**Chore Services** provide essential in-home housekeeping services to enable eligible disabled clients, who do not meet eligibility requirements of the Med-QUEST Division (MQD), to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the DHS, and not be eligible for Med-QUEST services. Services may be provided without regard to income in adult protective services cases. In FY 2013, the Chore Services Program served 61 clients statewide.

**Repatriate Services** assist American citizens (repatriates) who become destitute in a foreign country. They arrive in Hawaii with no family or formal support, and require DHS services. To successfully resettle the repatriate, the APCS B staff must have working knowledge of DHS service, eligibility requirements and community resources. Hawaii's free or low-cost community services and housing inventory are limited.

Repatriates also arrive in Hawaii with unanticipated needs that are not disclosed by their departing foreign country. This requires APCS B staff to quickly reassess the repatriate's most urgent needs and seek resources, most often while still at the airport. Previous repatriate needs have included transportation to the nearest hospital emergency room, and delivery of large equipment from the airport baggage claim to a third party.

To ensure the health and safety of repatriates and to establish their resettlement plan, the APCS B staff research and secure the appropriate services. Staff meet repatriates at the airport, and transport and escort them to all State, Federal, and community offices to apply for services. Staff also transport repatriates to a temporary housing site.

In FY 2013, the DHS received three referrals for adult repatriate services. One of the adults arrived with significant housing and health needs that required two DHS divisions to work together. The BESSD and SSD divisions successfully met the repatriate's needs.

Individuals may receive **State Supplemental Payments (SSP)** if they are eligible to receive Supplemental Security Income (SSI) from the Federal government. Those same individuals must be aged, blind or disabled, living in residential care facilities, and in need of additional funds to pay for their room and board. In 2013, a total of 2,601 clients residing in adult residential care homes, expanded adult residential care homes, community care foster family homes, and foster homes for the developmentally disabled received a total of \$17,113,000 in SSP.

## **Looking Ahead**

In an effort to standardize and improve services to vulnerable adults, in August 2013 the APCS B contracted the University of Hawaii, Center on Aging to restructure APCS B by: 1) conducting a needs assessment of Hawaii's vulnerable population; 2) analyzing the demographics and project trends of the aging population in Hawaii; 3) assessing the current Adult Protective Services; 4) researching Adult Protective Services best practice models (local, national and international); and 5) proposing an Adult Protect Services model that will improve and enhance protective and community services to vulnerable adult throughout Hawaii.

Effective July 1, 2014, Act 93, SLH 2012, provides for the transfer of licensing and certification of Adult Day Care Centers, Community Case Management Agencies, and Community Care Foster Family Homes from the DHS/APCS B to the Department of Health (DOH) Office of Health Care Assurance (DOH/OHCA). The purpose of this transfer is to streamline operations and consolidate all licensing functions for long-term care programs within one department, the DOH. The transfer will allow the DOH, to better serve the public and to promote continuity of oversight and standardization of licensing and certification requirements.

## CHILD WELFARE SERVICES BRANCH

### Program Description

The Child Welfare Services (CWS) Branch is mandated by law to ensure the safety, permanency (stability), and well-being of children. (Federal Child Abuse Prevention and Treatment Act (CAPTA) as Amended by Public Law 111-320, the CAPTA Reauthorization Act of 2010 and Chapter 587A Hawaii Revised Statutes (HRS), The Child Protective Act).

The CWS investigates and ensures safety and supportive services to children and their families. Statewide, services include child protection, family strengthening and support, foster care, adoption, transitional services for young people in foster care, and licensing for resource family homes, child care institutions, and child placement organizations.

When a child cannot be returned safely to their family, CWS staff work with the family and other stakeholders to develop and implement the most appropriate permanency plan that serves the best interests of the child. This may include providing permanent placement through adoption or legal guardianship.

### Child Welfare Services Interventions

Services provided by CWS include interventions to promote successful outcomes for children and families. Fundamentally these interventions are:

- Based on an individualized assessment of the families' strengths and challenges;
- Tailored to the individual needs of each child and family;
- Designed utilizing the strengths, problem-solving abilities, and the 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 making 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.

### 2013 Achievements

#### Legislation Passed by the 2013 Hawaii State Legislature

- **Voluntary Care to Age 21**  
HRS 346 was revised to establish the voluntary extension of foster care services for young adults age 18 to 21. These extended services provide additional support for the successful transition of young adults from foster care to independent adulthood. The program takes effect July 1, 2014.
- **Human Trafficking Law Change**  
The Legislature passed DHS revisions to the definitions of "harm" in HRS 587A-4, and "child abuse or neglect" in HRS 350-1. Both now include labor trafficking and sexual exploitation in their definitions. The passage of these amendments explicitly recognizes that trafficked children are victims of abuse and neglect.

- **Increased Clothing Allowance**

The Legislature passed a CWS budget request for an increased clothing allowance to \$600 per year for all foster children. The payment covers children in legal guardianship placements and those receiving permanency assistance, as well as young adults participating in higher education and Voluntary Care to 21 programs.

## **Child Welfare Services New Programs and Services**

- **Title IV-E Demonstration Project Waiver Project**

Hawaii was one of eight states approved by the Federal DHHS Administration for Children & Families (ACF) to implement a Title IV-E Waiver Demonstration Project in FFY 2013. This project allows Hawai'i to develop and implement interventions to ensure the safety of children, and reduce the number of children and youth entering and staying in foster care. The planned outcome is to reduce trauma associated with removals and improve child well-being.

- **Voluntary Care to Age 21 - Imua Kākou**

In response to legislative amendments to HRS 346, the Child Welfare collaborated with foster youth and young adults, the Family Court, DHS partners, community agencies, and other stakeholders to design the Voluntary Care to 21 Program. Youth involved with the development of this program named it *Imua Kākou*, Hawaiian for “moving forward together.”

The ACF and The Jim Casey Youth Opportunity Initiative have provided assistance for the program's initial design. Extension of foster care services to age 21 offers young adults a safety net of supportive services and financial benefits during their critical transition to adulthood, including extension of foster care payments, continued oversight by a caseworker for additional support, counseling services, continued health care coverage, housing options, training in independent living skills, employment or job skills, and additional time to finish high school and pursue vocational or secondary education. The program is supported by Federal Title IV-E and State general funds.

- **Increased Foster Care Maintenance**

The CWS worked with community partners and contracted the University of Hawaii, Public Policy Center to research and analyze national best practices, and to recommend a rate structure and amount that would assist Resource Families caring for foster children. Recommendations will be presented to the legislature as part of the FY 2014 DHS budget proposal.

- **First in the Nation for Relative Placement**

Hawaii ranked first in the nation in 2012 for having the highest percentage of children/youth in foster care placed with relatives. This ranking was maintained throughout FY 2013.

- **National Youth in Transition Database (NYTD) Response Rate**

The Chafee Foster Care Independence Act is Hawaii's major source of funding for transitional services. It requires that cohorts of youth in care be surveyed at ages 17, 19 and 21, and that the data be transmitted to the National Youth in Transition Database (NYTD). Hawaii achieved an outstanding 83% response rate for the first cohort of 19 year-olds, compared to the federal minimal threshold of 60%. The average national response rate is 63%. The CWS attributes this success to collaboration with community partners, including EPIC 'Ohana, Inc. and its Hawaii Youth Opportunities Initiative (HYOI).

- **Program Improvement Plan 2 (PIP2) Achievements**

In 2000, the CWS developed a program improvement plan to address areas identified in the 2009 Federal Child and Family Services Reviews (CFSR) as needing improvement. The ACF approved the plan in January 2011. By the end of FY 2013, the CWS demonstrated significant improvements in all areas, and achieved seven out of nine outcome goals. This was accomplished through collaboration with families and youth, service providers and other community partners who identified goals and interventions that supported child safety and family importance. Further progress followed with the creation and modification of CWS procedures.

### **Child Welfare Services Caseload**

CWS caseloads encompass a wide range of clients and services including investigation, assessment, case management, foster care, and permanency services. The CWS Branch also offers continuing financial support to sustain adoptions, guardianships and higher education endeavors for youth formerly in foster care.

In FY 2013, the average statewide caseload for CWS was approximately 18 cases per social worker, slightly less than the FY 2012 average of 19 cases per worker. This decrease may be attributed to two factors: 1) the Division's gradual recovery from the FY 2010 reduction-in-force (RIF), which decreased the overall CWS staffing by approximately 40%; and 2) the continuing decline in the number of children entering the child welfare system.

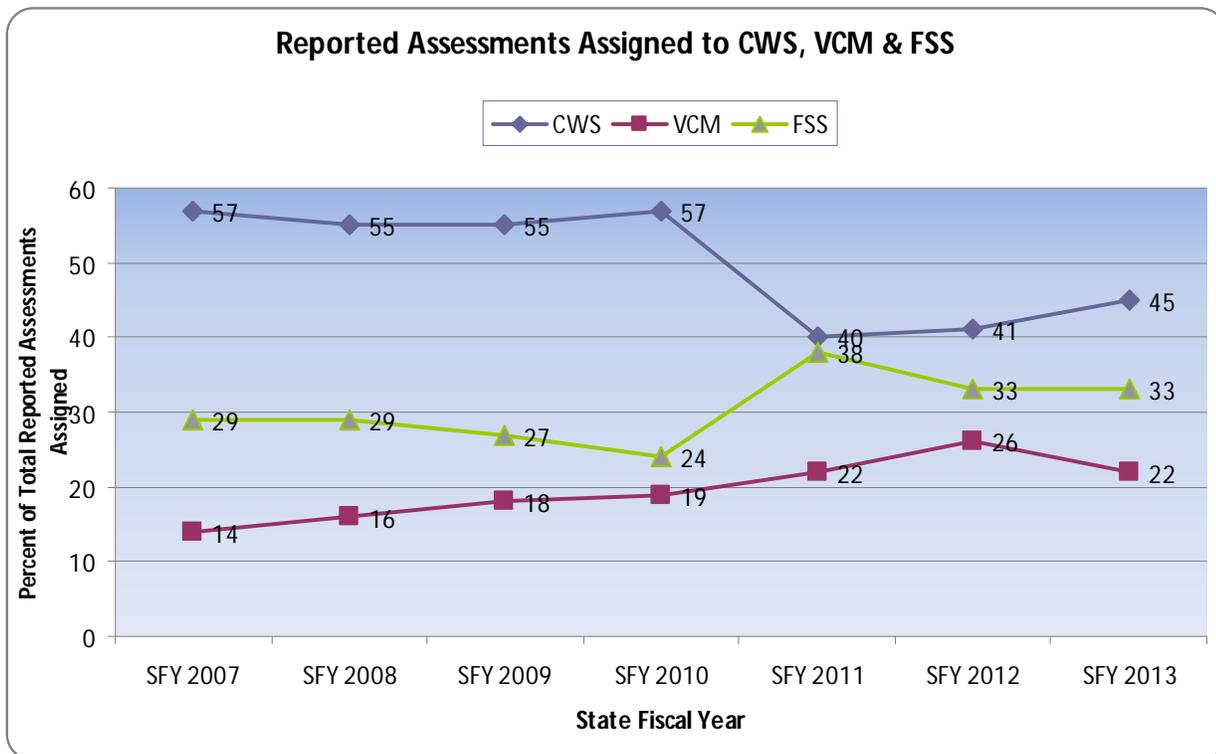
### **Child Welfare Services Reporting and Intake**

To help determine the most appropriate and least intensive intervention level, the CWS collaborated with the National Resource Center on Child Protection to develop an intake assessment protocol that is applied to all reports of child abuse/neglect. Implementation of the assessment protocol has resulted in significant improvements in placement rates and maltreatment recurrence.

CWS social workers use the publication *Guidelines for Threatened Harm for Intake and Assessment* to assess each report of child abuse or neglect. Assessments and/or reports with a safety concern or a reasonable foreseeable risk of harm to a child ("threatened harm") are assigned to the CWS for investigation. When there are minimal or no safety concerns, assessments with moderate-risk situations are referred to Voluntary Case Management (VCM); low-risk situations are referred to Family Strengthening Services (FSS) for services. Reported assessments without risk or safety factors may be closed without further action.

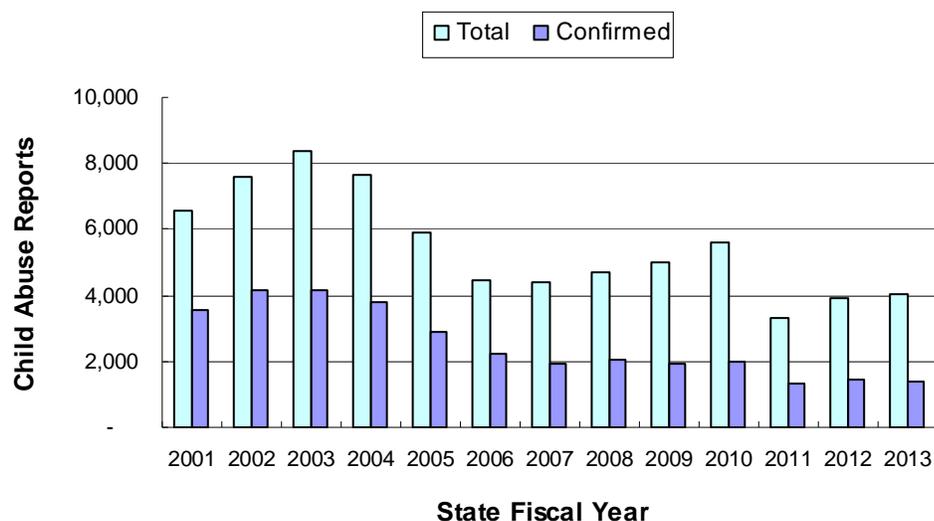
During FY 2013 a total of 5,116 assessments were conducted: 2,319 (45%) of these assessments were assigned to CWS for investigation; 1,122 (22%) were assigned to VCM; and 1,675 (33%) were referred to FSS.

Percentage of Assessments Assigned to CWS, VCM and FSS			
State Fiscal Year	Child Welfare Services (CWS)	Voluntary Case Mgt (VCM)	Family Strengthening Services (FSS)
SFY 2007	57	14	29
SFY 2008	55	16	29
SFY 2009	55	18	27
SFY 2010	57	19	24
SFY 2011	40	22	38
SFY 2012	41	26	33
SFY 2013	45	22	33



There were 2,325 investigations completed in FY2013 involving 4,055 children. Of that group 1,361 (or 34%) were confirmed as victims of abuse or neglect.

### Child Abuse and Neglect Reports by SFY



**Total and Confirmed Child Abuse and Neglect Reports by State Fiscal Year (SFY)**

SFY	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Total</b>	6,580	7,603	8,382	7,623	5,914	4,461	4,400	4,707	4,977	5,606	3,324	3,893	4,055
<b>Confirmed</b>	3,584	4,146	4,145	3,824	2,907	2,205	1,939	2,031	1,950	1,976	1,345	1,421	1,361
<b>Percent Confirmed</b>	54%	55%	49%	50%	49%	49%	44%	43%	39%	35%	40%	37%	34%

### Foster Care

There has been a 56% reduction in the number of children entering foster care from 2,451 in FY 2004 to 1,067 in FY 2013. This decrease is attributed to the Department’s investment in voluntary diversion and family strengthening services, which engage families in ensuring the safety of children and preventing out-of-home placements. Other key factors include an increased array of community-based family strengthening and child abuse prevention services. Increased engagement and collaboration with key stakeholders, birth families and extended family, resource caregivers and other service providers has also favorably influenced this downward trend.

### Resource Caregivers

The DHS is committed to supporting a child’s family connections. National data indicate that when children and youth cannot remain safely in their family homes, placement with relatives provides the next best outcome. Through continuing CWS emphasis on finding family connections and establishing partnerships with community stakeholders like ‘Ohana Conferencing and EPIC ‘Ohana, 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 Hawaii, and Family Programs Hawaii) to integrate recruitment, training, home studies, and support services for foster children and resource families. The focus on statewide recruitment of Native Hawaiian resource families has successfully increased the

availability of Native Hawaiian resource families to approximately 41% of the total resource family pool.

The continued emphasis on family and family connections has positively increased the percentage of children placed with relative and non-relative resource caregivers. In 2007, approximately 47% of children in foster care were placed with relatives; 53% with non-relatives. Currently, approximately 53% of the children in foster care are placed with relatives; 47% with non-relatives. Hawaii leads the nation in ‘ohana and family connections, and in the percentage of children placed with relatives.

### Relative vs. Non-Relative Placement

Monthly Average Number of Children in:	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Relative Placement	1,004	769	676	644	551	532	526
Non-Relative Placement	1,153	909	735	623	505	499	475
Percent							
Relative Placement	47%	46%	48%	51%	52%	52%	53%
Non-Relative Placement	53%	54%	52%	49%	48%	48%	47%

### Higher Education Board Allowance

The higher education board allowance program served 447 students in FY 2013. This program provides former foster youth a monthly stipend while they pursue post-secondary education at an accredited institution of higher education – either academic or vocational. The stipend is equivalent to the foster care board rate, and youth ages 18 through 26 may receive up to 60 months (five years) of benefits. An estimated 1,479 former foster youth have benefited from this program since its launch in 1995.

The DHS collaborates with the University of Hawaii Community College system and the Hawaii Youth Opportunities Initiative to establish programs that provide additional educational services and support for youth formerly in foster care. Outcomes include enhancing the educational experience and increasing success.

### Higher Education Board Allowance Recipients

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
New Students	72	112	109	138	149	158	157
Returning Students	135	132	175	204	240	258	290
Total Students per SFY	207	244	284	342	389	416	447
Unduplicated Program Participants to Date	655	767	876	1,015	1,164	1,322	1479

## Education and Training Vouchers (ETV)

The Federal Chafee Foster Care Independence program provides youth additional financial support for higher education through Education and Training Vouchers (ETV). Although youth may receive up to \$5,000 per year, Hawaii's allotments have never been sufficient to fund all ETV applications at the students' level of need. Since the beginning of this program, 321 youth have received benefits, with the annual participation rate ranging between 76 to 90 students.

### Education and Training Voucher (ETV) Recipients

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
<b>New Students</b>	82	55	45	51	49	39
<b>Returning Students</b>	0	35	31	39	38	38
<b>Total Students Per SFY</b>	82	90	76	90	87	77
<b>Unduplicated Program to Date</b>	82	137	182	233	282	321

## Child Fatalities

When a child death occurs while that child is under DHS care, the CWS Program Development Office and the Child Protection Multi-Disciplinary Team will conduct an investigation to identify the cause of death. The team also will ascertain whether any CWS policy or practice modifications could have prevented the death. In FY2013, two Hawaii children died while in DHS care. In both cases, the deaths were due to physical abuse caused by parents prior to the children entering foster care.

## Other Program Initiatives

### Domestic Violence Services for Survivors, Children and Batterers

The DHS has developed contracts and services that provide domestic violence (DV) survivors supportive, healing and advocacy services, with the goal of breaking the cycle of violence in their lives. Services also address the impact of domestic violence on their children. Services are based on an individualized assessment and provided in the most appropriate manner for each participant.

To support survivors of domestic violence, the DHS has provided funding for expeditious advocacy services to enhance the survivor's ability to achieve safety and develop independence. These services empower survivors to escape abusive relationships with support and safety in the forefront.

### Family Finding

The Federal government has encouraged maintaining family connections and placement with relatives, and declared this a "best practice" that provides positive outcomes for children and families. When out-of-home placement is needed, the CWS and its partners 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 requires identification and notification of relatives within 30 days of assuming temporary foster custody of the child. In FY 2013, the Family Finding Program served 354 families.

## **Ohana Time**

‘Ohana Time (family and sibling visitation) increases the possibility of successful reunification and timely permanency for children. It also enhances child well-being, reduces trauma, and minimizes length of stay in foster care.

In FY 2012, the CWS clarified procedures and conducted statewide trainings with a goal of increasing the frequency of ‘Ohana Time, and enhancing the quality of visitations. This effort required two major strategies: 1) expanding the range of persons who could be involved in the ‘ohana time to include resource caregivers, relatives, and mentors; and 2) moving ‘ohana time to more family-friendly settings and activities that better facilitate and develop parenting skills. Extending ‘Ohana Time to include ordinary daily activities like doctor’s appointments, school events, homework, meal preparation, and bedtime rituals, can help maintain and strengthen family bonds and connections.

In FY2013, the CWS began fully integrating ‘Ohana Time into daily practices. It is too soon to demonstrate the benefits, however, anecdotal data are positive. Birth families, resource caregivers and CWS social workers report that children are benefiting from the closer relationships, increased time with biological family, and improved parenting skills of the biological parents. These successes are attributed to resource families working closely with biological families to develop increased understanding and empathy for the children.

## **Educational Stability for Children in Foster Care**

In collaboration with the DOE, the Family Court, LASH, and It Takes an ‘Ohana, the CWS has developed protocols to promote educational stability for children entering foster care. This collaboration and pilot initiative ensures compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008, which states that a child’s school placement will not change when the child enters foster care or has a change in placement, unless such change is in the child’s best interest. The pilot program began in Mach 2012 in Leeward, Oahu.

To inform resource families about the pilot program and the importance of educational stability, the DHS is working with Family Programs Hawaii to include an Educational Stability component in its 2014 Resource Families Conference.

## **Family Journal**

The DHS developed the Family Journal as an engagement and support tool for birth families. The Journal is a binder that contains information and documents to assist parents with case planning. It helps birth families to keep an organized record of their case and contact with their workers and other providers. If the parents live in separate homes, each parent receives a binder. Parents are encouraged to take their binders to all meetings with their social worker, service providers and to court hearings. Staged implementation began on Maui and based on the Maui success, the Family Journal program will expand to other locales in FY 2014.

## **CWS Reorganization**

Effective August 1, 2013, reorganization of the Social Services Division was complete. The CWS anticipates this reorganization will improve public services and provide better outcomes for Hawaii’s children and families.

## Partnerships

The CWS collaborates with more than 60 agencies and State departments to address child maltreatment, parental substance abuse, family violence, and mental illness. These partnerships are crucial to protecting the safety and health of children. Examples of interagency work include: State and local agencies, the Family Court, the DOH and DOE, police departments, private service organizations, community groups, and advocacy groups, some of which are noted below.

- With assistance from the **Casey Family Programs**, and in partnerships with **DOH, DOE, the State Judiciary**, and **EPIC ‘Ohana** in FY 2013, the DHS has adopted the **“Wraparound Services Model”** for 10 families. The program is family-focused and family-driven, with a single case manager, and pooled agency funds. If the child needs out-of-home placement, wraparound services are provided to meet the child's and family's needs while the child is out of the home. The new system also focuses on developing wraparound services to safely return the child home.
- The **Consuelo Foundation’s** Attachment and Bio-behavioral Catch up (ABC) model teaches nurturing caregiving techniques to birth parents and resource families. The ABC model consists of 10 weekly in-home training sessions that promote positive parenting behavior and attitudes. The sessions are videotaped and used later as part of parenting/ training experience to provide strengths-based feedback. Based on the positive parenting behavior and child bio-behavioral outcomes, the CWS has provided increased support to the **Enhanced Healthy Start** contracts on Oahu, Hawaii Island, and Kauai to expand the number of ABC trainers in the State. In FY 2013, Enhanced Healthy Start provided the ABC Intervention Model to 37 CWS families.
- The CWS is a member of the **Statewide Interagency Quality Assurance Committee** facilitated by the DOH Child and Adolescent Mental Health Division (CAMHD). This committee includes representatives from the DOE, the DOH Child and Adolescent Mental Health, Developmental Disabilities and Family Health Services Divisions, and the non-profit advocacy agencies of Hawaii Families as Allies and Children’s Community Council. The committee works to improve service delivery and coordination for children receiving services from more than one agency.
- In collaboration with the **DOE** and other stakeholders, the CWS has developed and piloted protocols and guidelines to promote educational stability for children entering foster care.
- The CWS continues to collaborate with the **Family Court** and **Family Programs Hawaii** to support Project Visitation. This project recruits and trains volunteers to provide monthly transportation for siblings living in different resource homes on Oahu and in East Hawaii. Project Visitation seeks to minimize the trauma of family separation by preserving sibling relationships.
- The CWS is a member of the **Zero to Three Collaboration**, and along with the **Family Court** encourages 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**, the CWS Branch, and the **DOH Alcohol and Drug Abuse and Public Health Nursing Divisions** that assists families with substance abuse problems.
- The CWS continues to support and expand programs that empower current and former foster youth. The **Hawaii Foster Youth Coalition** and the **HI H.O.P.E.S. Advisory Board** are

both youth-driven organizations that advocate for the needs of youth in foster care, and help youth develop leadership skills. They also provide a mechanism for youth/young adult feedback to CWS to help youth transition from foster care to independent living.

- The **Hawaii Youth Opportunities Initiative** (HYOI) is a youth-adult partnership designed to improve outcomes for youth transitioning from foster care to adulthood. The HYOI partnership includes leaders from Child Welfare, Family Court, former and current foster youth, local colleges and universities, business, communications, housing, and health care. Current and former foster youth may enroll in the Opportunity Passport™ to complete financial literacy training and to set up a personal savings account with a matched savings account to purchase approved assets.

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.

In FY 2103, the HYOI staff, comprised of former foster youth, assisted CWS to locate and engage other former foster youth in the timely completion of the NYTD survey. HYOI's efforts were very successful.

- The CWS continues to emphasize family connections through collaboration with **EPIC 'Ohana**, and to locate, recruit and develop family connections and placement resources with extended family. These efforts help ensure permanency for children by increasing the identification of connections and placement/support resources within their own family.
- **Ma`ili Receiving Home** - Ho`omalulu O Na Kamali'i is an on-call residential assessment center for abused or neglected children and families in the Waianae area whose purpose is to keep siblings together. This facility opened in March 2009 with a commitment from the **Michael B. Wood Family** of \$8 million over the course of 20 years (\$400,000 a year) to assist with Ho`omalulu O Na Kamali'i operating costs. Monthly meetings with Ma`ili Receiving Home, the DHS Foster Home Licensing Unit, DHS Section Administrators and **Epic 'Ohana Conferencing** continue to provide oversight and ensure continued progress toward the case goals of reunification, relative placement or other placement.

## Challenges

The primary CWS mandate and responsibility is to ensure the safety, permanency, and well-being of children who have been reported as abused or neglected. One of the Division's major challenges over the past three years has been rebuilding staffing capacity and infrastructure following the 2010 Reduction In Force (RIF) that resulted in 40% of the work force being dismissed. Some positions were permanently eliminated, other remained open but "frozen," unable to be filled.

During FY 2011, 2012 and 2013, the CWS filled many of the previously frozen positions, but recruitment and hiring of qualified and experienced staff remains challenging.

# **CHAPTER 4: Health**

## **MED-QUEST DIVISION**

The Department of Human Services (DHS) helps low-income adults and children obtain needed health care through the federal Medicaid health insurance program. State-funded programs provide health care for low-income adults and children, and immigrant children and women who are not eligible for Medicaid. The various programs cover primary care, nursing facility and hospital care.

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, and reduced costs to taxpayers in lieu of costly institutional long-term care services.

### **Program Description**

The DHS 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 2013, the MQD had expenditures of approximately \$1.7 billion (including \$800 million in federal funds) used for benefits and administration of the Medicaid program.

The MQD provides health insurance through several Medicaid programs under Title XIX of the Social Security Act. Coverage includes the Hawaii QUEST Managed Care (QUEST), the Hawaii QUEST Expanded Access managed care (QExA) and the Medicaid Fee-For-Service (FFS) programs. 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. The MQD also administers the Immigrant Children's program and the Medical Assistance for Pregnant Legal Immigrants program, both which are fully State-funded. Additionally, the MQD oversees the Funeral Payments program for the State.

The above programs enable low-income adults and children to maintain and improve their health by providing payment for medical, dental and other health care services within hospital, nursing home and home health settings, medications. Other related health care services include transportation and burial services.

### **Application and Eligibility**

There are basic eligibility requirements for Med-QUEST programs, including income and asset limits. They differ by "coverage groups" among which are children, pregnant women, the elderly, and the disabled. There is a single general application form for all Medical Assistance programs. A separate, simplified application form is used for pregnant women and children. The MQD encourages all low-income individuals to apply for medical insurance. The Division will place eligible persons in the appropriate program.

As of June 30, 2013 eligible applicants must: 1) be a U.S. citizen or qualified alien for individuals age 19 years and older (citizenship requirements may be waived for

individuals under age 19); 2) be a Hawaii resident; 3) not be residing in a public institution; and 4) provide a Social Security number. Financial eligibility requires the applicant remain within income and asset limits. However, pregnant women and individuals under age 19 are not subject to asset limits.

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

The MQD Eligibility Branch (EB) staff received a total of 138,506 applications in FY 2013. Dispositions were made on 102,857 of the applications: 70,675 were approved; 32,200 were denied as not eligible. As of June 2013, the MQD provided health care to more than 292,423 eligible residents. EB and MQD staff continues to work actively with community agencies and groups to ensure easy access to health insurance and swift problem resolution. The EB staff also provided assistance to the DHS BESSD for its medical cases.

<b>Recipient Growth between FY 2009 and FY 2013</b>					
<b>Enrollment</b>	<b>Jun-09</b>	<b>Jun-12</b>	<b>Jun-13</b>	<b>1-Year % Increase</b>	<b>5-Year % Growth</b>
<b>Oahu</b>	150,425	177,258	179,227	1%	19%
<b>Kauai</b>	12,604	16,337	16,072	-1.6%	27.5%
<b>Hawaii</b>	47,913	60,925	62,145	2.0%	29.7%
<b>Maui</b>	21,142	29,473	30,951	5.0%	46.4%
<b>Molokai</b>	2,645	3,213	3,305	2.9%	25%
<b>Lanai</b>	474	696	723	3.9%	52.4%
<b>Statewide</b>	235,203	287,902	292,423	1.6%	24.3%

### **Children and Pregnant Women**

The MQD continues to expedite the application process for pregnant women and children through use of the Medical Assistance Application for Children and Pregnant Women Only Form (DHS 1108). This simplified form (called the "Pinkie") helps the MQD process applications within five working days of receipt, if they are completed properly.

At the end of FY 2008, an estimated 8,104 pregnant women received medical assistance. The 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, to 3,735 at the end of FY 2012, and then increased to 4,477 at the end of FY 2013. The earlier reductions in assistance were due largely to increased program integrity efforts. For example, many women were previously identified as pregnant, long after delivered their child.

## MQD ACCOMPLISHMENTS

### Administration

- Overcoming a 47% decrease in staffing capacity from prolonged hiring freeze and reduction in force
- 65 HAR chapters new, revised, or deleted to comply with ACA
- 5-year renewal of Section 1115 demonstration waiver; ACA early adopter

### Benefits

- Expanded benefits from limited to full for >10,000 individuals
- Expanded specialized behavioral health services for individuals with a serious mental illness
- Compared to 2008, 38% increase in individuals receiving long-term services and supports
- Will expand home and community based services benefits to individuals “at risk” of deteriorating to institutional level of care
- First in the nation to submit a state plan amendment for the alternative benefit package for the Medicaid expansion group under ACA

### Eligibility

- Between 2008 and 2013, 38% increase in number of beneficiaries
- Cleared >5,000 application backlog
- Successfully implemented \$93 million new eligibility system under ACA
- Expanded eligibility by removing asset limit for parents/caretaker relatives and childless adults
- First in the nation to get approval for new income methodology under ACA

### Delivery System

- Rebalanced long-term care from 40% to 65% of individuals receiving services at home or in the community (versus a nursing facility)
- Implemented public reporting of and financial incentives for health plan performance
- Implemented contractual requirements for health plans to support patient-centered medical homes and value-based purchasing with hospitals
- \$10 million reimbursement enhancement to primary care providers (for January to June 2013)
- Unifying behavioral health service delivery for Medicaid beneficiaries with a serious mental illness
- Combining QUEST and QExA to create QUEST Integration, a consolidated patient-centered managed care program that primarily benefits individuals who become aged or disabled

### Outcomes

- Improved efficiency: rank in top 10% nationally for lowest rate of emergency room visits; and
- Improved quality.

	<b>2009</b>	<b>2013</b>
<b>Childhood Immunizations</b>	62%	71%
<b>Chlamydia Screening</b>	55%	64%
<b>Blood Pressure Control</b>	30%	52%
<b>Cholesterol Control in Individuals with Heart Disease</b>	33%	43%
<b>Blood Sugar Control in Diabetics</b>	30%	43%

## **Financing**

- Saved Hawaii taxpayers \$1 billion since 1994
- Brought in \$550 million in federal stimulus funds through Medicaid under ARRA
- Supported \$82 million settlement with drug manufacturers
- Brought in \$10 million in federal funds for emergency services provided to COFAs
- Implemented a \$142 million budget reduction during the recession
- Bring in federal funds for DOH AMHD, CAMHD, DDD, EIP; DOE (school based services to Medicaid covered children); DPS (hospitalizations of prisoners)

## **MED-QUEST PROGRAMS AND SERVICES**

### **QUEST**

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

QUEST participants may choose their medical coverage from participating health plans and provider networks throughout Hawaii. In addition to providing the same required basic benefits, plans offer their own optional benefits. The QUEST health plans pay contracted health care providers for medical services received by enrollees.

QUEST enrollment was 237,370 at the end of FY 2013, an increase of 3,152 over the FY 2012 enrollment of 234,218 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

## **QUEST Expanded Access**

The QUEST Expanded Access (QExA) program was implemented in FY 2009 to include individuals 65 years and older, and individuals of all ages with disabilities. This group receives service coordination, outreach, improved access, and enhanced quality healthcare 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 include home and community-based services (HCBS) and institutional care (nursing facilities).

The QExA Ombudsman program helps 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 this role, they are uniquely qualified to help QExA clients address their concerns.

At the end of FY 2012, there were 44,967 clients enrolled in the QExA program. By the end of FY 2013 that number increased to 45,992 enrollees.

## **Fee-For-Service**

The Fee-For-Service (FFS) is reserved for individuals with special circumstances or for the coverage of certain benefits. For example, individuals expected to be eligible with a spend-down for less than three months, have retroactive eligibility, and individuals awaiting an organ transplant may be enrolled in the FFS program. Benefits provided by other State departments, such as developmentally disabled/intellectually disabled waiver services and school-based services, are paid through the FFS program. Dental benefits also are provided to recipients on a FFS basis. Individuals under 21 years of age have full dental benefits; adults receive only emergency dental care.

## **Early & Periodic Screening, Diagnosis & Treatment**

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

<b>Totals</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>
<b>Individuals eligible</b>	145,702	152,235	158,907	172,452
<b>Screens performed</b>	109,272 (75.0%)	117,218 (77.0%)	5,954 (78.0%)	124,561 (72.2%)

*\*\* FY 2013 data is not available until February 28, 2014*

### QUEST-NET

In FY 2013 the QUEST-Net program offered adult beneficiaries full health care benefits, i.e. the same benefits offered through QUEST. To be eligible for QUEST-Net, beneficiaries first must 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 limit for QUEST-Net is 133% FPL, and the asset limit is \$5,000 for an individual.

QUEST-Net enrollment was 1,015 at the end of FY 2012, and 11,833 as of June 2013. The increase was due to the transfer of childless adults from QUEST to QUEST-Net in anticipation of implementing the Affordable Care Act. These data are included in the total QUEST enrollment figures.

### 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 coverage under the QUEST program. QUEST Spenddown is also available to clients who are QUEST-Net recipients with medical needs 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 exceed the family's excess income. The family is responsible for paying the medical bills up to the spenddown or excess income amount. QUEST Spenddown will pay any remaining medical bills in excess of the spenddown amount, if it is an eligible QUEST service.

The QUEST Spenddown enrollment as of FY 2012 was 2,375; In June 2013 it was 2,415.

### QUEST-ACE (Adult Coverage Expansion)

The QUEST-ACE program provides the same full health care benefits as the QUEST and QUEST-Net programs. 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 133% FPL and assets not exceeding \$5,000 for an individual; 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 Hawaii Work) programs.

For FY 2013, the QUEST-ACE program continued to cover otherwise uninsured adults, which helped strengthen the State's health safety net. QUEST-ACE enrollment was 13,845 in FY 2012, and increased to 26,525 in FY 2013. The increase was due to the transfer of childless adults from QUEST to QUEST-ACE in anticipation of implementation of the Affordable Care Act. It also is due to an increase in the number of childless adult applicants.

### **Transitional Medical Assistance**

Prior to the Welfare Reform Act of 1996, a person who was eligible for Aid to Families with Dependent Children (AFDC) was automatically eligible for Medicaid. The AFDC is the predecessor to the current TANF program. The Welfare Reform Act delinked 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 2012, Transitional Medical Assistance (TMA) program enrollment was 6,361. Enrollment increased by 197 clients at the end of FY 2013 to 6,558. The increase indicates that families receiving medical assistance are working toward employment while utilizing needed resources to help them transition off medical assistance.

### **State Children's Health Insurance Program**

State Children's Health Insurance Program (S-CHIP) was created to help states expand health coverage to more children whose parents may be working, but do not earn enough to buy private coverage for their children. S-CHIP was implemented in Hawaii 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 have family incomes not exceeding 300% of the FPL. In 2012, the threshold was a monthly income of \$5,490 for a three-person household; \$6,630 for a four-person household. In 2013 the monthly income threshold was \$5,618 for a three-person household; \$6,773 for a four-person household. There is no asset test requirement for this program.

Federal funds in FY 2013 covered 66.25% of S-CHIP; the State's Tobacco Settlement Funds covered 33.75% of program cost. Enrollment in S-CHIP increased from 27,340 in FY 2012 to 28,890 in FY 2013.

### **Immigrant Children's Program**

Hawaii no longer has an immigrant children program. These individuals were transferred to QUEST or QExA in FY 2010 and are now eligible under CHIP.

### **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 DOH Hawaii Breast and Cervical Cancer Control Program. In addition, individuals cannot have medical coverage that would pay for the treatment of their breast or cervical cancer, and their gross family income cannot exceed 250% of the FPL. Assets are not considered in determining eligibility. In FY 2012, 24 individuals received coverage; 26 individuals received coverage in FY 2013.

Hawaii also provides a State-only funded look-alike program to women who are legally admitted immigrants, but who are barred from any federally-funded medical assistance program. These women are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau, which are commonly referred to as Compact of Free Association (COFA) countries.

This program was established in 2001 by the Hawaii Legislature under Act 278. In FY 2012, three individuals received coverage; four individuals received coverage under the state-funded program in FY 2013.

## Breast and Cervical Cancer Program Recipients

Program	July 2010	July 2011	July 2012	July 2013
Federal Breast Cancer	34	26	21	23
Federal Cervical Cancer	2	3	3	3
State Breast Cancer	5	4	2	4
State Cervical Cancer	1	1	1	0

### Funeral Payments Program

The Funeral Payments program provides partial payments to qualified applicants. Anyone may apply on behalf of the deceased; however applicants need to apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. Total program expenditure in FY 2013 was \$248,000.

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 one-time lump sum benefit. The MQD will pay an amount equivalent to the SSA's payment (currently \$255) to help pay for funeral expenses; or
- An unclaimed body, meaning the person died without any known or surviving relatives and friends, or without any legally responsible relatives (no spouse or legal guardian). The MQD will pay \$800 for mortuary expenses.

### Third Party Liability Program

The Third Party Liability (TPL) program ensures that Medicaid recipients who have other health insurance coverage exhaust those benefits before accessing Medicaid benefits. This ensures the Medicaid Program is the payor of last resort. As such, the State Medicaid agency and/or its designated agents must actively cost-avoid or recover Medicaid payments made on claims for which other coverage was available when that health care services were rendered.

To help contain Medicaid program expenses, the Department of the Attorney General (State Claims Unit), the TPL contractor, Xerox, and other health insurance providers including the QUEST and QExA health plans, Medicare, CHAMPUS, the Veteran's Administration, and Worker's Compensation coordinate recovery efforts. 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.

When real property is involved, the Attorney General's State Claims Unit places liens on home properties of Medicaid recipients confined in Nursing Homes, and files claims against a deceased recipient's estate. The MQD identifies health insurance coverage by following up on insurance leads and subject to estate recovery, 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 their members' other health insurance coverage, cost-avoiding medical expenses and recovering accident claims.

### **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 provide prescription drug coverage for some drugs that are excluded for coverage by the MMA.

Approximately two-thirds of Hawaii's Aged, Blind and Disabled (ABD) recipients are dual-eligibles, having both Medicare and Medicaid eligibility. The Medicaid program continues to provide coverage for medically necessary "excluded" drug classes, which Medicaid has covered in the past. The result is that dual eligible individuals continue to receive medically necessary drugs through a combination of Medicare Part D and Medicaid coverage.

### **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 and intellectual disabilities living in the community. These same individuals are Medicaid-eligible and certified as requiring ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) level of care. The Departments of Human Services and Health collaborate to administer and implement this program, and to maximize Federal Medicaid reimbursement. A total of 2,633 individuals were served in FY 2013.

### **Health Insurance Portability and Accountability Act (HIPAA)**

During FY 2009, the U.S. Department of Health and Human Services issued new HIPAA guidance for the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new HIPAA 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) requirements require working with stake holders to ensure accessibility and confidentiality of protected Health Information (PHI).

The MQD continually monitors State compliance with the Federal HIPAA Privacy, Security and Transaction and Code Set. New State identity theft laws and recent incidents of data security breaches throughout the nation 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.

## **Going Home Plus Program**

In May 2007, MQD received a \$10.3 million “Money Follows the Person” grant from the Centers for Medicare and Medicaid Services (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 has successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). Planning for the Going Home Plus program started in 2007 by a coalition of community partners and government agencies. The Going Home Plus program has since been integrated with the QExA program so QExA members can transition from nursing facilities to receive services in their own home or the community. The Going Home Plus program had 108 admissions in FY 2012. During FY 2013 the program served 118 clients.

## **Looking Ahead**

The major challenge for the MQD next year is complying with the health insurance-related provisions of the Affordable Care Act (ACA). This includes: Medicaid eligibility expansion with the concurrent alternative benefit plan requirements; a complete change in the criteria and methodology for determining eligibility for non-Aged, Blind or Disabled individuals; and the requirement to interface with Hawaii’s Health Insurance Exchange. The MQD has already submitted an application to CMS for approval of a five-year renewal of its Section 1115 demonstration waiver to align with ACA. Negotiations with CMS for the 115 waiver will be held throughout the year, seeking an effective date of October 1, 2013.

It typically takes three to five years to build a new eligibility system, to revamp and write a Medicaid State Plan, and to rewrite nearly all the Administrative Rules. The Hawaii MQD developed and implemented its new integrated eligibility system within nine months, and met the federal deadline of October 1, 2013.

Beginning January 1, 2013, the MQD increased Medicare reimbursement rates to primary care providers for primary care services. For a two-year period, this increase is 100% federally funded.

In FY 2014, the MQD will implement the Medicaid electronic health record incentive program and oversee the transition of services to individuals with a serious mental illness, from the DOH Adult Mental Health Division to the DHS MQD. Additionally, the MQD will re-procure health plan contracts for a new program, QUEST Integration, that effectively combines QUEST and QExA.

The Division also will continue to comply with other federal requirements that arise such as background checks, encounter and claims data to CMS (T-MSIS), and disease coding (ICD-10), and continue to work on an integrated eligibility system for the DHS.

The State continues to wait for a decision on its appeal of a 9<sup>th</sup> Circuit Court injunction requiring the DHS to provide COFAs with a state-only funded Medicaid-like program.

The MQD continues to fill its vacant positions, especially those that promote program integrity.

# **CHAPTER 5: Administration**

## DHS ADMINISTRATION AND SUPPORT SERVICES

### DHS Administration

The Office of the Director has primary responsibility for operations of the Department of Human Services. The Director is appointed by the Governor, confirmed by the Senate, and assisted by a Deputy Director. The Director's office staff respond to public and media inquiries and maintain the two DHS websites.

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 contracts with private practice attorneys through appointment by the Director of DHS under Hawaii Revised Statutes §346-12, to conduct hearings. In FY 2013, the AAO received 1,644 administrative hearing requests and referrals and issued approximately 900 administrative hearing decisions. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of Department rules.
- The **Management Services Office** (MSO) provides research, quality assurance, program and financial evaluation, and assessment capabilities that enable the DHS to oversee its programs and make appropriate decisions concerning those programs. Effective December 2012, MSO functions were re-aligned into two offices - **The Budget, Planning, and Management Office** (BPMO), and the **Audit, Quality Control and Research Office** (AQCRO). The BPMO supports the Budget Staff, Planning Staff, and the Program and Management Evaluation Staff. The AQCRO supports the Financial Evaluation Staff, Quality Control Staff, and the Research Staff.
- 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 functions, 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 **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 including computing facilities management, data control and technical help desk functions located in the Queen Liliuokalani Building basement. The OIT also oversees the 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). This is 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 6: Attached Agencies**

## **OFFICE OF YOUTH SERVICES**

The Office of Youth Services (OYS) provides and coordinates a continuum of services and programs for youth-at-risk to prevent delinquency and reduce the incidence of recidivism. The OYS also strives to provide a clear sense of responsibility and accountability for all youth services in Hawaii.

### **Program Description**

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

### **Programs & Service Areas**

The OYS focuses on programs and service that address youth needs ranging from prevention to incarceration to after-care.

#### **Positive Youth Development (PYD)**

Youth participating in these programs are determined at-risk for educational failure or involvement in the juvenile justice system. PYD services and activities aim to help these youth develop resiliencies so they can successfully transition to adulthood. An estimated 4,000 urban and rural youth have benefited from PYD programs. Funded by the OYS and offered by 29 private non-profit organizations, these programs target youth who are homeless, truant, and/or in foster care and group homes. They also target sexually active youth, pregnant and parenting youth, and youth at-risk who had involvement with the Family Court and/or contact with the police.

#### **Youth Gang Prevention and Intervention**

Services and activities include community mobilization efforts, strategies for gang prevention and intervention, and formal mediation services for youth gang members. Targeted youth are ages 11 to 18, and engaged in either emergent or more established gang behavior. Services are funded by a grant-in-aid and provided by Adult Friends for Youth.

#### **Truancy Prevention and In-School Suspension**

In collaboration with the Department of Education, the OYS offers services to enhance school engagement and performance, with the goal of ensuring educational success for at-risk youth and their families. Targeted youth are ages 7 to 18 and at risk for truancy and chronic absences. In FY 2013, six funded agencies provided services and activities for over 350 youth that promoted attendance, attachment, and achievement to ensure educational success.

#### **Community-Based Outreach and Advocacy**

The OYS provides intervention case advocacy services to youth whose unhealthy and risky behaviors placed them at-risk for initial or further penetration into the juvenile justice system. Providers identify and engage youth and their families in attendant care services, intake and assessment, creating a youth/family-driven service plan, supporting youth/family to access services, and providing follow-up to ensure services were properly provided. In FY 2013, four OYS-funded providers statewide served approximately 200 youth.

## **Intensive Monitoring Program**

The Intensive Monitoring Program works with youth who have been adjudicated by the Family Court and placed on probation. The program provides intensive supervision, holds youth accountable for their behavior, and assists them to remain compliant with the terms and conditions of their probation. The Intensive Monitoring Program also promotes participation of the youth's family in activities to increase protective factors and decrease risk factors in various domains of the youth's life. In FY 2013, approximately 250 youth were served statewide; 80 youth were served at any one time in all four judicial circuits.

## **Day Treatment Center**

Day Treatment Center services provide a community-based, coordinated set of individualized treatment services that include educational, substance abuse, mental health, counseling, family intervention, psychosocial skills development, and community service on the island of Oahu. Youth involved with the Family Court, and whose behavior interferes with their daily functioning in a typical school, work, and/or home environment are the target population. These same youth need the structured education and treatment interventions provided with this level of care.

## **Community-Based Residential Services**

Youth who cannot or will not remain at home are the target population of this program. Community-based residential programs help youth prepare for their return to community living by focusing on improved decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Under the umbrella of 19 contracts, seven different providers across the State offered a range of residential programs. In FY 2013, approximately 200 youth were served - most remained on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10 to 18 years old requiring short-term shelter and related services that addressed a present crisis. This includes recently arrested status offenders, non-violent law violators, intoxicated, troubled, abused, or neglected youth;
- Intensive Residential Services for youth ages 12 to 19 who are assessed as high-risk in one or more areas of need. These youth are unable to function in a pro-social manner without constant supervision and support, and would benefit from highly structured residential services. These individuals are prioritized for youth services;
- Independent Living Programs for youth ages 17 to 22. This includes troubled, abused, neglected, or adjudicated youth, who also may lack the attitudes, skills, and resources for independent living; and
- Statewide Ke Kama Pono (“Children of Promise”) Safe Houses are community-based residential alternatives for troubled youth who are at-risk of penetrating further into the juvenile justice system. As 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 also preparing them to reintegrate back into their respective communities.

## **Hawaii 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. As a safe and secure setting, the HYCF provides a variety of facility-based counseling, treatment, and educational services to aid in the redirection and rehabilitation of each youth ward. The programs also are intended to provide opportunities for positive behavioral changes.

## **Federal Grant Programs**

In addition to providing services, the OYS 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 programs and services for youth. These federal grant programs come from the **U.S. Office of Juvenile Justice and Delinquency Prevention**. In 1974, Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act to improve the effectiveness of the juvenile justice system. Statutorily, administration of JJDP Act provisions rests with the Office of Youth Services [see HRS §571-32(k) and HRS §352F-5(b)]. The State of Hawaii'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, compliance with the JJDP Act protects the State from civil suits related to conditions of confinement litigation, as the courts have found that jailing juveniles violates the 8<sup>th</sup> Amendment (Cruel and Unusual Punishment) and the 14<sup>th</sup> Amendment (Due Process). 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.
- **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.

## **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. A primary goal of this grant is 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 2013**

### **In-Community Programs**

The OYS continued to fund more than 90 community-based contracts that enhanced the continuum of services within geographic regions and addressed the needs of at-risk youth and their families. Approximately, 5,000 children and youth were served statewide under the umbrella of these contracts.

The OYS initiated planning for a new juvenile justice diversion system that could steer youth away from the juvenile justice system and toward supportive programs that help them address the issues that may be leading to risky or harmful behavior. The goal is to offer options that will help youth overcome the challenges that lie at the root of their behaviors, and help them realize their own responsibility as valuable and gifted members of our communities. First-time misdemeanor offenders, and youth who would have been arrested previously for status offenses, will receive a civil citation that connects them directly to an elder and counselor at an Assessment Center. It's the adult's job to help the youth discover appropriate pathways of action, or programs that can better address their challenges. Youth facing first-time misdemeanor offenses can avoid converting the citation into an arrest if they complete their program plan. The goal is to support Hawaii's youth so they become engaged, healthy, contributing members of our society.

This service model is family centered and youth driven - with an emphasis on healing, restitution, forgiveness and reconciliation. Based on the latest adolescent development research, the initiative follows a nationwide shift in juvenile justice policy toward a more collaborative, restorative approach. The goal is to address the "root" of their issues, such as hardships at home, substance abuse, past trauma, depression, or difficulties in school.

The OYS has partnered with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to continue implementing the Juvenile Detention Alternatives Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of JDAI core strategies helps to eliminate inappropriate or unnecessary use of secure detention, 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 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 Hawaii Youth Services Network (HYSN), the OYS sponsored two training conferences during FY 2013. Representing private community-based organizations and public youth serving agencies, over 400 people attended the conferences. Entitled "Resiliency In the Faces of Adversity" the first conference featured Christian Moore, founder of the Why Try Program, and the Women's Prison Monologues. Breakout sessions included Roy Sakuma's protective factor of Love, Native Hawaiian cultural practitioners, and follow-up sessions with Christian Moore and Pat Clough, founder of the Women Prison Monologues.

The second OYS conference "Nana I Ke Kumu...E Malama Kakou" featured Manu Meyer and Pono Shim as keynote speakers. They emphasized the wisdom, knowledge and applications of the Hawaiian Culture within a service framework of Aloha. Other plenary presenters focused on the Wrap Around Services pilot project, and on the Ho'opono Mamo youth diversion project. Alan Silva, coordinator of the Aloha Learning Center at Farrington High School, brought his students to learn from the sessions, and to entertain the participants at lunch.

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

As alternatives to confinement at the HYCF, the OYS continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring. The contracts for Intensive Monitoring and Day Treatment services resulted from FY 2012 Requests for Proposals that concentrated on meeting the needs of adjudicated youth on probation as a means of decreasing the number of commitments to the HYCF.

### **Hawaii Youth Correctional Facility**

Admissions to the HYCF decreased in FY 2012 (from 135 to 101); however, the average daily population remained constant around 60 youth. Including youth on parole, the average daily population for all committed youth was 75.

New HYCF programs continue to be developed and implemented to expand rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs assist with population control and help reduce recidivism by better preparing youth for adult life in the community. In collaboration with University of Hawaii professor, Thao Le, Ph.D., a pilot project to teach mindfulness techniques to youth was implemented with promising preliminary data results.

To enhance gender specific programming for incarcerated girls, HYCF continues collaborating with Project Kealahou to positively impact the girls at the facility. The project is funded through a federal SAMHSA (Substance Abuse and Mental Health Services Administration) grant awarded to the DOH. Project Kealahou is two-fold. Advocates/counselors from the program work directly with the girls who have been the victims of trauma. Additionally, Youth Correctional Officers who work with the female population receive trauma-informed training to enhance their sensitivity and to broaden their skills and knowledge.

To remedy deficiencies, and to upgrade the quality of correctional programs and services, the HYCF continues to evaluate Hawaii operations against national standards, such as improved management, and a defense against lawsuits through documentation and the demonstration of a “good faith” effort to improve conditions of confinement. Continued evaluation also increased accountability, enhanced public credibility for administrative and line staff, created a safer and more humane environment for personnel and offenders, and established a measurable criteria for upgrading programs and personnel.

The expanded use of parole instead of incarceration has improved the success rate of youth transitions back into home communities. Parole also has helped the HYCF maintain an average daily population near maximum capacity.

The HYCF works closely with the courts and the Office of Youth Services to ensure that any commitment to the HYCF is a “last resort” - after all community-based services have been exhausted. Identification of community-based programs as alternatives to incarceration is ongoing.

Major initiatives the HYCF administration continues to support and encourage include:

- Developing facility policies, procedures and practices that are Juvenile Justice appropriate;
- Providing ongoing training for HYCF direct care staff, social workers, and other personnel on Juvenile Justice/Juvenile Corrections Best Practices.

- Equipping staff with skills and knowledge needed to provide a safe, secure and nurturing environment for the youth in the state's care and custody;
- Strengthening communication between the Judiciary and State Agencies (DOH, DOE, DHS) and OYS/HYCF to ensure the delivery of appropriate services for youth in a seamless and collaborative manner; and
- Enhancing and expanding facility-based programs and services to better prepare youth for reintegration into the community. For Quality Assurance, HYCF continues to monitor facility progress through a Performance-based Standards program to assess and evaluate facility progress and the conditions of confinement.

To better coordinate the State's abilities and efforts to provide services, the HYCF continues building partnerships with various public agencies, including the DHS, DOE, DOH, Family Court, county agencies including law enforcement agencies, and non-profit agencies. A multi-disciplinary team, comprised of the DOE, DOH, HYCF, Contract Service Providers, youth and parents, is involved in development of the at-risk youths' Individual Service Plan and reintegration back into their community. HYCF continues to provide an intensive Aftercare/Reentry Program through the Parole Section for youth transitioning out of the HYCF and returning to their families/communities.

#### **Looking Ahead - OYS Focus in FY 2014**

- 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.
  - Participate in a Governor-appointed statewide working group comprised of policymakers, practitioners and stakeholders. The goals are increasing public safety, holding juvenile offenders accountable for their actions, and reducing costs to Hawaii taxpayers by maximizing the public safety return on Hawaii's juvenile justice investment. Supported by intensive technical assistance from The Pew Charitable Trusts' Public Safety Performance Project, the working group will analyze the State's juvenile justice system and develop data-driven policy recommendations for the 2014 Legislature.
  - Establish a pilot Assessment Center to provide an array of services for juveniles who have been arrested, or 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 civil citations diversion project to address status offenders and first-time misdemeanants who may require more comprehensive tailored services.

- Increase community-based, family-focused treatment interventions, with emphasis on a culturally appropriate delivery service.
- Actively participate with the DHS, DOE, DOH and the Judiciary to implement “Wrap Hawaii” – a collaborative pilot program to more effectively addresses the complex needs of at-risk youth through inter-agency integrated case planning.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program that 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 track and 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 2014**

- 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.

## **THE HAWAI'I 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. Staff asks all callers how the HPHA may serve their needs. They also assist, empower and equip families to improve their quality of life. The HPHA will continue to provide great customer service and looks forward to the future by building effective partnerships and reinvesting in the community.

For more information on the HPHA, including the HPHA's most recent Annual Report, please visit: [www.hpha.hawaii.gov/reportsstudies/index.htm](http://www.hpha.hawaii.gov/reportsstudies/index.htm)

## COMMISSION ON THE STATUS OF WOMEN

### Program Description

The Hawaii 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 Hawaii 1970. The HSCSW was established to aid in the implementation of policy recommendations, advise governmental and non-governmental organizations of the specific issues and problems faced by Hawaii's women, act as a central clearinghouse and coordinating body for governmental and non-governmental activities and information relating to the status of women, and create public awareness and understanding of the responsibilities, needs, potentials and contributions of women in Hawaii. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawaii County Committees on the Status of Women, and the University of Hawaii President's Commission on the Status of Women.

### National Advocacy

The HSCSW advocated for the reauthorization of the Violence Against Women Act (VAWA) in 2013 by coordinating a telephone and email campaign and reaching out to legislators across the nation in support of the reauthorization. Additionally, the HSCSW coordinated a strategic meeting with the United Nations (UN) Violence Against Women Programme Specialist for the Pacific region, which resulted in advocates, policy makers and direct service providers meeting and discussing emerging trends throughout the Pacific region.

The HSCSW sent four commissioners to the National Association of Commissions for Women (NACW) Annual Conference in San Jose, California, where they met with other policy makers and leaders to discuss pay equity, violence against women, and the emerging movement to ratify the Equal Rights Amendment (ERA). O'ahu Commissioner Carmille Lim was elected to the NACW board.

The HSCSW participated in the National Dialogue on Workplace Flexibility, which was lead and sponsored by the United States Department of Labor-Women's Bureau. The dialogue focused on striving for greater workplace flexibility and closing the gender wage gap.

### Legislative Agenda

The Commission celebrated several successful achievements in the areas of policy and legislation in FY 2013 that truly benefit the women and girls of Hawaii. The Executive Director of the Commission now serves as co-chair of the Hawaii Women's Coalition ("Coalition"), and convenes Coalition meetings between the months of August (prior to session) and June (subsequent to session). Additionally, the Commission helps review and draft policy, and alerts the community to hearing notices and calls for testimony via email. The Commission also assists the Coalition logistically by providing information and resources to the Coalition, which is often largely comprised of community volunteers.

The following bills originated from the Hawaii Women's Coalition bill package and in turn were passed into law by the 2013 Hawaii Legislature.

**Emergency Contraception for Sexual Assault Victims:** Established a new section in HRS 321 to ensure that victims of sexual assault are provided medically and factually unbiased information about emergency contraception and access to emergency contraception when receiving emergency medical care at Hawaii's hospitals for sexual assault.

**Extension of Foster Care:** Establishes the young adult voluntary foster care program to care for and supervise eligible foster youth until age 21. Provides foster youth the opportunity to learn the necessary skills for becoming self-sufficient adults.

**Relating to Parental Rights of Convicted Rapists:** Prohibits family courts from awarding custody of, or visitation with, a child to a natural parent who has been convicted of rape or sexual assault that resulted in the child's conception. Authorizes family courts to terminate parental rights of the convicted natural parent.

**Relating to Eliminating the Asset Limit Eligibility Requirements for the Temporary Assistance for Needy Families Program:** Eliminated the asset limit for TANF eligibility to allow poor and working families to build assets rather than get rid of them to remain eligible for state benefits.

The following bills originated from the Hawaii Women's Coalition 2013 bill package, but were not adopted by the 2013 Legislature. These bills will be re-introduced to the 2014 Hawaii Legislature.

**Workplace Protections for Breastfeeding Employees:** Requires certain employers to provide reasonable time and private location for breastfeeding employees to express breast milk, requires covered employers to post a notice and establishes a civil fine for each violation.

**Domestic Workers Bill of Rights:** Establishes basic rights and protections for domestic workers and prohibits discrimination.

**Relating to Parental Rights of Convicted Rapists:** Prohibits family courts from awarding custody of, or visitation with, a child to a natural parent who has been convicted of rape or sexual assault that resulted in the child's conception; Authorizes family courts to terminate parental rights of the convicted natural parent.

**Expedited Partner Therapy:** Subject to certain requirements, allows health professionals to treat the partners of patients diagnosed with certain sexually transmitted diseases, by dispensing or prescribing medication to the partners, without examining the partners.

Additionally, the Commission and the Coalition tracked and provided testimony on the following measures during the 2013 Legislative Session, which did not pass:

- Paid Sick and Safe Leave;
- Relating to Civil Rights (Biased Based Policing);
- Mandatory Reporting/Trafficking;
- Exemption from Jury Duty for Breastfeeding Mothers;
- Relating to New Certificates of Birth for Individuals Who Identify as Transgender;
- Relating to an Increase in the Minimum Wage;
- Relating to the Issuance of Temporary Restraining Orders via Electronic Application;
- Relating to Structured Community Placement for Non Violent Female Offenders;
- Relating to a Maternal Mortality Review Committee; and
- Comprehensive Sex Education in the DOE.

## **ONGOING INITIATIVES**

### **Women's History Month**

The HSCSW celebrated Women's History Month in 2013 by sponsoring a live performance of The Prison Monologues at the Hawaii State Capitol Auditorium. The performers were women inmates from the O'ahu Women's Correctional Center in Kailua. The HSCSW also co-sponsored the Women of Wonders film festival produced by Hawaii Women in Filmmaking at the Arts at Mark's Garage. Finally, the HSCSW sponsored the Historical Trauma Conference on Domestic Violence within the Filipino community on Hawaii Island.

### **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 for public office. The program builds a strong foundation for the HSCSW's mandate of educating women about their political rights and responsibilities. The HSCSW will sponsor the Ready to Run session again in February 2014.

### **Violence Against Women**

The HSCSW works with a coalition of State, non-profit, military and non-governmental agencies on various issues deemed violence against women, including sexual harassment and stalking, sexual assault, domestic violence, dating violence, and violence in the workplace. In FY 2013, the HSCSW co-sponsored the Hawaii State Coalition Against Domestic Violence Annual Conference and a lecture at the Richardson School of Law entitled "Sexual Violence in the Workplace, Remedies for Victims and Implications for Advocates" presented by Regional EEOC Attorney for the San Francisco District, Bill Tamayo, Esq. The HSCSW also participated in a domestic violence panel at the Richardson School of Law and co-sponsored Title IX and sexual violence programs at the YWCA. The HSCSW also created and produced four audio public service announcements focused on preventing teen dating violence and teen pregnancy. Each PSA aired on statewide radio stations for the broadest reach possible.

The HSCSW Executive Director is a member of the Attorney General's Violence Against Women Act Implementation working group, the Justice Reinvestment Initiative Victim Services Working Group, the Family Court Working Group, and the Family Court/Legal Interventions Working Group.

## **HAWAII COMMISSION ON FATHERHOOD**

The 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 fathers in 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 Department of Human Services (DHS), the Attorney General's (AG) Office, and the Office of Youth Services (OYS) also are represented.

The Commission participated in various community events over the past year, all to encourage 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

## THE BUDGET FOR FISCAL YEAR 2014

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	7.00	\$19,617,847
BESSD	236	Case Management for Self-Sufficiency	543.00	\$32,785,203
BESSD	237	Employment and Training	0.00	\$1,169,239
BESSD	302	General Support for Child Care Services	39.00	\$11,888,129
BESSD	305	Cash Support for Child Care	0.00	\$53,542,565
BESSD	903	General Support for Self-Sufficiency Services	86.00	\$103,268,114
MQD	401	Health Care Payments	0.00	\$1,894,242,242
MQD	902	General Support for Health Care Payments	265.75	\$45,579,671
SSD	301	Child Protective Services	408.50	\$72,945,419
SSD	303	Child Protective Services Payments	0.00	\$57,161,679
SSD	601	Adult Community Care Services Branch	75.50	\$11,096,105
SSD	605	Community-Based Residential Support	0.00	\$17,810,955
SSD	901	General Support for Social Services	19.00	\$3,854,067
VRSD	238	Disability Determination	45.00	\$7,325,287
VRSD	802	Vocational Rehabilitation	104.50	\$19,210,124
HCDCH	220	Rental Housing Services	213.00	\$45,852,118
HCDCH	222	Rental Assistance Services	18.00	\$26,936,542
HCDCH	229	HCDCH Administration	92.00	\$37,784,669
OYS	501	In-Community Youth Programs	14.00	\$11,363,673
OYS	503	Hawaii Youth Correctional Facility	124.00	\$10,961,107
CSW	888	Commission on the Status of Women	1.00	\$158,547
ADMIN	904	General Administration of the DHS	160.00	\$9,356,982
<b>DHS TOTAL:</b>			<b>2,215.25</b>	<b>\$2,591,031,919</b>

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective January 01, 2014)													
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	319	319	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	430	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 34% of the Standard of Need effective October 1, 2011.
  - 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 a assets disregarded:	TANF:	All
	GA, A A B D, SSI:	\$2,000 - I person: \$3,000 - couple

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Effective January 01, 2014)														
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% FP I,	MNI 100% FP I,	Thrifty Food Plan
1	2206	1434	1103	330	6	6056	3936	3028	1568	11	9906	6440	4953	2725
2	2976	1934	1488	605	7	6826	4437	3413	1734	12	10676	6941	5338	2973
3	3746	2435	1873	867	8	7596	4937	3798	1981	13	11446	7442	5723	3221
4	4516	2935	2258	1100	9	8366	5438	4183	2229	14	12216	7943	6108	3469
5	5286	3436	2643	1307	10	9136	5939	4568	2477	15	12986	8444	6493	3717
										15+	+770	+501	+385	+248

- NH with an elderly or disabled person plus 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 I person households:	Unlimited
	BBCE Households	Unlimited
Standard Deduction:	For household size of 1 through 4 members	\$ 215
	For household size of 5 members	\$220 For household six or more - \$252
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 01, 2014)										
AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (1.5% Increase)										
Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Individuals Living in Community Care Foster Family Home	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	1/14-12/14	1/14-12/14	1/14-12/14	1/14-12/14	1/14-12/14	1/14-12/14	1/14-12/14	1/14-12/14	01/14-12/14	01/14-12/14
Federal	721.00	1082.00	480.67	721.34	721.00	1082.00	721.00	1082.00	721.00	1082.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	651.00	1640.80
Total	721.00	1082.00	480.67	721.34	1372.90	2722.80	1480.90	2938.80	1372.90	2722.80

\*Eff. 10/01/09: SNAP Cost-of-Living adjustments to the standard and shelter deductions and the gross and net income eligibility standards.

Date: 12/30/13