

State of Hawaii
Department of Human Services
Annual Report on Fiscal Year 2014



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DIRECTOR'S 2014 MESSAGE

The Department of Human Services (DHS) provides essential services to Hawaii's low-income, vulnerable communities. The DHS staff is the heart of the Department and the lifeline to the communities we serve. This annual report reflects their work and dedication. 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 State Legislature and various federal agencies. Federal funding comprises 55% of the Department's FY 2015 budget, and the DHS seeks every opportunity to leverage federal funding that aligns with the Department's mission. In FY 2014, our federal partners continued supporting the Department's homelessness initiatives, the new Medicaid IT Eligibility System, and new initiatives in our Child Welfare Services Branch (CWSB).

In FY 2014, the Social Services Division (SSD) CWSB increased board payments to resource families and launched its Voluntary Care to 21 Program to help young people transition to adulthood and gain independence and self-sufficiency. The Adult Protective and Community Services Branch (APCSB) transferred certifications for Community Care Foster Family Homes (CCFFH) and licensures for Community Care Management Agencies (CCMA) and Adult Day Care Centers to the Department of Health (DOH) effective July 1, 2014. The Department continues to collaborate with stakeholders including clients and service providers to build bridges to the community.

Hawaii was the first state to expand Medicaid coverage to former foster youth who age out of the foster care system. Under the Affordable Care Act (ACA), Medicaid coverage was further expanded to include all former foster youth up to age 26, with no income limit requirements. Additionally, since implementation of the ACA in October 2013, the Med-QUEST Division (MQD) has been processing between 5,500 and 7,500 applications for healthcare assistance per month. In summer 2014, the MQD launched a more patient-centric Medicaid program to better serve clients. QUEST Integration effectively combines and replaces the QUEST and QUEST Expanded Access (QExA) programs.

The Department's commitment to accessible, timely services is best reflected by achievements of the Benefit, Employment & Support Services Division (BESSD). In September 2014, BESSD closed a February 2011 class action lawsuit for failure to issue Supplemental Nutrition Assistance Program (SNAP) benefits within the federally mandated timeframes. To address the application backlog that accrued between 2008 and 2011, the BESSD developed and implemented the Business Process Reengineering Project (BPRP) to convert the former case management system to a process management system. Prior to BPRP, BESSD's timeliness rate for determining SNAP benefits had dropped as low as 66%. It is now 97%. In recognition of this achievement BESSD received a federal SNAP bonus of \$915,580 for the most improved Program Access Index (PAI) for FY 2013. This is the second consecutive year, and third time overall, that Hawaii has been recognized for its program improvements.

The Division of Vocational Rehabilitation (DVR) served more than 5,300 individuals with disabilities in FY 2014, and improved employment outcomes by 16%. The Division also offered the first of four (4) literacy classes at the Comprehensive Service Center (CSC) for Deaf, Hard of Hearing and Deaf-Blind Persons.

The DHS' two administratively attached agencies and commission continue to make their mark in the community. Admissions to the Hawaii Youth Correctional Facility (HYCF) were on a downward trend in FY 2014. Concurrently, as a member of the Hawaii Juvenile Justice Working Group, the Office of Youth Services successfully advocated to reduce secure confinement, strengthen community supervision, and focus resources on practices proven to reduce recidivism. Enacted as House Bill 2490 (Act 201, SLH 2014) the law provides an upfront investment of \$1.26 million for mental health and substance abuse treatment, delinquency interventions, and implementation of the appropriate reforms.

The Hawaii Public Housing Authority (HPHA) continues to administer and manage state and federal low-income public housing and rent subsidy programs. As the state's largest residential landlord, it oversees almost 6,200 low-income public housing units throughout Hawaii. The HPHA operates 5,331 federal low-income public housing units and another 864 state-funded units.

In addition to supporting the FY 2014 Hawaii Women's Coalition bill package, the Hawaii State Commission on the Status of Women (HSCSW) successfully advocated for increases to the minimum wage, extension of the period that a victim of child sexual abuse may bring an otherwise time-barred civil action against their abuser or an entity with a duty of care, and removal of the statute of limitations for criminal and civil actions arising from sexual assault in the first and second degrees and continuous sexual assault of a minor under the age of 14. The HSCSW also commemorated its 50th anniversary with a year-long calendar of statewide events, including celebration of Title IX, also called the Patsy Takemoto Mink Education Act. The Women's Legislative Caucus dedicated its FY 2014 legislative package to the HSCSW and the Commission received the Hawaii Women Lawyers 2014 President's Award.

And, the State Commission on Fatherhood (COF) continues to promote healthy family relationships between parents and children. Most recently the COF has partnered with the University of Hawaii to promote and run a fatherhood workshop.

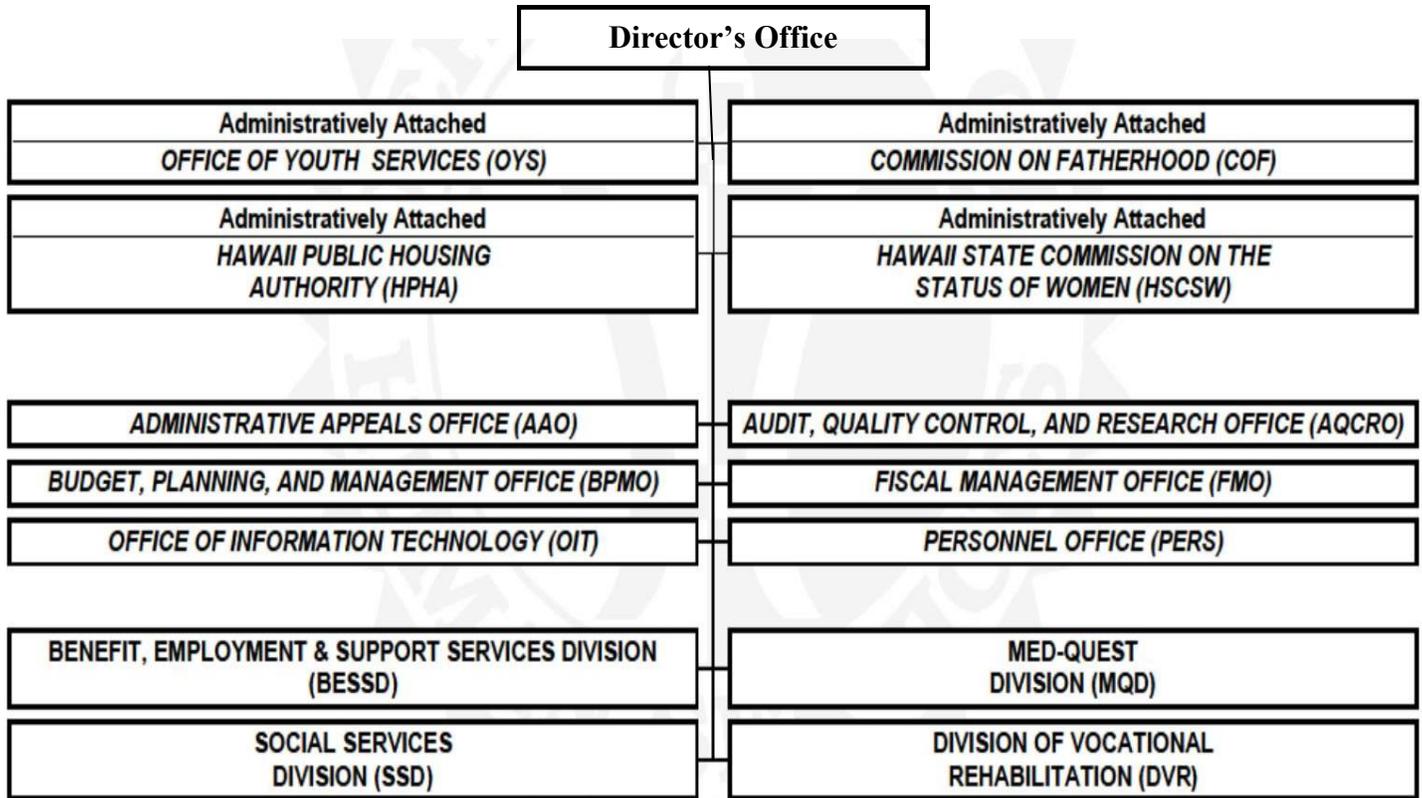
As the DHS moves forward, we pledge to continue building upon our partnerships and collaborations with the Hawaii State Legislature, our federal partners, and the communities we serve.

Mahalo,

Patricia McManaman
Abercrombie Administration, 2010-2014

State of Hawaii
Department of Human Services
Organizational Chart

June 30, 2014



CHAPTER 1: INTRODUCTION



The Department of Human Services Administrative Offices are located in the Queen Liliuokalani Building at 1390 Miller Street in downtown Honolulu.

INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) in 1959 after statehood by the State Legislature. In 1988, the Department was again reorganized and renamed the Department of Human Services (DHS). Currently, the DHS has about 2,238 permanent positions and an annual budget of over \$2.7 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 promoting 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 crisis intervention, investigation, emergency services, and protective services for abused and/or neglected children and vulnerable adults. Child Welfare Services (CWS) include family strengthening programs, child abuse and neglect prevention, child protection, foster care, adoption, independent living and licensing of resource family homes, group homes, and child placing organizations. Adult Protective and Community Services (APCS) include crisis intervention, investigation and emergency services, prevention services, and community based programs working with older and vulnerable adults; and
- The Division of Vocational Rehabilitation (DVR) provides services to persons with disabilities and the blind so they may live independently, gain the skills needed to obtain, maintain/retain employment, and start their own businesses.

In addition to the four main DHS Divisions, the DHS also supports two 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 6,200 public housing units.

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 (COF) 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, translation services, management services, research, personnel, and other services.

The Department of Human Services recognizes the significance of diacritical markings in written Hawaiian as pronunciation guides; however the DHS 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 provides 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 supports 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) & 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.

Program Goal

To provide a safety net for families when they cannot work or are under-employed; and to help parents find and maintain employment; and to help families achieve 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 different funding sources, the TANF/TAONF programs are identical.

TANF Citizenship – Individuals - FY 2014		
U.S. Citizens	Non-U.S. (includes COFA)	COFA*
21,455	2,916	2,585

* Compact of Free Associations countries include the Marshall Islands, Micronesia, 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, and union dues. Children who do not reside with their parents also may receive assistance when residing with a non-needy caretaker relative.

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

- Since 2004, the Department has provided positive youth development and family strengthening programs to improve the lives of vulnerable and needy children, 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 (DOE) 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 rates, 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.

FY 2014 Program Highlights

The TANF program is designed to provide temporary assistance while moving recipients into work and self-sufficiency. It provides families and individuals the appropriate combination of incentives to work and disincentives to remain dependent on public assistance. Benefit programs require able-bodied adults to engage in work activities and to provide services to individuals who are unable to work. Clients engaged in work activities build self-sufficiency and reduce state costs associated with job training and support services. . Employed recipients offset the assistance grant by their earnings, which results in cost savings to the state.

- In FY 2014, the average number receiving assistance was 8,927 families.
- The average monthly assistance per household in FY 2014 was \$531 per month.
- Cost savings to the state have decreased over the years because the number of employed households has decreased over the years, resulting in decreased earnings for clients.
 - In June 2014, 2,205 employed households grossed \$2.03 million at a cost savings of \$649,466 to the state.
 - In June 2013, 2,467 employed households grossed \$2.3 million, a cost savings of \$744,859 to the state.
 - In June 2012, 2,522 working households grossed \$2.5 million, representing a cost savings of \$804,731 to the state.

Household Participation and State Impact *

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

* June is the last month of the SFY and presents a snapshot of activity.

** The cost savings is derived by the amount of countable earnings, which reduces the amount of the monthly assistance grant.

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 another six months, with a possible extension of six months. Assessments are conducted on an individual basis.

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, and employment and skill development. These programs and services develop self-sufficiency skills for all BESSD families, which enables 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 the Social Security Advocacy Program, which is included in the medical assessment contract. SSI is higher than state benefits, and both SSI and SSDI are 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 assessments for disabled recipients. This standardizes the determination of disability to emphasize work ability and treatment compliance to ameliorate the disability, which 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 3,443 evaluations were performed in FY 2014.
- To provide consistent eligibility criteria for BESSD programs, the Division continues to align financial assistance program policies with those of 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.

Beneficiaries Served

Households that include an adult without work barriers can receive cash benefits for a lifetime maximum of 5 years (60 months). While each family that receives financial assistance is unique, BESSD can identify some common characteristics:

- The average family size is a household of three;
- Households that include an adult without work barriers are allowed to receive cash benefits for a lifetime maximum of 5 years (60 months);
- In FY 2014, 426 cases were closed due to time limits; and
- In FY 2014, 1,036 cases were closed due to earned income.

BESSD Financial Assistance Caseloads Over Time

Fiscal Year	Average Number of Families on Assistance per Month	Average Number of Months Families 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
2014	8,927	Unavailable until mid-2015

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.

Number of Cases Closed Over Time

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

* Work-eligible households received benefits for the total lifetime maximum of 5 years

** Households whose income exceeded eligibility income limits.

GENERAL ASSISTANCE

Program Description

The General Assistance (GA) program is entirely state funded regardless of citizenship. It provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, and who are temporarily disabled, These individuals also do not qualify for Social Security, and may be waiting for the approval of SSI or SSDI benefits. 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. In April 2014, benefits increased to \$348 per month.

Program Goal

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

FY 2014 Program Highlights

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 2014, 17,288 medical evaluations were conducted and 21% were determined not-disabled. Of those determined disabled, 54% were determined psychiatrically-disabled, and 46% were determined physically-disabled. The medical board reversed less than 1% of psychiatric and 3.8% of medical determinations in FY 2014.
- The DHS continues to provide Social Security advocacy services to maximize the number of recipients eligible for federal assistance. In 2014, 829 GA referrals were made and 293 individuals were approved for SSI or SSDI benefits. This process allows the transfer of persons with long-term disabilities to federally-funded programs.
 - The medical assessment contract was re-procured in 2014. The new contract includes Social Security advocacy services to streamline the referral process to the Social Security Administration (SSA) by allowing an internal referral from the Medical Board directly to their sub-contracted Social Security advocate when a determination of permanent disability is made.

Recent Improvements

The new contract with the medical assessment provider allows a referral of an individual determined to be permanently disabled directly to the Social Security advocate. Prior to this improvement, when a determination of permanent disability was made, a referral to the Social Security advocate required a referral back to the eligibility staff. Eligibility staff would obtain an Interim Assistance Reimbursement Agreement for SSI from the recipient and make a referral to the Social Security advocate that also involved providing the medical assessment report and additional medical records. To improve SSI reimbursements, to remove the Department's involvement in the referral and transmittal process, and to eliminate delays and bottlenecks, the medical assessment contractor now performs these functions.

The contractor also has taken on the responsibility of tracking re-evaluations, obtaining proof of treatment compliance, and scheduling and notifying recipients of the medical assessment re-evaluation appointment. All of this was previously the responsibility of eligibility staff.

Other improvements include an electronic "Sharefile" function that allows faster and more efficient transmittal of documents and notifications between the processing centers and the contractor.

- 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. Automation helps eligibility staff record data into the HAWI system, including the date the authorization form signed by the recipient. Electronic notifications have increased the SSA reimbursements to DHS from \$1,679,715 in 2013 to \$2,127,258 in 2014.

- The financial assistance application form has been revised so that DHS can make SSI and SSDI referrals to the Social Security advocate. Previously, referrals required signed authorization from the recipient. This new approach allows immediate referrals, eliminates delays and has increased 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 2014, 4,311 follow up checks were requested. One thousand eighty-five (1,085) recipients were sanctioned for failing to comply with their recommended treatment plan and 1,221 cases were closed for failure to provide proof of treatment compliance. There were 5,548 closures due to the amelioration of a disability.

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

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

*Reimbursements received from the SSA via the IAR program.

** Portion DHS retained from the current fiscal year.

Average GA Caseloads Over Time

Year	Average Number Individuals per Month	Average Time On Assistance Months
2005	3,994	Not available
2006	3,917	Not available
2007	3,955	Not available
2008	4,458	Not available
2009	5,014	Not available
2010	5,068	8
2011	5,298	8
2012	5,537	8.6
2013	5,722	10.4*
2014	5,465	unavailable

*Reflects the combined average for cases closed during 2013 and those still active through December 2013 going back to date of approval.

GA Citizenship Count for June 2014

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
5,109	473	318

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

ASSISTANCE TO THE AGED, BLIND, AND DISABLED (AABD)

Program Description

The Assistance to the Aged, Blind and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to this gap group of 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 an SSA determination of eligibility for SSI or SSDI.

FY 2014 Program Highlights

- Case reviews of U.S. citizen and non-U.S. citizens age 65 or older were conducted for referral to our Social Security advocacy contractor.
- Effective April 2014, AADB benefits increased to \$348 per month.

AABD Citizenship Status in Month of June 2014

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
144	805	456

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

Average AABD Caseloads Over Time

Year	Average Monthly Cases	Average Time on Assistance (months)
2005	1,887	30
2006	1,568	30
2007	1,334	30
2008	1,341	30
2009	1,461	29
2010	1,375	33
2011	899	31
2012	859	31
2013	898	29.6
2014	868	unavailable

Recent Improvements

Members of the DHS BESSD Medical Board also are members of the Med-QUEST Aid to Disable Review Committee (ADRC). BESSD has arranged for ADRC determinations to be made at the same time the Medical Board reviews and certifies GA disabilities. 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.

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 with paying their utility bills (electric or gas) in two ways:

- The Energy Crisis program provides up to \$338 to restore power to the residence of a household 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.

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.

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.

FY 2014 Program Highlights

- Families or individuals received energy credits: 9062
- Families or individuals received emergency crisis credits: 591
- Average energy credit: \$937
- Average crisis credit: \$338

Recent Improvements

BESSD has begun providing crisis credits throughout the year. Previously, crisis credits were issued only once a year. Expanding the crisis credits program has allowed the Department to assist more families faced with possible disconnection of their electric or gas utilities.

FIRST-TO-WORK PROGRAM

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 cash benefits through the Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF) Programs, pursuant to Public Law 104-193, “Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA),” reauthorized by the “Deficit Reduction Act of 2005 (DRA).”

Program Description

The FTW Program provides supportive services such as child care subsidies, transportation reimbursement, tuition and books for education, and work-related expenses to assist participants while they work towards meeting their employment goals. Program services are provided through partnerships and contracts with public and private agencies. Additionally, the FTW Program provides vocational rehabilitation and domestic violence advocacy services to other work-eligible individuals (OWEI) who are unable to work due to temporary disability or domestic violence status.

Program Goals

The FTW Program goals are: 1) 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 2) to assist OWEI to rehabilitate so they may participate in work activities and obtain employment.

FY 2014 Demographics and Statistics

In FY 2014, the FTW Program serviced a monthly average of 4,149 WEI and 1,264 OWEI for a total monthly caseload of 5,413. Of the total OWEI population, a monthly average of 1,045 participants was serviced due to temporary physical or mental disability. Another 183 participants received services due to domestic violence status and 36 participants were serviced due to substance abuse treatment.

Average WEI and OWEI Serviced by the First-To-Work Program¹

	2012	2013	2014
WEI	6,107	5,209	4,149
OWEI	1,146	1,382	1,264
TOTAL	7,253	6,591	5,413

¹ Monthly average of FTW participants. Some participants may have multiple participations within the fiscal year.

Parents of TANF and TAONF recipient households who participated in the FY 2014 FTW Program were predominantly between 20 and 30 years old. An estimated 77% of total recipient families serviced by the FTW Program were WEI.

Age Distribution of FTW Participants

Age Range	% of Total Participants
≤ 20	3%
20 – 30	44%
31 – 40	30%
41 – 69	23%
> 69	< 1%
	100%

A majority (69%) of TANF recipient families were single-parent families, an increase of 4% over SFY 2013. Less than one-third of TANF recipients were from two-parent families.

Family Composition of FTW Participants

	WEI	OWEI	TOTAL
Single-Parent	47.0%	22%	69%
Two-Parent	29.4%	1.1%	30.5%
Child-Only	0.40%	0.20%	0.50%
	76.80%	23.30%	100.00%

An estimated 58.5% of recipient families consisted of two and three household members. Many of the children were non-school age between 1 and 5 years old and school-age children between 11 and 18 years old.

Number of Household (HH) Members in TANF/TAONF Recipient Families

< 2 HH Members²	2 HH Members	3 HH Members	4 HH Members	5 HH Members	> 5 HH Members
9.7%	33%	25.5%	16.3%	9.1%	6.4%

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

Ages of Children in TANF/TAONF Recipient Families

< 1 Year Old	1 - 5 Years Old	6 - 10 Years Old	11 - 18 Years Old	19 Years Old	> 19 Years Old
9.3%	37.1%	25.4%	28.1%	0.1%	< 0.1%

The PRWORA imposed a lifetime limit of 60 cumulative months in which families may receive TANF benefits. In SFY 2014, about 71% of TANF families received assistance for a cumulative three (3) years or less. In that same period, 17% of TANF and TAONF families exhausted more than half of their eligible months and 12% exhausted their 60 months limit.

Number of TANF Months Used

1 - 12 Months	13 - 24 Months	25 - 36 Months	37 - 48 Months	49 - 60 Months	> 60 Months
43%	16%	12%	10%	7%	12%

A majority of FTW participants have earned their high school diplomas, GED, or certificate of high school (HS) equivalency. About a quarter of participants (24%) did not complete their high school education.

Education Levels of FTW Participants³

No Formal Education	< 1 - 11th Grade	HS or Equivalent	Associate Degree	Bachelor Degree	Graduate Degree
0.5%	23.6%	65.8%	8.5%	1.5%	0.1%

³ Post-secondary education includes vocational training and college education.

FY 2014 FTW Program Highlights

Successful Outcomes and Work Participation Rates

As a condition of receiving and expending federal TANF block grant funds and state TANF Maintenance of Effort (MOE), 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 work-eligible individual 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 credit is given to individual states for reducing their assistance caseloads. Hawaii's FFY 2014 caseload reduction credit is estimated to be 47.8%, therefore, the adjusted all-family work participation requirement is 2.2% ($50\% - 47.8\% = 2.2\%$). It is projected that 47.8% of mandatory households were meeting work participation requirements for FFY 2014. Hawaii is currently exceeding the required all-family work participation rate of 2.2% with 47.8%.

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 47.8% can be applied for FFY 2014. The adjusted two-parent work participation requirement to be met is 42.2% ($90\% - 47.8\% = 42.2\%$). It is projected that 60% of mandatory two-parent households were meeting the work participation requirements for FFY 2014. Hawaii is currently exceeding the required two-parent family participation rate of 42.2% with 60%.

Education

Bridge to Hope (BTH) is a nationally recognized model partnership between the University of Hawai'i (UH) System and the DHS. Since 2000, BTH has supported post-secondary education as a means 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.

In FY 2014, BTH serviced a total of 135 FTW participants, an increase of 23% over SFY 2013. Of the 2014 total, 96 participants were placed in subsidized UH campus employment. The median wage for participants pursuing Bachelor degrees or higher was \$9.87/hour. Participants attending community colleges received a median wage of \$9.25/hour.

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

2014 FTW Participants Receiving Services from Bridge to Hope

Campus	# of Students	Campus	# of Students
UH Manoa	16	UH Hilo	11
UH West Oahu	3	Hawaii Community College	15
Honolulu Community College	6	Kauai Community College	3
Kapiolani Community College	12	Maui College	7
Leeward Community College	13		
Windward Community College	10		

Subsidized Employment

The DHS implemented the Supporting Employment Empowerment Program (SEE Program) in 2006 for FTW participants that may have little or no work experience or basic work skills to provide 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.

FTW participants engage in various work activities including vocational and adult basic education, job readiness training, skill-building, and employment placement. The majority of participants were placed in employment components that include unsubsidized, subsidized and on-the-job training employment.

Participating employers set and pay the SEE employees' (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. The employee may work no more than 40 hours/week. Employers also are reimbursed 14% of the subsidized wages to cover the cost of training and other employment-related costs and overhead expenses. Additionally, the state provides SEE employees supportive service payments such as transportation and child care assistance.

The SEE Program is an employer and business-friendly program that transforms lives. It 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 also 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 2014, 479 FTW participants were employed through the SEE Program and 50% completed their employment. The majority of participants were placed in retail sales, food industry, personal care/service, office/administrative support, and health care support positions. The average hourly wage was \$8.53/hour. Forty-eight percent (48%) of participants that obtained SEE employment successfully transitioned into unsubsidized employment. A total of 271 employers participated in the SEE Program and employed 131 FTW participants.

Unsubsidized Employment

There were 5,489 (unduplicated) WEIs during SFY 2014. Their median wage was \$9.51/hour and they worked an average of 34 hours per week. Additionally, 373 (unduplicated) OWEIs obtained unsubsidized employment while pursuing rehabilitation and treatment services. Their median wage was \$9.19/hour and they worked an average of 18 hours per week, primarily in the same industries as WEI participants.

Approximately 53% of the total FTW participants (WEIs and OWEIs combined) were employed while receiving assistance and 21% exited TANF/TAONF due to earnings.

Reasons for FTW Participation Closures

Closure Reason	WEI	OWEI
Exempt (OWEI) to Mandatory (WEI)	2%	30%
Exit Due to Employment	18%	3%
Change in Household Composition	2%	5%
Loss of Benefits	28%	29%
Mandatory (WEI) to Exempt (OWEI)	17%	9%
Moved Out of Service Area	1%	0%
Moved Out of State	1%	0%
Sanctioned	31%	23%

FTW participants engage in various work activities including vocational and adult basic education, job readiness training, skill-building, and employment placement. The majority of participants are placed in employment components that include unsubsidized, subsidized and on-the-job training employment. Participants engaged in educational activities pursued adult basic 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 with community service programs.

Categories of Unduplicated FTW Activities⁴

	Employment	Education	Job Readiness/Job Search	Skill Building
WEI	5,489	717	2064	1101
OWEI	373	119	807	60
TOTAL	5,862	836	2,871	1,161

⁴ Some participants may have multiple participations within the fiscal year. This table reflects unduplicated count of participants.

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

Although the median income of \$9.51/hour for FTW participants is higher than the current state minimum wage (difference of \$2.26), it is far below the earning levels needed to independently meet the basic needs of a Hawaii family. The difference is \$15.06/hour for a family of two and \$20.24/hour for a family of three.

To reduce this income disparity, the FTW Program plans to emphasize and promote education as a viable option for increasing participants' employability. TANF families must obtain employment that offers earnings well above the state minimum wage and earnings that can develop into career opportunities with wage progression. Participants without a high school diploma and who are motivated, prepared and eligible, will be encouraged to pursue basic adult education, as well as short-term vocational training to enhance or develop new skills. High school graduates will be encouraged to pursue short-term vocational training or to earn a college degree. The goal is for participants to find unsubsidized employment after they have completed 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

- To lessen the reliance on the TANF caseload reduction credit. The target for FFY 2015 is to improve the work participation rate by 1.5%. Currently, the work participation rate for FFY 2014 is 47.81%, a 1.01% improvement over 2013.
- To increase the number of FTW participants entering into educational activities in 2015 by 2%. With 836 participants in SFY 2014, there was a 30% increase over 2013 figures.
- In 2015, the target is to increase by 2% the number of FTW participants exiting TANF due to employment. In SFY 2014, 21% of FTW participants exited TANF due to earnings, an increase of 6% over 2013.
- The 2015 target is a \$0.25 increase in the median hourly wage for employed FTW participants. The median wage in SFY 2013 was \$9.39/hour and employees worked an average of 29 hours per week. The median wage (unsubsidized) for employed FTW participants (WEIs) in SFY

2014 was \$9.51/hour , an increase of \$0.12 per hour over 2013 and participants worked an average of 34 hours per week.

EMPLOYMENT AND TRAINING

Program Description

The Employment and Training (E&T) program is a statewide work program designed to assist able-bodied adults receiving Supplemental Nutrition Assistance Program (SNAP) benefits (formerly called Food Stamps) enter the workforce. E&T exclusively serves SNAP recipients and provides employment, work experience, vocational training, on-the-job training, and limited job search activities. E&T also provides clients reimbursements to cover work-related expenses and child care.

Program Goal

To assist able-bodied persons receiving SNAP benefits to obtain employment and become self-sufficient.

FY 2014 Program Highlights

- 2,005 intakes in FY 2014, an increase of 297 individuals over FY 2013.
- 8,826 served in FY 2014, an increase of 2,788 individuals over FY 2013.
- 1,228 employed in FY 2014, an increase of 96 individuals over FY 2013.
- 1,085 clients participated in job readiness components in FY 2014, an increase of 87 individuals over FY 2013.
- 63 clients participated in an Adult Education component in FY 2014, a decrease of 3 individuals over FY 2013.
- 112 clients participated in a vocational training component in FY 2014, an increase of 5 individuals over FY 2013.
- 911 clients were involved in work experience in FY 2014, an increase of 84 individuals over FY 2013.
- 601 clients exited due to employment in FY 2014, an increase of 396 individuals over FY 2013.
- In FY 2014, the average exit wage was \$9.69 per hour and the median wage was \$8.00 per hour, a decrease of .23 and .25 respectively since FY 2013.

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

Island	FY 07	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14
Oahu	1,331	1,195	1,114	1,056	1,061	1,521	4,588	6,884
Hawaii	93	93	134	177	175	198	423	706
Maui	190	182	266	351	395	353	725	883
Kauai	79	64	114	155	137	132	302	353
Total	1,693	1,534	1,628	1,739	1,768	2,204	6,038	8,826

The increase in E&T clients between 2012 and 2014 tracks the increased number of individuals eligible for SNAP benefits during the same period.

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

Age	FY 2013		FY 2014	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
17 to 24	1,268	21%	2,295	0%
25 to 34	2,234	37%	2,913	26%
35 to 44	1,449	24%	2,030	33%
45 to 55	966	16%	1,412	23%
55+	121	2%	176	16%
Total	6,038	100%	8,826	2%

Looking Ahead

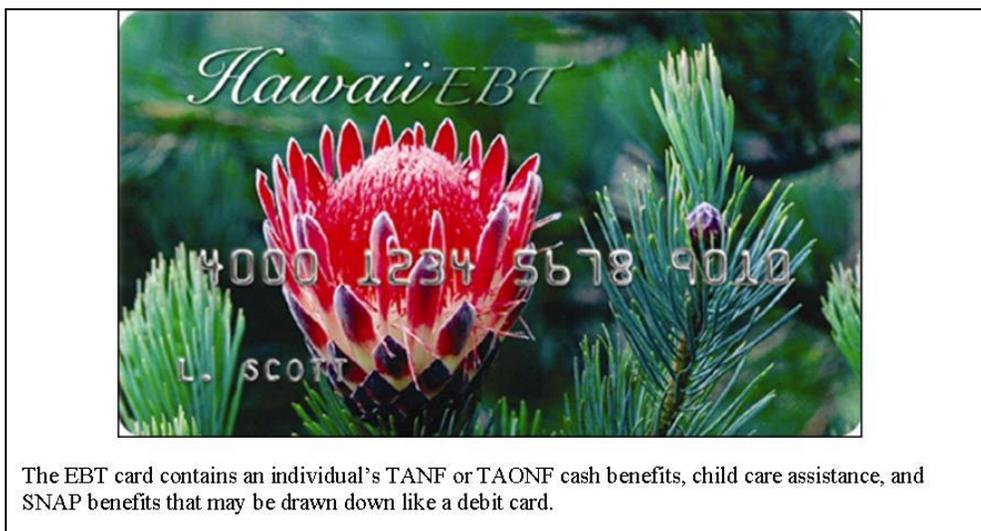
Hawaii's E&T program is being re-designed to be more outcomes based and data driven. In 2015, new E&T elements will be implemented that mirror similar objectives from the State of Washington's Basic Food Employment & Training Program. These elements focus on training and developing the occupational skills needed to maximize employment opportunities, and provides robust data to improve the outcomes of the clients and validate the success of the program. Under this plan, the core purpose of E&T is to help people acquire the skills needed to obtain and maintain living wage employment. Windward Community College will be the BESSD's partner in the implementation of this pilot.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

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

Program Description

The SNAP provides crucial support to Hawaii's needy households and to those making the transition from welfare to work. In FY 2014, SNAP helped approximately 98,440 Hawaii families, a more than 4% increase over the average monthly number of families receiving SNAP benefits in FY 2013.



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

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 \$3,250 if there is an elderly or disabled household member;
- Most able-bodied adult applicants must meet certain work requirements; and

- All household members must provide a Social Security number. If they don't have one, they must apply for one, immediately.

Income Standards

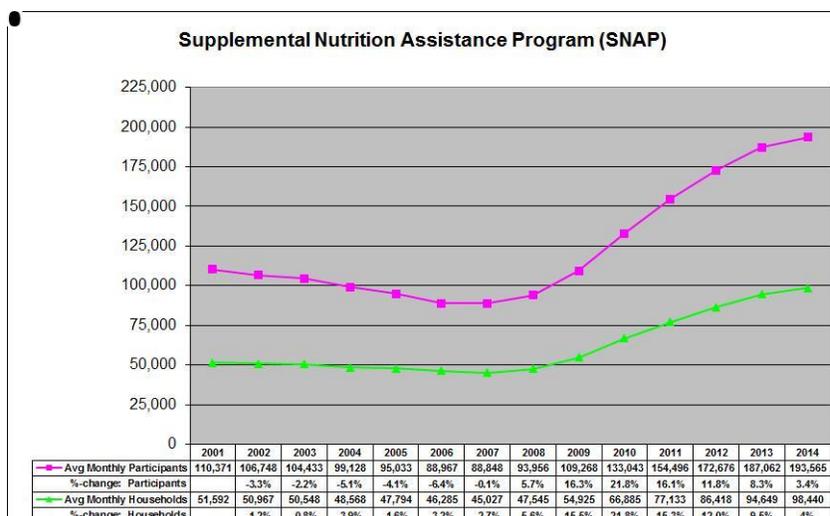
Effective October 1, 2014, the current gross and net income eligibility standards are as follows:

Household Size	200% Monthly Gross Income (BBCE)*	130% Monthly Gross Income	100% Net Monthly Income
1	2238	1454	1119
2	3016	1960	1508
3	3794	2466	1897
4	4572	2972	2286
5	5350	3478	2675
6	6130	3984	3065
7	6908	4490	3454
8	7686	4496	3843
Add on +	+778	+506	+390

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

Participation and Issuance

There has been a steady increase in the number of individuals SNAP since 2008. In 2014, the number of individuals participating rose to 193,565, more than double the 2008 participation rate. The significant increase created a strain on the DHS' existing work force and resources, and challenged its ability to 1) process applications timely, 2) meet accuracy performance levels in the determination and issuance of benefits, and 3) increase program access to potentially eligible individuals and while continuing to implement fraud and integrity strategies to accommodate a larger SNAP participation base. To address the application backlog, BESSD developed and implemented the Business Process Re-engineering (BPR) project in FY 2011, which converted the former Case Management system to a Process Management system. Since July 2014 the BESSD staff has maintained a 97% timely application processing rate.



FY 2014 SNAP Highlights

- To address the concurrent backlog of applications following a steep increase in SNAP participation and a reduction in the workforce, BESSD developed and implemented the Business Process Re-engineering (BPR) project to convert the former Case Management system to a Process Management system. As of July, 2014 the BESSD staff successfully met the conditions of the lawsuit with a consistent 97% application processing rate. In November 2014, BESSD successfully closed a class action lawsuit for failure to provide SNAP benefits within timeframes outlined by federal law.
- The BESSD received a federal Supplemental Nutrition Assistance Program (SNAP) bonus of \$915,580 for the most improved Program Access Index (PAI) for fiscal year 2013. This is the second consecutive year, and third time overall, that Hawaii has been recognized for its program improvements. The PAI is the ratio of participants to the number of people below 125 percent of poverty based on U.S. Census Bureau data. This customer service measure supports the FNS goal of improving program access. Hawaii's 2013 PAI of 96.15% reflected a 7.71 % improvement over its FY 2012 PAI of 88.44 %.
- By year's end, the SNAP Office will have successfully completed Management Reviews of the estimated 22 statewide Processing Centers. Results will be used to develop strategies, design corrective action plans and compile best practices that will improve the SNAP quality and efficiency, as well as policies and procedures
- In FY 2014, SNAP continued outreach contracts and services with Helping Hands Hawaii, Child and Family Services and HOPE Services Hawaii. Services are focused on educating families and individuals about the benefits of SNAP. Education is provided through workshops, conferences, events and other venues where the targeted population may visit. To ensure there are no interruptions in benefits, translation services or the multitude of other services that decrease barriers to the program, agencies also assist potential applicants with completing applications, and facilitating contact between participants and Processing Centers. It is these efforts that contributed to the BESSD receiving the FY 2014 Performance Bonus for Program Participation.
- Through contractual relationships with the Department of Health, Healthy Hawaii Initiative (DOH-HHI) and the University of Hawaii, Cooperative Extension Services (UH-CES), SNAP Nutrition Education providers have been working collaboratively to assist SNAP participants choose healthy foods and active lifestyles within their food budget constraints. DOH-HHI and UOH-CES work collaboratively to provide leadership, guidance, coordination, training and technical assistance to community agencies and partners who provide services to low-income populations throughout the state of Hawaii. Venues like community agencies, public housing, Farmer's Markets, community health centers, food pantries, and transitional shelters offer direct, indirect services and social marketing options for service delivery.

Future Goals

Given the demands placed on DHS congruent to the steady annual increase in SNAP participation, constant changes in federal policy and mandatory program requirements at the federal level, SNAP will continue to explore opportunities for future modernizations to increase the efficiency of service delivery and existing operations

SNAP continues to work toward preserving the funding streams of optional and mandatory sub programs administered under SNAP. Essential to these efforts are compiling evaluation and performance base data and reports to support projects and activities. Effective FY 2015, SNAP has contracted with the University of Hawaii, Office of Public Health Studies to 1) develop overarching goals for the SNAP-Ed program, 2) provide evaluation and technical assistance to Providers and their subcontractors and 3) collect and review evaluation data that tracks the Program’s progress toward SNAP-Ed goals.

CHILD CARE CONNECTION HAWAII

Program Description

The Child Care Connection Hawaii Program (CCCH) is a statewide service that offers child care licensing and payment assistance to needy families. Under the licensing program, the primary goal is to ensure the safety, health and well-being of children cared for within licensed facilities. Under the payment assistance program, financially needy families can apply for child care assistance if they work or participate in employment training to become self-sufficient. Similar to other DHS assistance programs, the Child Care Connection Hawaii Program (CCCH) serves families from a variety of cultural backgrounds.

Program Goal

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

Program Highlights

Within the Child Care payment program, the Preschool Open Doors (POD) program provides child care payments to low-and moderate-income families for early childhood services. Services advance a child’s school readiness by providing up to a year of experience in a preschool program chosen by the child’s parent/guardian before the child enters kindergarten. In FY 2014, the POD program served 325 children with the budgeted \$1.6 million in state funds. POD eligibility requirements and co-pay scales are defined in the Hawaii Administrative Rule HAR 17-799.

Child Care Payments

	FY 2013	FY 2014
# of active Families Receiving	19,863	17,745
# of Children Receiving	26,660	23,964
Payment Totals	\$30,948,820	\$27,032,078

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

The number of licensed child care facilities in FY 2014 decreased since FY 2013 and may be attributed to Hawaii's still fragile economy. Families' loss of employment or reduced work hours during Hawaii's economic crisis affected their ability to afford licensed care. Licensed providers noted lower enrollment in their programs during FY 2014 and many providers who did not care for enough children to remain viable closed their business and sought outside employment.

Number of Licensed Facilities and Child Care Slots

Facility Type	FY 2013	FY 2014
Number of Family Child Care Homes	581	546
Number of Group Child Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers)	627	619
Total Number Licensed Child Care Slots	35,468	34,935

Ethnic Distribution of Children Receiving Child Care

Ethnicity	FY 2013	FY 2014
Part Hawaiian	30.88%	31.17%
Caucasian	17.99%	17.95%
Filipino	16.11%	15.51%
Samoan	4.95%	4.88%
Asian, Black, Hispanic	15.52%	15.57%
Other	14.54%	14.91%

Future Performance Targets by June 30, 2015

There are more than 80,000 children between the ages of 0 and 5 years old in Hawaii. The state has the capacity to meet the care needs of less than half that population. Children not attending license or registered child care home facilities may be receiving care from non-licensed child care, which may include family, friends and neighbors. FY 2015 performance targets for the Child Care Connection Hawaii Program include:

- 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

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

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 Description

The HPO provides three basic services. The office 1) facilitates the development of programs, strategic planning efforts, and affordable housing and transitional living facilities; 2) contracts with private entities for the delivery of shelter and services to mitigate and eliminate homelessness; and 3) manages programs and shelter properties to maximize the state's homeless resources.

Program Goals

To address the needs of Hawaii's homeless populations and to provide opportunities to achieve improved living situations.

FY 2014 Program Achievements

- The HPO entered into more than 89 contracts and/or Memoranda of Agreement (MOA) 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.
- The HPO concluded the Housing First Pilot project in June 2014, which geographically focused services on the chronically homeless encountered in Waikiki and downtown Honolulu. Data collected from the two service providers was analyzed by the University of Hawaii's Center on the Family and is awaiting formal publication in early 2015.
- Homeless outreach providers conducted 72,078 (duplicated) encounters with unsheltered homeless individuals during FY 2014. The homeless outreach component of the HPO's continuum of services is focused on permanent housing through systemic changes in our service model. In addition to capturing the number of encounters made, providers must document outcomes from each encounter that lead to housing placement for the unsheltered. A stronger system of coordinated outreach to specific geographic areas (especially on Oahu) is being piloted and is effectively increasing collaboration among services providers and reducing the potential for duplication.
- The fundamental solution to homelessness is housing. The DHS is modifying its system to reflect more efficient access to housing, especially permanent supportive housing, that attaches services to rent subsidies. In FY 2014, 2,528 clients transitioned from homelessness to permanent housing through the work of outreach and shelter programs. A focus on housing and the creation of additional collaborative measures (such as the coordinated assessment and entry system) has resulted in a greater number of statewide housing placements.

- The U.S. Department of Housing and Urban Development (HUD) requires a coordinated entry system for every Continuum of Care provider network receiving HUD funds. Honolulu has the second highest rate of chronic homelessness per capita in the nation. This has resulted in the city receiving technical assistance from our various federal partners including HUD, U.S. Department of Veterans Affairs (VA), and the United States Interagency Council on Homelessness. Results of this assistance and work include the creation of Hale O Malama, the coordinated entry system for Oahu. Hale O Malama provides coordinated access to homeless services that prioritizes the chronically homeless with the highest acuity (needs), and matches those individuals/families with resources that meet their specific needs. Throughout FY 2014, the HPO stood at the forefront of “scaling” these systemic changes to include the neighbor islands. Unfortunately the rural neighbor island counties do not receive direct benefit from the technical assistance provided to the City and County of Honolulu.
- The Housing Placement Program (HPP) is a network that links landlords, Section 8 voucher holders, and homeless persons transitioning to permanent housing. The HPP utilizes TANF funds to: 1) help low-income families find affordable rental units; 2) teach about renter responsibilities; 3) provide financial assistance with the first month’s rent or rental deposit; and 4) provide financial management and budgeting classes. In FY 2014, 827 families secured affordable rental units and sustained their tenancy through the placement program. Of the 827 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.
- During FY 2014, 496 persons obtained or retained housing with assistance from the State Homeless Emergency Grant program (SHEG). SHEG is another example of targeted, time- and incident-limited assistance that has been successful in helping at-risk individuals and families maintain housing.
- The DHS applies annually for HUD competitive funding on behalf of Hawaii’s three rural counties, Hawaii Island, Maui and Kauai. In FY 2014, the DHS was awarded approximately \$3,117,370 for homeless projects in Hawaii’s rural counties. This funding was in addition to annual formula grant of \$509,022. With the goal of building capacity and attracting more funding for neighbor island housing needs, the HPO continues to work with a Continuum of Care provider network in rural counties. During FY 2014, the HPO worked with HUD to provide additional training for the Continuum of Care to maintain compliance with federal requirements and to enhance the capacity for service provision to the homeless.
- The HPO is a contributing member of the Hawaii Interagency Council on Homelessness (HICH). Policy work, which includes collaborations with the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD) on a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant for Housing First Assertive Community Treatment (ACT) services. This federal funding is leveraged with DHS funding to provide housing and services to chronic homeless individuals with substance abuse and co-occurring mental illness. The HICH collaborations also focus on State Department of Public Safety and area hospitals discharge planning so that individuals exiting those systems do not revert to homelessness.

2014 Homeless Service Utilization Report Highlights

Homeless Service System

- A total of 14,282 individuals were served by the homeless service system in Hawai'i. This represents a 4% increase over FY 2013.
- 6,042 homeless individuals (42%) were new to the system, meaning they enrolled in one or more of the homeless programs for the first time.
- 7,092 individuals (50%) were continuing clients from FY 2013.
- 1,148 individuals (8%) were returnees to the homeless system—about 7% (1,005) returned after existing in FY 2013. Of the 6,628 individuals who exited, the overall recidivism rate was 15%.
- The majority of clients (9,915 or 69%) were homeless prior to enrolling in their respective homeless programs. This included 9% (1,329) who came from shelters and 60% (8,586) who lived in places not meant for human habitation.
- The remaining 31% of the clients were at imminent risk of homeless or considered homeless under other federal statutes. The most common prior living situation of this demographic group was “doubled up” with families and friends. They made up 16% (2,349) of the total clients, followed by less common institutional points of entry such as hospitals or prisons (5% or 643 clients), unsubsidized housing (3% or 474), subsidized housing (1% or 169), other living situation (4% or 505), or unknown (1% or 191).
- The homeless service system exited 6,414 individuals (45% of the total clients) on June 30, 2014.
- The homeless system successfully assisted 2,609 individuals in transition from homelessness to permanent housing. The rate of permanent housing exits was 41% of the 6,414 who exited.
- The exit rates to other destinations were: 1) 33% exited to unknown destination; 2) 14% exited to homelessness; and 3) 12% exited to other destination.

Homeless Assistance Programs

- In FY 2014, the Outreach Program served more than half of all homeless clients (53% or 7,608 clients), followed by the Transitional Shelter Program at 37% (5,289 clients), the Emergency Shelter Program at 30% (4,275 clients), and the Rapid Rehousing Program at 6% (824 clients). Some clients accessed multiple services therefore; the total percentage exceeds 100%.
- The Rapid Rehousing Program had the highest rate of permanent housing exits at 76%, followed by the Transitional Shelter Program at 62%. The Emergency Shelter Program and the Outreach Program had lower rates at 23% and 20%, respectively.
- The rates of exit to permanent housing remained relatively stable for the Emergency and Transitional Shelter Programs since last year, with a slight regress of two (2) percentage points for families.
- The rates of exit from shelter programs to permanent housing dropped slightly from the FY 2013. The highest rates of exit to permanent housing were seen in the Rapid Rehousing Program followed by the Transitional Shelter Program. Lower rates were seen in the Emergency Shelter Program and the Outreach Program.
- The rate of return to homeless services within 12 months since exiting to permanent housing was generally lower for City and County of Honolulu programs than for those in other counties.

- Homeless programs serving singles tend to have a lower rate of exit to permanent housing compared to programs serving families. The singles who exited to permanent housing were also more likely to return to homeless programs within 12 months compared to their counterparts in family units. One exception to this pattern was seen in the City and County of Honolulu where families who exited to permanent housing from the Outreach Program had a higher recidivism rate compared to their single counterparts.

Homelessness Prevention Program

- In FY 2014, a total of 1,084 individuals at risk of becoming homeless received assistance from the Homelessness Prevention Program.
- The most common living situations at program entry were: unsubsidized housing at 65% (710), doubled up with family or friends at 14% (156), and subsidized housing at 11% (117). By June 30, 2014, 559 individuals (52%) had exited the Homelessness Prevention Program and 478 of those individuals (86%) remained stably housed.
- Of the 530 clients enrolled in homeless programs in FY 2013, 17 of them (3%) accessed the Homeless Program within 12 months after enrolling in the Homeless Prevention Program. Homeless services were sought by 24 of those clients (5%) by the end of FY 2014.

Looking Ahead

- The HPO is a member of HICH, which works to improve the collaboration, efficiency and efficacy of services to the homeless. The DHS will continue to build on community partnerships through the HICH.
- The HPO works closely with County Continuum of Care groups, including Partners in Care on Oahu, and Bridging the Gap in rural neighbor island 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 conducted 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 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 refine its homeless prevention programs to compliment systemic changes being made in the homeless service arena.
- The HPO will continue 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, in favor of more permanent housing with the ultimate goal of ending homelessness. In FY 2014, several HPO contractors successfully converted transitional shelter units to permanent housing through use of county housing vouchers. By the end of FY 2015, the shelter Kahikolu will be fully converted to permanent housing. This will deliberately reduce the state's transitional shelter inventory by 48 units.

INVESTIGATIONS OFFICE

Program Description

The Investigations Office (INVO) provides investigative services in support of BESSD programs. 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 DHS.

Program Goal

To discover, investigate, report, and prosecute crimes that violate the law and/or administrative rules for programs administered by the BESSD.

Total FY 2014 Criminal Investigations & Administrative Disqualifications

	Oahu	Maui	Kauai	Hilo	Kona	Total
COMPLAINTS	705	170	94	243	86	1298
REFER TO AG	25	14	2	5	3	49
INDICTED	20	18	1	5	1	45
CONVICTED	22	8	-	2	2	34
REFER TO ADH	31	1	-	-	-	32
ADH GUILTY	13	2	-	-	-	15
ADH WAIVERS	86	37	4	27	11	165

On Oahu, the INVO forwards its Report of Investigation (ROI) and any evidence supporting its findings to the AG. On the neighbor islands, cases are referred to the Office of the Prosecuting Attorney.

The Deputy Attorney General (DAG) or Prosecutor review the cases and determine to either 1) proceed with prosecution of the defendant, or 2) reject the case. If they proceed with the prosecution, the defendant is indicted for theft by deception, which is a Felony.

An indictment is a written accusation charging that a named individual has committed an act, or omitted doing something that is punishable by law. Indictments originate with a DAG or Prosecutor and are issued by the grand jury or the court. Before an individual may be convicted, the INVO must provide sufficient evidence to prove beyond a reasonable doubt that the individual committed the crime they are charged with.

When a defendant is successfully indicted an arrest warrant is issued, followed by arraignment. An arraignment is the first time the defendant appears in court.

While going through the various legal proceedings, defendants can plead guilty at any time. Their cases would then proceed directly to the sentencing phase. If defendant does not plead guilty, the case goes to trial. If the defendant is found guilty at trial, the Adult Probation Section conducts a pre-sentencing investigation. Afterwards, the defendant returns to court and is sentenced by the judge.

Dollar Value of FY 2014 Cases Referred to AG for Prosecution

REFER TO AG	Oahu	Maui	Kauai	Hilo	Kona	Total
FINANCIAL	\$157,108.00	\$19,338.00	\$1,279.00	\$6,971.00	-	\$184,696.00
FOOD STAMPS	300,448.00	120,251.00	13,616.00	34,985.00	78,800.00	548,100.00
MEDICAL	30,728.00	57,387.00	-	8,136.00	4,488.00	100,739.00
CHILD CARE	95,376.00	14,842.00	-	30,451.00	-	140,669.00
OTHER		532.00	-	1,200.00	-	1,732.00
TOTAL	583,660.00	212,350.00	14,895.00	81,743.00	83,288.00	975,936.00

Dollar Value of Indicted Cases for FY 2014

INDICTED	Oahu	Maui	Kauai	Hilo	Kona	Total
FINANCIAL	\$118,560.00	\$19,338.00	-	\$17,640.00	-	\$155,538.00
FOOD STAMPS	211,907.00	161,658.00	11,415.00	22,916.00	3,249.00	411,145.00
MEDICAL	59,709.00	62,724.00	-	50,397.65	2,283.03	175,113.68
CHILD CARE	109,614.00	14,842.00	-	1,589.64	-	126,045.64
OTHER	-	532.00	-	40,831.40	-	41,363.40
TOTAL	\$499,790.00	\$259,094.00	\$11,415.00	\$133,374.69	\$5,532.03	\$909,205.72

Dollar Value of Convicted Cases in FY 2014

CONVICTED*	Oahu	Maui	Kauai	Hilo	Kona	Total
FINANCIAL	\$141,391.00	\$22,725.00	-	\$10,320.00	\$3,880.00	\$178,316.00
FOOD STAMPS	262,426.00	70,939.00	-	4,149.00	3,249.00	340,763.00
MEDICAL	67,484.00	9,670.00	-	7,943.36	2,283.03	87,380.39
CHILD CARE	130,694.00	3,500.00	-	-	-	134,194.00
OTHER	-	5,651.10	-	1,268.40	896.08	7,815.58
TOTAL	\$601,995.00	\$112,485.10	-	\$23,680.76	\$10,308.11	\$748,468.97

*The terms conviction and convicted refer to the final judgment on a verdict of guilty, a plea of guilty, or a plea of nolo contendere.

Dollar Value of Cases Referred for ADH in FY 2014

REFER ADH	Oahu	Maui	Kauai	Hilo	Kona	Total
FINANCIAL	\$13,415.00	-	-	-	-	\$13,415.00
FOOD STAMPS	28,572.00	\$3,100.00	-	-	-	31,672.00
MEDICAL	-	-	-	-	-	-
CHILD CARE	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
TOTAL	\$41,987.00	\$3,100.00	-	-	-	\$45,087.00

Reports to the DHS Fraud Hotline generally initiate INVO investigations. In FY 2014, the INVO responded to 1,298 statewide reports of welfare fraud, and referred 165 cases for ADH Waivers. The waiver serves to notify the client that they are suspected of committing an IPV. The client has the option to either waive their right to a hearing or request a hearing. If the client waives their right to hearing, a penalty (one year, two years or permanent disqualification from the program) will be imposed. If the client requests a hearing, their case file is forwarded to the Administration Appeals Office (AAO) and a hearing is scheduled.

- The ADH is a formal hearing to determine if a person committed an Intentional Program Violation (IPV). The case is presented before an impartial hearing officer who will provide a written decision within 90 days if there is sufficient evidence to prove the client committed an IPV.
- ADH Waivers notify individual clients that they are suspected of committing an IPV.

Dollar Value of ADH and Waiver Cases in FY 2014

ADH & WAIVERS	Oahu	Maui	Kauai	Hilo	Kona	Total
FINANCIAL	\$44,779.00	\$11,662.00	\$2,917.00	\$15,548.00	\$4,602.00	\$79,508.00
FOOD STAMPS	172,743.00	67,840.00	3,749.00	55,168.00	47,412.00	346,912.00
MEDICAL	-	13,630.72	-	-	-	13,630.72
CHILD CARE	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
TOTAL	\$217,522.00	\$93,132.72	\$6,666.00	\$70,716.00	\$52,014.00	\$440,050.72

The Sentencing Phase

If the defendant is found guilty, the court will proceed with the sentencing phase. The Adult Probation Section conducts a pre-sentencing investigation and provides a report to the judge. At sentencing the judge can rule that the defendant be imprisoned, fined and/or any other punishment he/she deems appropriate.

Restitution Control Office

During a client's probation period, the INVO's Restitution Control Office (RCO) works to recover monies lost to fraud, and monitor the defendant's compliance to sentencing requirement. The probation period is generally five years. After the probation period, staff continues monitoring the defendant's compliance. If the client files for bankruptcy due to personal hardship, the RCO may write off (discharge) the debt. Judgments of fraud and IPV are not dischargeable.

If client dies while on a payment restitution plan, the RCO informs the FMO, which in turn makes a determination to write off the debt, or if available, turn to the deceased's estate to recover funds.

New Fraud Cases

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

HARI Claims

218 non-fraud and intentional program violation (IPV) claims were manually inputted or modified in HARI.

Referrals/Inquiries

Responded to 427 referrals/inquiries from clients, processing centers, the BESSD Program Office, FMO, and the other DHS divisions.

Restitution Monitoring of Probationers

An average caseload of 420 individuals on probation for theft/welfare fraud convictions and deferral pleas were monitored for payments.

Locates

94 individuals with outstanding felony arrest warrants were located for the Sheriff's Office.
44 individuals were located for the social service programs.
118 individuals were located for FMO/CRS to re-mail overpayment billing statements.

Fleeing Felons Project

336 financial/SNAP HAWI cases with total yearly benefit of \$1,387,212 were closed. Research was conducted on 100 inquiries from current and past fleeing felon lists. Additionally, research was conducted for 224 names not on fleeing felon lists.

Parole/Probation Violators, Drug Convictions

5 individuals were reviewed for these violations.

Federal Treasury Offset Program (TOP)

This program is currently administered by the SNAP Administrator with the goal of recovering SNAP debt (overpayments by the DHS). When a client receives notification that they owe the DHS restitution for receiving overpayments, they have 180 days to respond and to contact the DHS to arrange a payment schedule. If the client does not arrange repayment they are deemed delinquent and their claim is then sent to federal treasury for collection. The client then receives an additional 60 days to respond to the DHS and to arrange a payment plan. If they continue to be delinquent, the client is referred to the federal treasury, which will garnish federal money sources such as tax returns and Social Security. The INVO completed reviews on or entered into repayment agreements in 71 pre-tax referrals and completed reviews on the 37 tax intercept referrals received. Federal TOP collections in FY 2014 totaled \$291,081.41.

State Pre-Tax/Tax Setoff Program

The INVO collaborates with the FMO, Financial Assistance Program Office, and the Office of Information Technology (OIT) to identify which closed financial assistance cases have an outstanding debt and must be referred to the State Pre-Tax/ Tax Setoff Program.

If between January and June of a given year the FMO did not receive at least \$200 in restitution, the client receives a letter saying the DHS will intercept their state tax refund. The letter includes a phone number to call and discuss the delinquent over payments.

After speaking collections and recovery unit in the FMO, the client has 14 days to request a fair hearing. After making a hearing request, the hearing request is sent to the financial assistance program office to begin the hearing process. That process includes reviewing the case to confirm the outstanding balance is correct and negotiating a payment plan. The minimum payment is \$50 per month. In some cases, the debt may be waived for hardship, but that status is reviewed on a case-by-case basis under guidance of the AG.

In FY 2014, the INVO completed reviews on the 34 referrals received from FMO/CRS. During this period, the DHS collected a total of \$464,451.24 in tax intercepts in coordination with the State Department of Taxation and the AG.

Lump Sum Payments

INVO received overpayment payoffs totaling \$48,201 from four clients. Two payments were criminal judgment liens and two were prosecution agreement.

Bankruptcy

24 cases were processed by the FMO/CRS for write-off due to bankruptcy discharge.

Deceased

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

Collections and Recoveries

\$3,114,729.04 was recovered in FY 2014.

DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation (DVR) administers three programs: 1) the Vocational Rehabilitation Program; 2) the Services for the Blind Program (Ho'opono); and 3) the Disability Determination Program. Although each program operates independently, their 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

Program Description

The Vocational Rehabilitation (VR) Program is cost effective and pays for itself. It provides vocational rehabilitation services to assist persons with disabilities to prepare for, obtain and maintain/regain employment. The average rehabilitated individual will have repaid the full cost for their vocational rehabilitation services within the first two years of employment. This means going forward, the rehabilitated individual will contribute to the state economy.

Program Goal

The goals of the VR Program are to increase the client's earnings and purchasing power and to decrease their dependency on public assistance.

In July 2014, President Barak Obama signed the Workforce Innovation and Opportunity Act (WIOA), which replaced the Workforce Investment Act (WIA) of 1998. This new law aims to support innovative strategies to keep pace with changing economic conditions and seeks to improve coordination between the primary federal programs that support employment services, workforce development, adult education, and vocational rehabilitation activities.

FY 2014 VR Program Achievements

- VR served 5,368 individuals with disabilities.
- VR received 1,047 new referrals.
- 319 individuals achieved successful employment outcomes, an increase of 16% over the previous year.
- 100% of individuals placed were persons with significant disabilities.
- Prior to receiving VR services, the average annual earning per individual was \$4,490.20. After receiving VR services, the average annual earning per rehabilitated individual increased 314% to \$18,603.52. This is a 14% increase over the previous year.

FY 2014 VR Program Highlights

- Albert Perez was hired as Administrator of the Division of Vocational Rehabilitation in August 2013. In addition to streamlining and improving current VR services, Mr. Perez initiated Social Security benefits planning services for Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) recipients. With 30 years of VR experience, Mr. Perez's mantra of "If can, can; If no can, still can" motivates individuals with disabilities to attain self-sufficiency.
- In October 2013, the Comprehensive Service Center (CSC) for Deaf, Hard of Hearing and Deaf-Blind Persons offered the first of four literacy classes to enhance career pathways, improve life skills, and to support family/community integration.
- The DVR initiated a two-year contract with the UH Center for Disability Studies to provide benefits counseling and follow up services for VR clients receiving SSDI.

- In July 2014, the DVR launched its new automated IT case management system, AKAMAI, to assist with provision of timely and cost effective VR services, and the production of federal reports. AKAMAI replaces a 34 year-old legacy system.
- The DVR passed five of six identified standards and indicators of which there were three major factors. VR agencies are held accountable by the Rehabilitation Services Administration (RSA).
- The Developmental Disability Branch (DDB) met performance standards set by the Social Security Administration (SSA) for workload and processing expectations, maintenance of accuracy rates, and processing time. The SSA monitors DDB offices to assure performance expectations.
- The DVR budgeted funds to obtain video conferencing capability for all VR offices in 2015. Video conferencing will help reduce interisland travel costs, promote interaction and communication between offices, and assist VR administrators to meet the needs of neighbor island staff and clients.
- The DVR Maui Branch welcomed Doris Lamb as the new Maui Branch Administrator. As a former Director of Nursing and District Vocational Rehabilitation Supervisor, Ms. Lamb brings a wealth of management skills to the DVR. Her 2015 goals include increasing transition services for students and establishing work opportunities with employers.
- Ryan K Services, the DVR Hilo Branch Employer of the Year was recognized by the East Hawaii Business Leadership Network (BLN) for his ability to support a workforce with diverse abilities.
- The DVR Kona Branch is completing final arrangements for its move to Kailua, Kona. Currently situated in Captain Cook, the new location provides better program access for clients and employers who work with VR staff.
- In May 2014, the DVR's Kauai Branch Friendship Club began providing specialized job placement and retention services for VR clients with severe mental illness. The Kauai staff also participated in the Annual Mental Health Awareness Fair at the Kukui Grove Shopping Center and Friendship Houses Annual Employer Recognition Dinner.
- Shawn Yoshimoto was promoted to Oahu Branch Administrator after serving the Division for 17 years in various capacities. His management experiences include Section Supervisor, Statewide Coordinator for the Transition & Employment Services and Fiscal & Budget Specialist. His 2015 goals include elimination of the Order of Selection waitlist, increasing job placements and re-establishing community relationships.
- In partnership with the Office of Federal Contract Compliance Program, U.S. Vets, Department of Veterans Affairs and the state of Hawaii, in September 2014 the DVR Oahu Branch hosted the first Access + Ability Recruitment Fair. Held in the Sheraton Waikiki Lanai Ballroom, 12 employers conducted 129 interviews with VR clients.
- VR held its Employee/Employer Awards Ceremony at the Ala Moana Hotel where 10 VR clients and local businesses were recognized. The clients were Michelle Freitas, Vincent Huynh, Jeremie Clark, Andra R. Lara, Abigail Dela Cruz, Justen Cantan, Terrie Terrill, Kingston Hoopii, Christopher Dack, and Keishiron Wesley. The 10 employers recognized for their support of VR clients include Akaku Maui Community Media, Arc of Kona, Bogart's Café, Hard Rock Café, Home Depot, Kauai Nursery and Landscaping, Popeye's Chicken, Profitability of Hawaii, Inc., Ryan K. Services, Corp., and Pueo's Restaurant/Coral Creek Golf Course.

HO`OPONO SERVICES FOR THE BLIND PROGRAM

Program Description

The Ho`opono Services for the Blind Program (Ho`opono) team of skilled professionals provides a variety of services to meet the participants' individual needs. Ho`opono services include the Older Individuals Who are Blind (OIB) Program, the Low Vision Clinic, the Summer Employment Program, the New Visions Program, and the Hawaii Business Enterprise Program (BEP).

Program Goal

Ho`opono Services for the Blind enables blind and visually impaired teens and adults from Hawaii and the Pacific Rim to attain maximum vocational and functional independence.

FY 2014 Ho`opono Program Achievements

- The Counseling Section processed 93 new vocational rehabilitation applicants.
- Twenty one (21) consumers obtained and maintained competitive employment with an average earning of \$750.57 per week.
- The Older Individuals who are Blind (OIB) Program received 246 new referrals. Recipients of the program achieve personal independence and integrate into their community.
- The Low Vision Clinic received 285 new referrals. The Low Vision Clinic provides assistance to children and adults to maximize their use of residual vision for daily independent living skills and receive counseling and referral services for their families.
- Ho`opono is working with the state Department of Accounting and General Services (DAGS) Public Works on a Capitol Improvements Project (CIP) that includes installation of a new elevator as well as electrical upgrades. Contractor, MJ Construction, Inc. has been selected to do the renovations.
- The Summer Employment Program (SEE) for blind and visually impaired transition-age-youth was a success with 11 VR participants. Activities during the seven- week experience included pre-employment activities, First Aid, CPR and AED training and participation in internships at the Assistive Technology Resource Center, Gerry's Snacks, Island Skills Gathering, Taco Bell-Waimalu, Windward Community College, and the Care Center of Honolulu. At the conclusion of the experience, the Leadership Team (comprised of former graduates of the program) put together an inspirational Stepping Forward Ceremony to showcase the participants' achievements.
- Gordon Takesono, the New Visions Industrial Arts Instructor received the 2013 DHS "Employee of the Year" award. Serving Ho`opono for more than a decade, Gordon maintains high expectations of his blind students. In shop class, students learn the nonvisual skills of woodworking using power equipment and to face their fears. They build their confidence levels in preparation for a return to employment.
- Ho`opono started a new braille reading program for private pre-schools in the Liliha community. Students and graduates of the Ho`opono's New Vision program visit two pre-schools for three hours once a month to read Brailled children's books to students. The teachers and students are given the opportunity to work with the blind students and learn more about the skills a blind person needs to read and hear a story at the same time.

FY 2014 Adjustment to Blindness (New Visions) Program Achievements

- Ho`opono Rehabilitation Teachers provided “adjustment to blindness services” to 41 Hawaii and the Pacific Rim residents, an increase of seven clients over the previous year. The 12-month program equips blind persons with daily independent living skills, vocational, personal, leisure, and home management activities, as well as the confidence to enable them to live independently and return to work.
- The New Visions Program retained its prestigious certification from the National Blindness Professional Certification Board as a Structured Discovery Training Program. Hawaii is one of three state agencies to hold this certification.
- Seven students earned graduation certificates from the New Visions program. Graduates also continued the annual tradition of Turn-Around Day where the students are the instructor for the day, and Fine Dining Day where the students dress up to practice their dining skills in a high-end restaurant setting.
- New Visions students actively participated in the annual Camp Ho’opono at Camp Erdman in Mokuleia, where they are challenged to get involved in hiking, a high ropes course, archery, team building, wilderness survival and many other activities that built confidence.

FY 2014 Hawaii Business Enterprise Program Achievements

- Hawaii’s Business Enterprise Program (BEP) continues to be a national leader in terms of benefits paid out, average net earnings and the number of vendors per capita. In 2014, Hawaii blind vendors experienced a 21% increase in their average annual income, and a 5% increase in their median annual income. Average annual income is \$98,820. Median annual income is \$38,227.
- Ten consumers completed the BEP training and certification in FY 2014 and are now awaiting placement into vacant vending facilities. Four consumers are enrolled in the 2015 BEP training program.
- In August 2014, a new Department of Defense (DOD) snack shop and vending machine operation opened at the Joint Base Pearl Harbor Hickam (JBPHH) Shipyard Buildings 167 and 2. A second facility is scheduled to open in 2015 at the JBPHH Joint POW/MIA Accounting Command. There are currently 42 vending facilities in operation with more on the horizon.
- The BEP worked with DAGS and the Committee of Blind Vendors to upgrade and renovate eight blind vendor facilities on Oahu and two blind vendor newsstands at the Keahole-Kona airport. Additional upgrades and renovations are expected in 2015.
- The BEP operators hired approximately 272 employees, of which 42 individuals have a disability, including blindness and other visual impairment, or variety of other disabilities.
- The BEP continues to expand its presence in federal buildings. A national leader in terms of benefits paid out, the average net earnings and number of vendors per capita, blind vendors employ 272 Hawaii residents. In 2014, the vendors experienced a 21% increase in their average annual income.

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.

Program Goal

The DDB mission is timely and accurate adjudication of disability claims filed by Hawaii State residents under Title II (Disability Insurance) and Title XVI (SSI) of the Social Security Act.

Title II provides for payment of disability benefits to individuals who are “insured” under the Act based on contributions to the Social Security trust fund through Social Security tax on earnings, 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.

The DDB plans to streamline and improve its business practices and is working with the SSA to increase staffing capacity to address the increase and complexities of cases.

DDB Program Accomplishments

Indicators	FY 2011	FY 2012	FY 2013	FY 2014
Claims Processed	12,291	13,528	13,284	13,206
Favorable Determinations	4,615	3,204	3,572	3,562
Initial QA Accuracy Rates	95.3%	95.8%	96.4%	96.6%
Payments made to Hawaii’s residents (per calendar year)	\$507,852,000	\$517,644,000	\$527,520,000	* available in mid-2015

*Initial QA Accuracy rate for FY 2014 are YTD through August 2014.

DDB Performance and Clearances for FY 2014

	FY 2014 Target	FY 2014 Actual Clearances	Clearances as % of Target
Initial Claims	6,487	6,666	102.8%
Reconsiderations	1,270	1,393	109.7%
CDRs	1,401	1,408	100.5%

The DDB exceeded its Initial, Reconsideration, and Continuing Disability Review clearance targets.

DDB Processing Times

Processing Time	FY 2013	FY 2014	Change from previous FY (in days)
Initial Title II Processing Time	139.6	118.5	-21
Initial Title XVI Processing Time	156.5	132.4	-24

The DDB decreased Initial Title II and Title XVI average processing times by 21 and 24 days respectively. This means that disabled citizens of Hawaii are receiving decisions as much as 3.5 weeks faster.

Percentage of Aged Claims older than 120 days

	FY 2013	FY 2014	Change from previous FY
% Initial Aged Cases (120+ days)	31.0%	18.5%	-12.5%
% Recon Aged Cases (120+ days)	34.9%	20.9%	-14.0%
% CDR Aged Cases (120+ days)	57.0%	11.6%	-45.4%

DDB decreased the percentage of aged claims. Fewer people are waiting 120+ days or a decision.

Future Challenges

The primary challenges facing the DVR include implementation of the new Workforce Innovation and Opportunity Act (WIOA) and processing the increasing number of applications for disability payments under Title II (SSDI) and Title XVI (SSI) of the SSA.

The WIOA is designed to help job seekers access employment, education, training, and support services. The goals include succeeding in the labor market and matching employers with the skilled workers they need to compete in the global economy. Hawaii must produce a unified, performance-based plan to provide training, employment services and vocational education in a coordinated way.

Future Plans

- To align the WIOA with three other core programs: (1) The Adult, Dislocated Worker and Youth formula programs; (2) the Adult Education and Literacy program; (3) the Wagner-Peyser Act Employment Services program.
- Strengthen working relationships with partner programs including but not limited to the Developmental Disabilities, Adult Mental Health, Postsecondary Career and Technical Education and Medicaid programs.
- Increase effectiveness in serving and meeting the needs of Transition Aged Youth.
- Increase effectiveness in serving and meeting the needs of Employers.
- Increase effectiveness in timely and accurate adjudication of disability claims.
- Increase vocational rehabilitation services to Veterans.

CHAPTER 3: PROTECTION

SOCIAL SERVICES DIVISION

The mission of the Social Services Division (SSD) is to protect vulnerable adults and children from abuse, neglect, and exploitation so they may live safely in their homes and communities. Within the SSD, the Adult Protective Services Branch protects vulnerable adults from abuse, neglect, and exploitation, and ensures their health, welfare, and safety in the community through crisis intervention, investigation, and emergency services; The Child Welfare Services Branch investigates allegations of child abuse and/or neglect, and provides services including child protection, family strengthening and support, foster care, adoption, transitional services for young people in foster care, and licensing for resource family homes, child care institutions, and child placement organizations.

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, 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 as 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 residents in community residential care facilities.
- In the past, the APCSB provided certifications for Community Care Foster Family Homes (CCFFH) and licensures for Community Care Management Agencies (CCMA) and Adult Day Care Centers. However, these functions were transferred to the Hawaii State Department of Health (DOH) effective July 1, 2014.
- The APCSB provides certifications for the Nurse Aide Training and Competency Evaluation Programs.

In FY 2014, the APCSB investigated 1,014 vulnerable adult reports of suspected abuse or neglect. Seventy-nine percent (79%) or 801 of the reports involved individuals age 60 and older. Sixteen percent (16.6%) or 168 of the investigated reports were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred in 4.1% of the confirmed reports.

Adult Protective Services Program

	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2012 Actual	FY 2013 Actual	FY 2014 Actual
Reports investigated	630	1,065	1,160	1,048	1,046	1,014
Confirmed abuse or neglect	96	170	99	197	189	168
% Confirmed	15.2%	16.0%	8.5%	18.8%	18.1%	16.6%
% Re-abuse within 12 month period	4.1%	8.2%	6%	6%	3.6%	4.1%

Type of Adult Abuse (SFY 2014)

	Frequency*	Percent (%)
Caregiver Neglect	354	27.4
Financial Exploitation	300	23.4
Self-Neglect	286	22.1
Psychological Abuse	153	11.9
Physical Abuse	169	13.1
Sex Abuse	28	2.1
TOTAL	1,290	100.0

Adult Abuse by Age and Gender (SFY 2014)

Age Group	Male	Female	Total
Unknown	5	9	14
18-59	92	98	190
60+	334	476	810
TOTAL	431	583	1,014

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

Allegations and investigations of financial exploitation have increased steadily since July 1, 2007 when Act 94, SLH 2007 required financial institutions to report suspected financial abuse of elders age 62 and older to the DHS APCS. In 2013, legislation was proposed to amend the existing law by requiring financial institutions to report suspected financial abuse against elders to both the DHS APCS 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. The proposed legislation also redefined 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.” This new legislation was signed into law on June 27, 2013 as Act 216, SLH 2013.

Due to increased public awareness regarding the effects financial exploitation on vulnerable adults and the passage of Act 216, SLH 2013, the total number of financial exploitation reports investigated by the Department’s Adult Protective Services staff from all reporting sources increased almost 50% from 162 in FY 2009 to 300 in FY 2014.

FY 2014 Adult Protective Services (APS) Program Achievements

In 2013, H.C.R. 118, H.D. 1, requested that the Department of Human Services provide a report to the Legislature detailing efforts to improve and restructure the Adult Protective Services to provide a

comprehensive delivery of services to vulnerable adults who are or are in danger of being, abused, neglected, or financially exploited.

The APS Program contracted the University of Hawai'i Center on Aging (COA) to conduct a study to evaluate their program and provide recommendations for the restructuring of APCS from a policy, operational, structural/programmatic, and systems perspective. The study included a national scan of adult protective systems and existing evidence based practices. The COA submitted the final report to DHS in July 2014.

In alignment with the COA's report, the APCS is working on a strategy to build upon existing SSD technical infrastructure and practices that will support a centralized intake system, improve their data collection system, and increase the use of evidence-based practices and tools. Other program improvements include developing a standardized training curriculum and updating policies and procedures to include additional enhanced services. The use of evidence based practices and tools and program improvements will increase capacity of APCS's professional staff to better address the complex needs of Hawaii's vulnerable adult population.

Through the use of federal monies through the Victims of Crime Act (VOCA) from the Hawaii State Department of Attorney General, the APCS has been able to implement Case Management for Elderly Victims of Crime Project (CMEVC) on Oahu for individuals age 60 and older who have been victims of abuse and have other unmet needs. The funds cover the salaries of two social workers and a social service assistant who help clients access and advocate for needed services and resources. VOCA funds also support the provision of items and activities for the clients including transportation, equipment, supplies, and training to support the project's provision of direct services. Total project funding of \$244,764 (\$195,811 in federal monies; \$48,953 State in kind match) covers the contract period from July 1, 2013 to July 31, 2014.

SENIOR VOLUNTEER PROGRAMS

Foster Grandparent Program

Since 1965, the National Foster Grandparent Program (FGP), a federally funded program administered by the Corporation for National and Community Service (CNCS), has been providing aid to children and youth with special and exceptional needs through the use of Foster Grandparents. Foster Grandparents provides voluntary services in school settings from 15 to 40 hours a week and receive modest stipends for their services. Foster Grandparents must meet age and established income eligibility guidelines.

The Hawaii FGP, funded through federal funds received from the CNCS and local state matching funds, is managed by the APCS and currently operates on the islands of Oahu, Hawaii and Kauai. Maui County does not have a FGP in operation and has been struggling with recruiting and maintaining Foster Grandparents.

The Hawaii FGP recruits and engages seniors age 55 and older to serve as role models, mentors and tutors children with exceptional needs and are provided a modest stipend. Foster grandparents work with Hawaii's children in public schools, non-profit childcare facilities, and Head Start Programs.

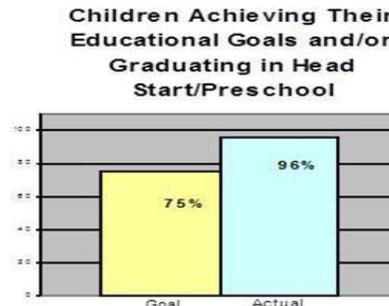
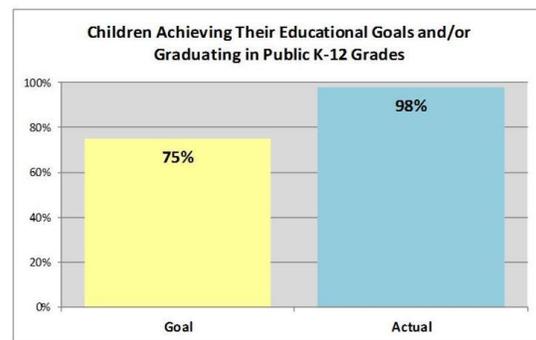
Seniors who volunteer for the FGP provide Hawaii children an opportunity to reach their full potential. In FY 2014, a total of 150 foster grandparents statewide served 346 special and exceptional children in elementary schools. The total number of hours that our grandparent

volunteers spent working with our children in FY 2014 was 110,947 hours, which far exceeded the annual goal of 108,576 hours. Volunteers exceeded the FGP goal by 20%.

Foster Grandparent Program Performance Measures

The Hawaii FGP established an overarching goal that 75% of special and exceptional needs children that are served by the FGP will meet the educational goals established by their teachers, or graduate to their next respective grade level.

- In 2014, FGP volunteers worked with 106 special and exceptional needs children at 20 Head Start Program/Preschools sites across the state of Hawaii. Ninety-six percent (96%) of these children achieved the educational goals set by their teachers or graduated to the next grade level. This far exceeds FGP's goal by 21%.



- In 2014, FGP volunteers served 240 special and exceptional needs children at 25 public schools across the state. Ninety-eight percent (98%) of these children achieved their educational goals set by their teachers or graduated to the next grade level which exceeds the FGP's goal by 23%.

Senior Companion Program

The National Senior Companion Program (SCP) is a federally funded program administered by the CNCS. The Hawaii SCP is managed by the APCS and has been providing services to Hawaii's seniors since 1978. It is a proven cost-effective option in the continuum of care available to Hawaii's aging population.

Hawaii's SCP is a statewide program that engages low-income seniors age 55 years and older to provide companionship services and emotional support to homebound seniors, thereby helping them to continue living independently in their own homes. The Senior Companion Volunteers also

provide respite to caregivers so they can continue to give care to their loved ones. Senior Companion volunteers also engage with peers, which contributes to their physical, emotional and cognitive well-being.

In FY 2014, a total of 84 Senior Companion volunteers provided 93,554 hours of service to 267 homebound seniors.

Senior Companion Program Achievements

Goal A: 75% of caregivers report increased social ties/perceived social support

➤ Achievement: 92% of caregivers reported having increased social ties/perceived social support.

Goal (B): 90% of seniors with disabilities report increased social support

➤ Achievement: 97% of seniors with disabilities reported having increased social support.

Goal (C): 80% of seniors report increased social support as a result of transportation services

➤ Achievement: 100% of seniors reported having increased social support.

Respite Companion Program

Since July 1980, the Respite Companion Program (RCP) received annual funding from the Hawaii State Department of Labor and Industrial Relations (DLIR), under Title V of the Older Americans Act. Funding has decreased in recent years, thereby reducing the number of participants served. Additionally, recruitment was suspended in FY 2014 due to the change in fingerprinting requirements which required the FBI to approve, authorize access, and to issue "access codes". Recruitment resumed in April 2014.

With the goal of preparing participants with job readiness skills, the RCP provides unemployed, low-income adults age 55 years and older with community service employment opportunities at designated 1) adult day care or adult day health facilities or 2) programs serving older adults. The RCP offers individualized employment plans, on-the-job training, in-service training, job search training, and resume writing assistance. It also pays for classes such as English as a Second Language, Computer, First Aid and CPR, at various schools.

Respite Companion Program Achievements

In FY 2014, the RCP served 16 respite companions who provided 6,136 hours of service to 110 elders in the community. Two respite companions obtained unsubsidized employment. The RCP achieved 100% employment retention, surpassing the employment retention goal of 71.3%.

LICENSING AND CERTIFICATION PROGRAMS

Changes to Licensing and Certification Programs

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

Adult Day Care Centers

Adult Day Care Centers are licensed annually and provide supportive care to elderly and disabled adults. In FY 2014, 37 Adult Day Care Centers provided services to elderly and disabled adults 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

As of June 30	2009	2010	2011	2012	2013	2014
2-Client CCFFHs	941	741	694	626	601	572
3-Client CCFFHs	0	264	379	455	492	560
TOTAL	941	1,005	1,073	1,081	1,093	1,132

Source: Community Ties of America

Number of Beds in Community Care Foster Family Homes

As of June 30	2009	2010	2011	2012	2013	2014
Number of Beds	1,882	2,277	2,517	2,612	2,674	2,824

Source: Community Ties of America

Community Care Case Management Agencies

Community 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 2014, 11 CCMA were licensed statewide.

Nurse Aide Training and Competency Evaluation Program

In FY 2014, the Nurse Aide Training and Competency Evaluation Program certified two new programs and re-certified 19 ongoing nurse aide training programs statewide. Programs are initially certified, and then re-certified every two years. One program voluntarily closed during FY 2014.

There are currently 33 certified nurse aide training programs statewide. Many of the programs also provide re-certification courses or continuing education classes for nurse aides employed in state-licensed or state-certified health care settings. These same individuals also may meet re-certification requirements with approved registered nurse evaluators. In FY 2014, APCSB approved four 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. At the end of FY 2014, the Chore Services Program was serving 42 clients statewide.

Repatriate Services assist American citizens (repatriates) who become destitute in a foreign country. The APCSB assists Hawaii residents who return home without family or formal support, and require DHS services. To successfully resettle the repatriate, the APCSB staff must have working knowledge of DHS services, 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 APCSB 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 plans, the APCSB staff research and secure the appropriate services. Staff will meet repatriates at the airport, transport, and escort them to all State, Federal, and community offices to apply for services. Staff also transport repatriates to temporary housing sites.

In FY 2014, DHS received one adult repatriate. In previous years, Hawaii received three to four repatriates per year. Temporary low cost housing continues to be a challenge as shelters are already filled with Hawaii residents in search of housing.

State Supplemental Payments (SSP)

Individuals who are aged, blind, or disabled and reside in residential care facilities such as Adult Residential Care Homes (ARCHs) and Community Care Foster Family Homes (CCFFHs) may

receive State Supplemental Payments (SSP) added to their monthly Supplemental Security Income (SSI) from the Federal government to support expenses such as room and board. Included in the SSI/SSP amount received is a portion called Personal Needs Allowance (PNA) which the recipient keeps, and the remainder is paid to the residential care facility. Nursing facility residents eligible for SSP receive SSP for PNA only. The amounts of SSP and SSI awarded to a recipient are adjusted according to the recipient's income. A recipient whose income exceeds SSI limits may still qualify to receive SSP.

In FY 2014, the APCSB distributed \$16,788,448 in SSP funds to an average monthly total of 2,610 recipients residing in residential care facilities, and to an average monthly total of 173 recipients residing in nursing facilities. In addition, \$386,093 was paid to the Social Security Administration for administrative fees to issue SSP to recipients, totaling \$17,174,541 in SSP funds expended in FY 2014.

Looking Ahead

The APCSB will be developing tools "in house" to leverage the CWS SHAKA system platform. Evidence based practice of APCSB will be qualitative, quantified, and evaluated thru a quality assurance methodology being developed with the assistance from the University of Hawaii, Center on Aging (UH/COA) via FY 15 contract. The next steps are to 1) develop a statewide standardized training curriculum, and 2) update statewide policies and procedures of Hawaii's APS system including the additional enhanced services. As a result of the re-engineering, APCSB will better ensure the safety and wellbeing of Hawaii's growing senior population and other vulnerable adults.

CHILD WELFARE SERVICES BRANCH

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

Program Description

The CWSB investigates allegations of child abuse and neglect, 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.

Program Goal

If a child cannot be safely returned to his/her family, CWSB staff works with the family and other stakeholders to develop and implement a permanency plan that best serves the child. This plan may include providing permanent placement through adoption or legal guardianship.

Child Welfare Services Interventions

Services provided by CWSB promote successful outcomes for children and families. Fundamentally, these interventions are:

- Based on individualized assessments of each family's strengths and challenges;
- Tailored to the individual needs of each child and family;
- Designed utilizing the unique capacities of the local community;
- Culturally sensitive;

- Respectful of family lifestyles, dynamics, and choices;
- Undertaken in partnership and collaboration with all parties that are committed to strengthening the capacity of the family to make healthy and safe choices for the safety and wellbeing of their children; and
- Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

SFY 2014 CWS-Related Legislation

On June 20, 2014, Hawaii's Governor signed six bills into law that address sex abuse, prostitution and human trafficking, crimes against children, and domestic violence.

- House Bill 2038 (Relating to **Human Trafficking**) establishes the Human Trafficking Victims Services Fund to be administered by the Department of Labor and Industrial Relations (DLIR) to provide support and services for human trafficking survivors. This measure also imposes fees upon persons convicted of labor trafficking and/or promoting prostitution offenses. The passage of this bill was partially due to the efforts of the State of Hawaii Coalition Against Human Trafficking, of which DHS representatives are members. As the CWSB develops policies and procedures to meet the needs of child trafficking survivors, staff will work with the DLIR to ensure access to the new services and funds that serve child victims.
- Senate Bill 2687 (Relating to **Limitation of Actions**) extends by two years the April 24, 2014 deadline that a victim of child sexual abuse may bring an otherwise time-barred civil action against an abuser or entity with a duty or care, including the state and counties. The deadline is now April 24, 2016.
- House Bill 2034 (Relating to **Sexual Assault**) removes the statute of limitations for criminal actions of sexual assault in the first and second degrees, as well as the continuous sexual assault of a minor under the age of 14.
- House Bill 1926 (Relating to **Crime**) amends the offense of solicitation of a minor for prostitution and the offense of prostitution to include sadomasochistic abuse under the definition of sexual conduct, including clarification that a law enforcement officer shall not be exempt from the offense while acting in the course and scope of duties. This measure also amends the applicability of a deferred acceptance of a guilty or *nolo contendere* plea and clarifies sentencing of repeat offenders and enhanced sentences for repeat violent and sexual offenders.
- Senate Bill 702 (Relating to **Child Abuse**), known as "Alicia's Law," establishes an Internet Crimes Against Children Special Fund and an Internet Crimes Against Children Fee of up to \$100 for each felony or misdemeanor conviction. Fees will be deposited into the special fund, which will be used by the Department of the Attorney General (AG) to combat internet crimes against children. This measure also appropriates \$62,500 into the new special fund.
- House Bill 1993 (Relating to **Domestic Violence**) requires a police officer to make a reasonable inquiry of witnesses or household members when physical abuse or harm is suspected and to order a no-contact period of 48 hours. This measure also makes the commission of physical abuse in the presence of a family or household member under the age of 14 a Class C felony.

Child Welfare Services Recent Activities

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

In FFY 2013, Hawaii was one of eight states approved by the United States Department of Health and Human Services (DHHS) Administration for Children & Families (ACF) to implement a Title IV-E Waiver Demonstration Project. The project allows Hawaii to develop and implement interventions to decrease the number of children and youth entering foster care without increasing risk to children's safety, and to safely reduce the amount of time children are in foster care. The planned outcome is to diminish the trauma associated with children being removed from their homes, to lessen the psychological impact of children remaining in foster care for long periods and overall, to improve child wellbeing. The newly-designed intervention was implemented in January 2015.

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

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

An ambitious and effective outreach campaign informed potentially eligible young people about the new program. On July 1, 2014, *Imua Kākou* began accepting applications and working with young adults on their successful transitions to adulthood. By December 24, 2014, 163 youth had applied for the program. 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:

- foster care payments;
- oversight by a caseworker for support and planning;
- counseling services;
- housing options;
- training in independent living skills;
- training in employment or job skills; and
- additional time to finish high school, pursue vocational education, or secondary education with financial support.

- **Increased Foster Care Maintenance**

The CWSB worked with community partners and contracted the UH Public Policy Center to research and analyze national best practices and to recommend a rate structure and payment that would assist resource families caring for foster children. Recommendations were presented to the Hawaii State Legislature as part of the SFY 2014 DHS budget proposal. The Legislature approved the increase effective July 1, 2014. The monthly per child payment to Hawaii resources caregivers was increased from a base rate of \$529 to \$575 for 0-5 year olds, \$650 for 6-11 year olds, and \$676 for children aged 12 and above. Resource care givers and foster youth may be eligible for other assistance. All resource caregivers, adoptive families, legal guardianship families, and

young adults who receive higher education payments were mailed information. Numerous statewide presentations also were given.

- **National Youth in Transition Database 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**

The CWSB developed a program improvement plan (PIP) to address areas identified as needing improvement in the 2009 federal Child and Family Services Reviews (CFSR). The ACF approved the plan in January 2011.

The PIP2 further addressed the CFSR findings by focusing on four goals: 1) Ensure the safety of all children in their homes and in foster care; 2) Enhance engagement in case planning with parents, children/youth and relatives throughout the life of the case; 3) Improve permanency outcomes and connections for children; and 4) Strengthen consistency and support of best practices to improve outcomes through the use of ongoing monitoring, data analyses, and trainings at all levels. Hawaii reviewed, clarified, and strengthened its procedures and practices related to each goal. The CWSB successfully completed all action steps and achieved all PIP2-identified outcomes in March 2014. The PIP2 goals were achieved through collaboration with families, 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 that may include investigation, assessment, case management, family strengthening, foster care, and permanency services. The CWSB also offers continuing financial support to sustain adoptions, guardianships and higher education endeavors for youth formerly in foster care.

In FY 2014, the average statewide caseload for CWS was approximately 17 cases per social worker, compared to an average of 18 cases per worker in FY 2013; and 19 cases per worker in 2012. This decrease may be attributed to: 1) the SSD's gradual recovery from the FY 2010 reduction-in-force (RIF that 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 intrusive 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. Called Differential Response, implementation of the assessment protocol has resulted in fewer children entering the foster care system because many families now receive alternative support services that allow children to safely remain in the family home.

The CWS Intake staff uses the *Child Safety Assessment* tool and the *Comprehensive Strengths and Risk Assessment* tool to assess each report of potential child abuse or neglect. Reports with a safety

concern or an immediate foreseeable risk of harm to a child are assigned to CWS for investigation. Reports assessed to be at moderate-risk 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. By intervening early with needed services, CWS hopes to strengthen families so that they can function as healthy units, remain intact, and avoid the need for foster care.

During SFY 2014, CWS Intake assigned a total of 5,490 cases for follow-up. Of that total, 2,127 (39%) cases were assigned to CWS for investigation, another 1,633 (30%) were assigned to VCM, and 1,730 (31%) were referred to FSS.

Differential Response: Percentage of Reports Assigned to CWS, VCM and FSS				
	Child Welfare Services (CWS)	Voluntary Case Management (VCM)	Family Strengthening Services (FSS)	Total Number Cases Referred for Services
SFY 2007	57%	14%	29%	4169
SFY 2008	55%	16%	29%	4662
SFY 2009	55%	18%	27%	5026
SFY 2010	57%	19%	24%	5120
SFY 2011	40%	22%	38%	4671
SFY 2012	41%	26%	33%	4989
SFY 2013	45%	22%	33%	5190
SFY 2014	39%	30%	31%	5490

Foster Care

A total of 1,019 children entered the Hawaii foster care system in FY 2014, a 42% decrease since FY 2004. The decrease is attributed to the DHS' investment in voluntary diversion and family strengthening services that help families provide a safe home for their children, promote positive parenting skills, and prevent child abuse and neglect and out-of-home placements.

National data indicate that when children and youth cannot remain safely in their family homes, placement with relatives provides the next best outcome. The DHS is committed to supporting a child's family connections.

The CWSB has partnered with *EPIC 'Ohana, Inc.* (EPIC) to engage fathers and families to fully participate in their CWS cases, and more broadly, to fully participate in their children's lives. The collaborative emphasis on family connections promotes the location, recruitment and development

of family connections and placement resources with extended family. These efforts also help ensure a child’s permanency by increasing the identification of connections and placement/support resources within their own family. Another result of the EPIC partnership is the mailing of Relative Notification Packets to all identified relatives of a child within the first 30 days of a child entering foster care. This outreach allows relatives to make themselves available to the child for continued support and/or possible placement. Additionally, EPIC provided statewide training to all CWS units to explain the broad distribution of the Relative Notification Packet and related roles and responsibilities.

Through EPIC ‘Ohana Conferencing and direct interactions with trained staff, CWS and the family work together to determine what will help the family resolve safety concerns in the home and to then move toward the reunification of parents and children.

The CWS, EPIC and other community-based organizations work with families (extended and hanai) and service providers to make the best decisions for the safety of the children and to create a plan for strengthening the family.

Resource Caregivers

The DHS continues to contract for services with Hui Ho'omalua (collaborative partnership with Partners In Development Foundation, Catholic Charities of Hawaii, and Family Programs Hawaii) to identify, recruit, screen, assess, train, retain, and provide ongoing support and services to resource families for children that are in the care of DHS. A statewide focus on recruiting Native Hawaiian resource families has increased the pool of Native Hawaiian resource families to approximately 44% of the total resource family pool, a 3% increase over FY 2013.

The continued emphasis on family connections has positively increased the percentage of children placed with relative resource caregivers. In 2007, approximately 47% of children in foster care were placed with relatives. In SFY 2014, 55% of the children in foster care were placed with relatives. Hawaii leads the nation in the percentage of foster children placed with relatives.

Relative vs. Non-Relative Placement of Foster Children

Monthly Average Number of Children	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Relative Placement	1,004	769	676	644	551	532	526	522
Non-Relative Placement	1,153	909	735	623	505	499	475	434
Percent								
Relative Placement	47%	46%	48%	51%	52%	52%	53%	55%
Non-Relative Placement	53%	54%	52%	49%	48%	48%	47%	45%

National Comparisons of Hawaii Performance

Hawaii ranked first in the nation in for the past three years (2012-2014) for having the highest percentage of children/youth in foster care placed with relatives. The Hawaii CWS also ranked 5th in the nation for timeliness of reunification; 12th in the nation for timeliness of adoptions; 17th in the nation for achieving permanency for children in foster care for long periods of time; and 7th for placement stability (not moving around to different homes) while in foster care.

Higher Education Board Allowance

The Higher Education Board Allowance Program provides former foster youth a monthly stipend while they pursue post-secondary education at an accredited institution (academic or vocational) of higher education. The board allowance is equivalent to the foster care board rate, and youth ages 18 through 26 may receive up to 60 months (five years) of benefits. Since its launch in 1995, an estimated 1,603 foster youth have benefited from this program. In FY 2014, the program served 335 students, a drop of 112 youth from the previous year. The decrease in students receiving Higher Education benefits may be partially the result of the continuous decline in the number of children in foster care over the past decade.

The DHS also collaborates with the University of Hawaii Community College system and the Hawaii Youth Opportunities Initiative (HYOI) to establish programs that provide additional educational services and support for youth formerly in foster care.

Higher Education Board Allowance Recipients

	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
New Students	72	112	109	138	149	158	157	124
Returning Students	135	132	175	204	240	258	290	211
Total Students per SFY	207	244	284	342	389	416	447	335
Unduplicated Participants to Date	655	767	876	1,015	1,164	1,322	1,479	1,603

Education and Training Vouchers

The federal Chafee Foster Care Independence program provides foster youth additional financial support for higher education through Education and Training Vouchers (ETV). Although youth may receive up to \$5,000 per year, the Hawaii allotments have never sufficiently our students' level of need. Between SFY 2012 and 2014, CWS received an average of 146 ETV applications per year, but was able only to award funding to an average of 75 students per year. Since launching the program in 2008, a total of 330 young adults have received benefits, with the annual participation rate ranging between 60 and 90 students. When State funds are available, they have been used to help bridge the gap between applicants' needs and federal funding.

Education and Training Voucher (ETV) Recipients

	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
New Students	82	55	45	51	49	39	9
Returning Students	0	35	31	39	38	38	51
Total Students Per SFY	82	90	76	90	87	77	60
Unduplicated Program to Date	82	137	182	233	282	321	330

Child Fatalities

If a child death occurs while the child is under DHS care, the CWS Program Development Office and the Kapiolani Child Protection Center Multi-Disciplinary Team review the case and possible causes of death. Based on the case review, the CWS Program Development Office ascertains whether any CWS policy or practice modifications are indicated. In FY 2014, no children died due to harm in DHS care.

Other FY 2014 Program Initiatives

Domestic Violence Services for Survivors, Children and Batterers

The DHS has developed contracts and services that provide domestic violence (DV) shelter, advocacy, and legal and support services to DV survivors and their children to enhance their ability to achieve safety and stability. Services are individualized and trauma informed. Intervention services also are provided to assist batterers to make positive changes to end violence in their lives and to hold them accountable.

New Statewide Automated Child Welfare Information System (SACWIS)

The SSD is committed to creating a DHS Enterprise Platform that will:

- Enhance a more integrated approach to the assessment, delivery, and accountability of the continuum of DHS programs and services;
- Provide for a more user friendly approach to assessment, delivery and accountability of the partnership with DHS through the enablement of technology;
- Provide for lower cost design, development and implementation/deployment of new DHS technical solutions/applications; and
- Provide a technology environment of DHS that will be more cost effective in enhancing DHS systems and responding to changing needs and demands and for hosting and maintenance and operations costs.

Towards that end, CWS is developing a Statewide Automated Child Welfare Information System (SACWIS). SACWIS is a comprehensive automated case management tool that supports social workers' foster care and adoptions assistance case management practice. Additionally, states can add complementary functionality to their SACWIS, such as functionality that supports child protective and family preservation services, thereby providing a unified automated tool to support most, if not all, of child welfare services.

As a condition of federal funding, SACWIS is required to support the reporting of data to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). In addition, SACWIS is expected to have bi-directional interfaces with Hawaii's Title IV-A (Temporary Assistance for Needy Families (TANF)) and Title IV-D (Child Support) systems. SACWIS also will support APS functions including case management and client data collection.

Educational Stability for Children in Foster Care

The CWSB is charged with ensuring that children who come to its attention achieve safety, permanency, and well-being. Safety includes emotional safety; permanency includes a network of lasting significant relationships; and well-being includes the resiliency to become a self-sufficient adult.

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

While government intervention in the life of children and families can provide safety in the first instance, it is supporting the family's capacity to keep their own children safe that is the goal of child welfare systems across the nation and in Hawaii. The CWS has undertaken the task of identifying key areas where policy and practice improvements could better achieve these outcomes.

Pono for Families program will realign the current roles of child protective staff and law enforcement as necessary, and better ensure safety in the context of an assessment of family capacity and child vulnerability with an emphasis on a family engagement and empowerment model of practice.

CWS Reorganization

Effective August 1, 2013, reorganization of the SSD was complete. It was necessary due to the 2009-2010 reduction in force. With decreased staff, the SSD needed to reallocate its human resources and rebuild its internal structure to continue to meet workforce demands and needs of the children and families CWS serves. 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 issues related to child maltreatment. These partnerships are crucial to protecting the safety and health of children. Some examples of CWS' extensive interagency work are noted below.

- **Wraparound Services Model (Wrap)**

Casey Family Programs, DOH, DOE, the State Judiciary, and EPIC `Ohana. Wrap's goal is to improve service coordination, planning, and intervention for children with multiple, complex needs who are served by more than two agencies. The program is family-focused and family-driven, with a single case manager, and pooled agency funds.

- **Hawaii Interagency State Youth Network of Care (HI-SYNC)**

(Formerly known as the Statewide Interagency Quality Assurance Committee) 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, primarily those with behavioral or mental health needs. The group is committed to partnership across agencies.

- **Project Visitation**

Family Court and Family Programs Hawaii. This project recruits and trains volunteers to provide monthly `Ohana Time (family visits) 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.

- **Family Drug Court**

Family Court, Guardian Ad Litem, DOH Alcohol and Drug Abuse and Public Health Nursing Divisions. Family Drug Court is an on-going successful partnership that assists families with substance abuse problems.

- **Hawaii Youth Opportunities Initiative (HYOI)**

Jim Casey Youth Opportunity Initiative, EPIC 'Ohana/HI HOPES, Hawaii Community Foundation, Family Court, Department of Labor and Industrial Relations, CWS' Youth and Young Adult Advisory Board, Bank of Hawaii, QLCC, YMCA, University of Hawaii, and Olsten Staffing and Professional Services (an employment company). This initiative empowers current and former foster youth. It is a youth-adult, public-private partnership designed to improve outcomes for youth transitioning from foster care to adulthood.

- **Violence Against Women Act (VAWA) State Planning Committee**

Child and Family Services, Parents and Children Together, Catholic Charities Hawaii, Family Violence and Services Act Program, Hawaii State Coalition Against Domestic Violence. This committee identifies service needs and best practices for domestic violence shelter, support, and advocacy services.

- **Ho'omalulu O Na Kamali'i** (also known as Ma'ili Receiving Home)

Michael B. Wood Family, EPIC 'Ohana. Ho'omalulu 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.

- **Human Trafficking of Minors Workgroup**

DOE, DOH, FBI, HPD, Kapiolani Child Protection Center, Sex Abuse Treatment Center, The State Judiciary. This workgroup convened to develop human trafficking protocols, trainings, and resources for CWS staff and community partners to ensure that trafficked children and youth are correctly identified and receive appropriate services and protections.

Challenges

One of the CWSB's major challenges over the past four years has been rebuilding staffing capacity and infrastructure following the 2010 Reduction in Force (RIF). Between SFY 2011 and 2014, the CWS filled many of the previously frozen positions, but recruitment and retention of qualified staff remains challenging.

The CWS staff is currently reviewing data collection and analysis methodology to improve systematic responses to media, research, and policy inquiries.

Hawaii CWS - Timeline of Changes

1996: Hawaii CWS implemented *'Ohana Conferencing* (Family Group Decision-making)

2003: Hawaii participated in its first round of *federal case reviews*, focusing on Hawaii's case practice and systemic outcomes. The reviews resulted in CWS' first *Program Improvement Plan (PIP)*.

2004 (December): Hawaii CWS implemented a statewide centralized CWS Intake System.

Late 2005: Hawaii CWS implemented its Differential Response System, which allows lower-risk families to receive needed social services without entering the formal CWS system.

2005: Hawaii CWS began *Continuous Quality Improvement Project* case reviews.

2006: Community gatherings (*'Aha*) with CWS and Native Hawaiian community representatives began on Oahu to improve mutual understanding and collaboration. *'Aha* have continued to the present day and have spread to all islands. They have focused on a variety of cultural communities (e.g. Tongan and Micronesian) and a variety of CWS-related topics (e.g. Domestic Violence and Engaging Fathers.)

2007 (June): Hawaii CWS first contracted formal Family Finding services.

2009: Hawaii completed its second round of federal reviews, and began its second PIP.

2009 - 2010: CWS *lost 119 positions* to the Reduction-in-Force and *20 vacant positions were deleted*.

2010: Hawaii implemented CWS' own *Family Partnership and Engagement Practice Model* which transformed CWS work to a family engagement model that continues to guide procedures and practice.

2010: Effective September 1, 2010, HRS 587 - Child Protection Act was amended to include the preference for foster children to be placed with relatives.

2010: SSD was disbanded and then reinstated.

2011 (March): CWS implemented *Threatened Harm Guidelines* and structured decision-making assessment tools.

2011 (September): Hawaii CWS implemented the *Safety of Placement Assessment*.

2011 (December): Hawaii CWS began automatic referrals to family finding and Early *'Ohana Conferencing* for all children entering foster care.

2012: DHS initiated integration of DHS' technological systems, and an IT system *replacement and modernization* for SSD.

2013: Hawaii was selected as a *Title IV-E Waiver Demonstration Project* site to reduce the number of children entering foster care and reduce the length of stay of children in care.

2013 (June): SSD reorganized.

2014 (July): Foster Care extended for interested young adults 18-21 who are in school, training, or employed.

2014: Foster Care Board payment increased.

2014 (October): CWS Implemented the Unidentified Perpetrator Protocol to address complex, serious harm cases where the perpetrator's identity is unclear.

CHAPTER 4: HEALTH CARE INSURANCE

HEALTH CARE

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.

Additionally, the DHS supports innovative home and community-based programs to help prevent premature institutionalization of vulnerable dependent adults and children. These programs provide a continuum of comprehensive home and community-based services (HCBS) and Medicaid HCBS waiver programs, which reduce the taxpayer burden by eliminating costly institutional long-term care services.

MED-QUEST DIVISION

The Med-QUEST Division (MQD) administers Hawaii's Medicaid and other health insurance programs. Medicaid is a federal program created by Congress in 1965 to provide low-income populations access to medical care. In FY 2014, the Hawaii MQD expended approximately \$2.1 billion (including \$ 1.2 billion in federal funds) for benefits and administration of the state Medicaid program.

The MQD provides health coverage through several Medicaid programs under Title XIX of the Social Security Act (SSA). The 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 the State Children's Health Insurance program (S-CHIP), federal and state-funded coverage of individuals with breast and cervical cancer, and special programs for Medicare beneficiaries. Additionally, the MQD oversees the funeral payments program for the state.

Program Description

The MQD enables low-income adults, parent/caretaker relatives, pregnant women 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, and other related health care services, including medical transportation and burial services.

Program Goal

To help low-income adults and children obtain needed health care through the federal Medicaid health insurance program.

Application and Eligibility

The state of Hawaii was an early adopter of the federal Patient Protection and Affordable Care Act (ACA) enacted in 2010. Utilizing enhanced federal funding, the DHS leveraged 90% federal funds to 10% state funds to replace a 20+ year-old information and technology system. On October 1, 2013, the MQD successfully launched its new eligibility system called Kauhale ("community") On-Line Eligibility Assistance (KOLEA). KOLEA was developed, designed and implemented in nine months to meet the aggressive timelines imposed by ACA. Projects of similar scope and magnitude are normally designed, developed and implemented over a two- to three-year period.

KOLEA advanced Hawaii's Medicaid system by allowing applicants to apply on line in addition to submitting paper applications. Prior to KOLEA, only paper applications were accepted and processed. In addition to meeting income requirements, the Medicaid program requires applicants

to: 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.

The MQD coordinates with health insurers to ensure that Medicaid (QUEST and QExA) recipients who have other health insurance coverage exhaust those benefits and reimbursements before Medicaid pays for recipient services (Third Party Liability). By law, Medicaid is the payor of last resort. The MQD also recovers the Medicaid-paid medical expenses when Medicaid recipients are injured in motor vehicle accidents, employment-related accidents, and when Medicaid recipients recover damages from malpractice suits, product liability suits, and other lawsuits. Under certain conditions, a claim also may be filed against the estate of a deceased Medicaid recipient for funeral, burial, or medical expenses.

Since the implementation of MAGI methodology and ACA provisions in October 2013, the MQD Eligibility Branch (EB) received an unprecedented 81,866 applications. Of that total, 70,556 were new applications and 50,139 were approved as eligible for Medicaid benefits. The remaining applications were annual redeterminations and applicants determined ineligible for Medicaid coverage. The MQD now uses the Modified Adjusted Gross Income (MAGI) methodology to determine the applicant’s income. For individuals who are not aged, blind or disabled MAGI disregards assets. Monthly eligibility determination data is posted at www.mybenefits.hawaii.gov.

At the close of FY 2014, the MQD was providing health care coverage to more than 325,510 eligible residents statewide. All islands, except Molokai, saw double-digit increases in the number of recipients and an overall increase of 11% over the previous year. The MQD EB continues to actively work with community agencies and groups to ensure access to health coverage and problem resolution.

Recipient Growth Between FY 2009 and FY 2013					
Enrollment	June 2012	June 2013	June 2014	1-Year % Increase	3-Year % Growth
Oahu	177,258	179,227	199,062	11%	12%
Kauai	16,337	16,072	18,255	13%	12%
Hawaii	60,925	62,145	69,081	11%	13%
Maui	29,473	30,951	34,896	13%	18%
Molokai	3,213	3,305	3,462	5%	8%
Lanai	696	723	754	4%	8%
Statewide	287,902	292,423	325,510	11%	13%

Pregnant Women and Children Applications

The MQD continues to prioritize applications for pregnant women and children. Applications submitted online through KOLEA can receive a disposition by the next day. The number of women receiving medical assistance in the pregnant women eligibility group was 3,735 at the end of FY 2012; 4,477 at the end of FY 2013; and 5,618 at the end of FY 2014.

MED-QUEST DIVISION PROGRAMS

QUEST

The QUEST program serves eligible individuals who are under age 65 and not blind or disabled. Under Title XIX, the eligibility income range for adults and for children between age six and 19 years old is up to 133% of the Federal Poverty Level (FPL). For children between age 1 and 6 years, the income range for eligibility is up to 139% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 191% of the FPL. Under Title XXI, children under 308% FPL are eligible for S-CHIP (See S-CHIP #7 below).

QUEST participants throughout Hawaii may choose their medical coverage from participating health plans. All plans offer the same required benefits, plus their own optional benefits. Beneficiaries choose their primary care provider from the provider network of their respective medical plans. The QUEST health plans pay contracted health care providers to deliver medical services to recipients.

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

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. Following implementation of the ACA, enrollment at the end of FY 2014 reached 273,558 enrollees, a 15.3% increase over the previous year.

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 services coordinated by health plans through a managed care delivery system. The plan expands program services to include long-term care services, and both institutional and home and community-based waiver services. On

January 1, 2014, the QExA program expanded access to an array of CBS for individuals who are at-risk for deteriorating to an institutional level of care. With the goal of preventing their decline and maintaining them in-home and in a community setting, these services are made available to individuals assessed to be at risk of declining health. Additional services for this at-risk group include personal assistance, adult day care, adult day health, home delivered meals, personal emergency response system, and skilled nursing.

With a few exceptions, QExA clients receive their primary, acute, and long-term care services through two managed health care plans. The offered long-term care services include both 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 experienced moms and caregivers of individuals with a disability. In their role, they are uniquely qualified to help QExA clients address their concerns.

At the end of FY 2012, there were 44,967 clients enrolled in the QExA program. By the end of FY 2013 that number increased to 45,992 enrollees. As of June 30, 2014 there were 50,332 enrollees in the QExA program.

FEE-FOR-SERVICE

The Fee-For-Service (FFS) option is for individuals who have special circumstances or for the coverage of certain benefits. For example, individuals who are expected to be eligible with a spend-down of assets for less than three months, or are awaiting an organ transplant, may be enrolled in the FFS program. Benefits provided by the Department of Health (DOH) Adult Mental Health Division and Child and Adolescent Mental Health Division, and school-based services, including developmentally disabled/intellectually disabled waiver services, and early intervention services, behavioral health services are paid through the FFS program.

Dental benefits are provided to all Medicaid 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 under 21 years of age with no co-payment requirement.

EPSDT provides coverage for:

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

Annual EPSDT Participation Report

	FY 2011	FY 2012	FY 2013	FY 2014
Total Individuals Eligible	158,907	172,452	180,051	**
Total Screens	5,954 (78.0%)	124,567 (72.2%)	132,857 (73.8%)	**

** FY 2014 data is not available until February 2014

QUEST-NET and QUEST-ACE

These two programs were previously authorized under the section 1115 of the SSA waiver program. The need for QUEST-NET and QUEST-ACE was eliminated when individuals became eligible for medical assistance under the Medicaid State Plan. These individuals are now covered as an optional ACA adult group that Hawaii implemented effective Oct. 1, 2013.

TRANSITIONAL MEDICAL ASSISTANCE

Prior to the enactment of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWOR) of 1996, also known as 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 SSA 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 Assistance (TMA) for up to 12 months. Under section 1931 provisions, a recipient who qualifies for TMA using section 1931 standards may 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 SSA.

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. Additionally, 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, TMA program enrollment was 6,361. Enrollment increased at the end of 2013 to 6,558, and at the end of FY 2014 there were 2,459 clients. The decrease reflects a change in the method the MQD now uses to capture this population in the new eligibility system, KOLEA.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP)

S-CHIP was created to help states expand health coverage to more children whose parents may be working but do not earn enough to pay for private health coverage for their children. In Hawaii, S-CHIP was implemented as a Medicaid expansion program. Currently, eligible blind and disabled children receive coverage through the QUEST Expanded Access (QExA) program. Those who are not blind or disabled are covered under the QUEST managed care program. To avoid public confusion, S-

CHIP is not referenced as a separate program. Instead, the QExA and QUEST programs are identified as providing coverage to all eligible children.

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 308% of the FPL. In 2013, the monthly income limit was \$5,618 for a three-person household; \$6,773 for a four-person household. In 2014, the monthly income was \$5,937 for a three-person household; \$7,155 for a four-person household. There is no asset test for this program.

Federal funds in FY 2014 covered 66.25% of S-CHIP. The state Tobacco Settlement Funds covered 33.75% of the program cost. Enrollment in S-CHIP was 27,340 in FY 2012; 28,890 in 2013; and 28,722 in FY 2014.

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 who is approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health (DOH). In addition, the individual cannot have third party medical coverage that would pay for their treatment, and their gross family income cannot exceed 250% of the FPL. Determining eligibility for beneficiaries of this program does not include an asset test. In FY 2012, a total of 24 individuals received coverage; 26 received coverage in FY 2013; and 18 individuals received coverage in FY 2014.

In 2001, Hawaii also provided a state-only funded look-alike program for women who are legally admitted immigrants, but barred from any federally-funded medical assistance program. These women include citizens of the Marshall Islands, the Federated States of Micronesia, and Palau. This program was established by the Hawaii Legislature under Act 278. In FY 2012, three individuals received coverage; in FY 2013, four individuals received coverage; and in FY 2014, seven individuals received services under the state-funded program.

Breast and Cervical Cancer Program Recipients

Program	July 2012	July 2013	July 2014
Federal Breast Cancer	21	23	16
Federal Cervical Cancer	3	3	2
State Breast Cancer	2	4	6
State Cervical Cancer	1	0	1

FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial funeral expense payments to qualified applicants. Any person may apply on behalf of the deceased. Applicants need to apply for funeral benefits with the MQD before making the funeral arrangements. Total program expenditure in FY 2014 was \$231,650.

The deceased person may be eligible for Funeral Payments if they:

- Received medical or financial assistance from the State at the time of death, but were ineligible for the SSA's one-time lump sum benefit. The MQD will pay an amount equivalent to the SSA payment (currently \$255) to help pay for funeral expenses; or

- Died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (spouse or legal guardian). The MQD will pay \$800 for mortuary expenses for the unclaimed body.

THIRD PARTY LIABILITY PROGRAM

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

The Department of the Attorney General (AG) State Claims Unit, the TPL contractor (Xerox), and other health insurance providers including the QUEST and QExA health plans, Medicare, CHAMPUS, the U.S. Department of Veterans Affairs, and Worker's Compensation all coordinate to help contain Medicaid program expenses. They attempt to recover Medicaid expenses when accident or liability insurance is applicable and by cost-avoiding medical expenses when a recipient has other health insurance coverage.

The AG State Claims Unit also places liens on home properties of Medicaid recipients confined in nursing homes, and files claims against a deceased recipient's estate when real property is involved. MQD identifies health insurance coverage by following up on insurance leads and subject to estate recovery, conducts 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 Medicare population's prescription drugs much like commercial health plans are responsible for medical services of an enrolled member. Medicaid still provides 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, meaning they have 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 dual-eligible individuals continue to have coverage for their medically necessary drugs with a combination of Medicare Part D and Medicaid coverages.

DEVELOPMENTALLY DISABLED/INTELLECTUALLY DISABLED MEDICAID WAIVER PROGRAM

The Developmentally Disabled/Intellectually Disabled Home and Community-Based Services (DD/ID HCBS) Program was established in 1983 to serve individuals living in the community who are Medicaid-eligible and certified as requiring an ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) level of care. The DHS and DOH collaborate to administer and implement this program and to maximize federal Medicaid reimbursement. The Medicaid Waiver Program served 2,694 individuals in FY 2014.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

During FY 2009, the U.S. Department of Health and Human Services issued new Health Insurance Portability and Accountability Act (HIPAA) guidance in the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new HIPAA rules increased compliance penalties for the 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 will require working with stake holders to ensure accessibility and confidentiality of Protected Health Information (PHI).

MQD continually monitors Federal HIPAA Privacy, Security and Transaction and Code Set compliance throughout the division. New state identity theft laws and recent incidents of 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, the 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 Going Home Plus started late 2007 with a stakeholders planning group that included a coalition of community partners and government agencies. Going Home Plus has been integrated with the QExA program so QExA members transitioning from nursing facilities can receive services in their own home or the community. The Going Home Plus program had 108 admissions in FY 2012; 118 recipients at the end of FY 2013; and 95 clients at the end of FY 2014.

COMMUNITY CARE SERVICES PROGRAM

The QUEST and QExA plans provide a full array of behavioral health services through the health plans. Individual adults with serious mental illness (SMI), serious and persistent mental illness (SPMI), who require support for emotional and behavioral development (SEBD), or who need additional specialized behavioral health services can access additional services through a carved out Community Care Services (CCS) program contract.

Prior to the March 2013 implementation of the new CCS contract program, mental health services were fragmented between the DHS QUEST and QExA health plans, and the DOH Adult Mental Health Division (AMHD). With this new contract, services are provided through a single vendor making it easier for recipients and behavioral health providers to navigate the system. Medicaid recipients from AMHD and the QUEST plans that need specialized behavior health services have been transitioned to the new contractor.

Upon meeting criteria for additional behavioral health services, an individual will have access to intensive case management, biopsychosocial rehabilitation, crisis management, crisis residential services, hospital-based residential services, intensive family intervention, intensive outpatient hospital services, and therapeutic living supports/foster care supports. The MQD added clubhouse, peer specialist, representative payee, supportive housing, and supportive employment services in March 2013.

STATE OF HAWAII ORGAN AND TISSUE TRANSPLANT PROGRAM

This program covers non-experimental transplants for recipients meeting specific medical conditions. The contractor is responsible for all services from the initial evaluation through the last successful transplant. This includes case coordination and management, counseling on compliance with treatment and protocols to ensure a successful transplant, access to a network of transplant providers, arranging for transportation and housing before and after the transplant, and facilitating and coordinating the transition of care for a recipient's post-transplant back to a health plan. For children (under 21 years) the following transplants are covered:

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

For adults the following transplants are covered:

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

FUTURE CHALLENGES

The MQD faced major challenges in FY 2013 and FY2014 with the implementation of ACA provisions and the design, build and implementation of KOLEA, the new on-line eligibility system. In compliance with the health insurance-related provisions of ACA the Medicaid program changed its methodology for determining eligibility for non-aged, blind or disabled individuals. The challenge is maintaining a functional and user-friendly application system.

If an applicant is determined ineligible for Medicaid their application is seamlessly transferred to the Hawaii Health Connector (HHC). The HHC is the private non-profit that runs the state's health insurance exchange that offers health plan choices and determines advanced premium tax credits. To ensure that applicants for medical assistance don't provide their personal information multiple times, the MQD worked with the HHC to coordinate the transfer of information between the two entities.

As part of the section 1115 waiver renewal, effective January 1, 2015, the MQD will be combining the QUEST and QExA programs into one program called QUEST Integration (QI). MQD staff spent more than two years planning and implementing the program. Efforts included obtaining CMS approval, issuing the Request For Proposal (RFP), awarding the contracts, reviewing health plan policies and procedures, and conducting on-site readiness reviews so health plans will be ready to provide disabled children and families a full array of services including home and community-based services and long term care. The MQD will closely monitor implementation of (QI) to ensure any transition of care, access to care, or adequate provider network issues are expediently addressed.

In 2013, the MQD increased reimbursement rates to Medicare primary care providers for primary care services. Increased reimbursement helps ensure availability and access to primary care providers for Medicaid recipients. Through this 100% federally funded reimbursement, providers have received an additional \$38.5 million. The 100% federal funding ended December 31, 2014. In 2015, the federal matching rate (FMAP) for the increased reimbursement drops to about 52%. The MQD requested and received an appropriation from the FY 2014 Hawaii State Legislature to maintain the 100% reimbursement levels for an additional six months. The new state appropriation will make up the funding difference.

The MQD implemented the Medicaid Electronic Health Record (EHR) incentive program in October 2013. The first payments went out in November 2013. Eligible providers received incentive payments to adopt, implement, or upgrade their EHR technology during their first year of participation. The MQD paid over \$18 million to providers who signed up to participate in the program. If providers are able to demonstrate meaningful use of the EHR technology over the next year, providers will continue to receive incentive payments. The MQD is responsible for ensuring that participating providers submit the required reporting paperwork to demonstrate that the EHR is used in a meaningful manner. This includes uses such as e-prescribing, providing for the electronic exchange of health information, and clinical quality measures.

Meantime, the MQD will continue to comply with other federal requirements that arise such as background checks, Transformed Medicaid Statistical Information System (T-MSIS), and ICD-10 (10th revision of the International Statistical Classification of Diseases and Related Health Problems), and continue to develop an integrated eligibility system for the DHS.

The federal court injunction that prevented the Hawaii DHS from reducing the state-funded benefits provided to non-pregnant adult Compact of Free Association (COFA) residents was lifted on November 3, 2014. The U.S. Supreme Court decision denying Plaintiffs' Petition for Certiorari, upheld the 9th Circuit Court of Appeals opinion. The 9th Circuit's opinion validated the state's authority to determine the level of health care coverage provided to non-citizens who are ineligible for federal Medicaid. The decision found that the state was not required to provide state-funded medical assistance benefits to non-citizens after the federal Medicaid program excluded them, and confirms that the state did not discriminate when it exercised that authority in 2010. Prior to the injunction, COFA residents and non-citizens received State medical assistance through Basic Health Hawaii (BHH), a reduced benefits package (when compared to federal Medicaid benefits). Had the injunction remained in place, the DHS would have had to continue providing the same benefits equivalent to federal Medicaid benefits.

The MQD drafted emergency administrative rules to maintain state-funded health coverage of certain lawfully present non-pregnant adult COFA residents. The emergency rules allowed the DHS to continue current levels of medical coverage to these individuals until they can enroll in a

qualified health plan purchased through the HHC. The emergency rules went into effect on November 5, 2014 and remain effective for a maximum of 120 days. During that period, which ends January 2015, the Department will promulgate administrative rules to establish a state-funded medical assistance program for non-pregnant adults aged, blind and disabled non-citizens, establish a premium assistance program for certain individuals purchasing a qualified health plan through the HHC, and repeal administrative rules for the BHH program.

CHAPTER 5: ADMINISTRATION

SUPPORT SERVICE OFFICES

The Office of the Director has the primary responsibility for operations of the Department of Human Services (DHS). The Director is appointed by the Governor, confirmed by the Senate, and assisted by a Deputy Director. The Director's Office also responds to public, legislative and media inquiries, and maintains the two separate websites.

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

- The **Administrative Appeals Office** (AAO) provides administrative due process hearings in contested cases for the Department. The AAO contracts with private practice attorneys through appointment by the Director under Hawaii Revised Statutes §346-12 to conduct hearings. In FY 2014, the AAO received 1,657 administrative hearing requests and referrals and issued more than 945 administrative hearing decisions. The AAO also serves as the rules coordinator for the DHS and reviews administrative proceedings for the adoption, modification, or repeal of Department rules.
- The **Budget, Planning and Management Office** (BPMO) coordinates and prepares the DHS' budget, monitors expenditures, provides technical assistance and budget preparation and financial training to staff, translates the DHS mission and goals into operational goals and objectives, and works to promote and improve managerial policies and practices through reviews and evaluations. The overarching goal for 2014 was for the BPMO to become fully staffed so that it could perform higher level analysis and provide added support to the Divisions, including development of strategic plans for programs and initiatives
- The **Audit, Quality Control and Research Office** (AQCRO) conducts financial audits, researches studies and reviews the Department's internal control systems and financial operations to comply with federal mandates and to safeguard the Department's assets.
- 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, which including computing facilities management, data control and technical help desk functions is located in the Queen Liliuokalani Building basement. The OIT also oversees the administration of the dedicated DHS Mainframe complex and all hardware peripherals located at the

Department of Accounting and General Services (DAGS) Information and Communication Services Division (ICSD), separate from the State's mainframe system. Additionally, this office directs and coordinates all IT matters within and between the DHS and other state and county agencies, federal agencies, and commercial hardware and software vendors including private consultants.

- The **Personnel Office** (PERS) oversees the personnel functions of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of personnel records.
- The **Program Management Office (PMO)** was created to oversee and coordinate the build and governance of the DHS' integrated and shared services environment. Leveraging the enterprise platform developed with the federal enhanced 90/10 funding – the DHS plans to adopt an enterprise approach when moving the Kauhale On Line Eligibility Assistance (KOLEA) from a solely Med-QUEST focus to a DHS Enterprise focus. To the extent possible, DHS' vision is to support an integrated statewide eligibility system. Each division establishes its own project management structure and timelines. Each division also must go through specific federal programmatic approvals and their own procurement process.

As BESSD and SSD initiate their respective IT builds and retire their old legacy systems, the Med-QUEST Division (MQD) is continuing to enhance the KOLEA system. These projects will have different requirements and timelines but will operate on the same platform. The PMO will oversee and coordinate the work as well as oversee and facilitate the governance of the project. The PMO also will coordinate and ensure timely communication.

The benefits of a PMO include:

- Continued focus on the DHS Integrated Health and Human Services enterprise approach;
- Establishment of an integrated DHS Enterprise Platform of common services and technology components, which is essential to support the full enterprise;
- Maximized risk containment for a program of this size and complexity
- Minimizes duplication of efforts, systems integration, interface issues and future rework;
- Ensures the effective allocation of state and vendor resources and the sequencing of the planning, requirements and procurement efforts for SSD and BESSD work streams and provides opportunities for efficiencies;
- Aligns with and supports the leveraging of the maximum 90:10 federal match; and
- Reduces cost allocation requirements.

LIMITED ENGLISH PROFICIENCY PROJECT

Under Title VI of the Civil Rights Act of 1964, Presidential Executive Order 13166, and Hawaii Revised Statutes §§ 321C-1 to 7, limited and non-English proficient (LEP) individuals have the right to receive language assistance at no cost and without significant delay. Failure to comply with these mandates jeopardizes federal funding for major DHS programs including Medicaid, Temporary Assistance to Needy Families (TANF), and Supplemental Nutrition Assistance Program (SNAP).

Program Description

The Limited English Proficiency (LEP) Project was established in 2013 under the Office of the Director to support and coordinate the development and implementation of policies and practices that ensure timely and effective delivery of services to LEP persons. The Project enables the DHS to execute the terms of its Resolution Agreement with the U.S. Department of Health and Human Services (DHHS), Office for Civil Rights, and meets the requirements of the Patient Protection and Affordable Care Act (ACA).

Program Goals

The LEP is committed to providing meaningful access for people with limited or no ability to speak, read, write and understand English.

The DHS received a grant from the Centers for Medicare and Medicaid Services (CMS) in 2012 to develop and implement an automated system to support the new Medicaid eligibility determination requirements for individuals and families. The CMS funding, in alignment with the ACA, requires better access to Medicaid and other services through federally mandated health insurance marketplaces.

The new DHS application portal, KOLEA (Kauhale On-line Eligibility Assistance), was designed and built by the DHS Med-QUEST Division (MQD) and implemented launched on October 1, 2013 to meet the requirements of the ACA and CMS. To provide better access for LEP persons, KOLEA will have the ability to generate pre-translated application forms, client letters/notices regarding eligibility determination, and other vital documents.

The LEP Project provides administrative and technical support/assistance to all DHS divisions, offices and attached agencies with the following goals:

- Establishing and implementing policies and procedures that ensure language access for LEP persons;
- Assessing the language needs of individuals and families seeking DHS services and programs;
- Developing standards and implementing formal procedures for assessing and ensuring proficiency and quality of interpreters and translators utilized by DHS;
- Identifying and simplifying vital documents; establish translation services;
- Maximizing access to KOLEA system for LEP persons; and
- Exploring LEP resources within DHS that may be shared by various department programs and services, and where feasible, with other state departments.

FY 2014 LEP Project Achievements

- Conducted a competitive RFP to procure a department wide contract for translation services. LEP Project staff coordinates translation services for all DHS Divisions/Staff Offices and attached agencies (not including sub-contractors or sub-recipients).

- Provided technical assistance to simplify vital documents (i.e., forms/notices regarding eligibility determination) and coordinated the translation of new forms/notices and texts to be generated through KOLEA. The MQD is in the process of integrating LEP features and functionalities into KOLEA.
- Assisted Civil Rights Compliance (CRC) staff, SSD and BESSD to identify and simplify vital documents to be translated.
- Coordinated/processed translations of vital documents relating to language access and civil rights, adult protective services, administrative hearings, and public housing.
- Assisted Divisions/Offices in securing interpreter services.
- Assisted CRC staff in updating/revising the DHS language access plan, policies and procedures relating to services/programs access.
- Assisted the Director in facilitating the DHS Language Access Advisory Council. The council meets quarterly with government and non-profit agencies, service providers and community stakeholders on LEP issues.
- Developed “I Speak” cards and LEP pages for the DHS website.
- Worked with all DHS Divisions/Staff Offices and attached agencies to improve/update the DHS Language Line.
- Presented at the 2013 and 2014 Department of Health (DOH), Office of Language Access (OLA) Conference on DHS language access/LEP initiatives,
- Participated in several community meetings and events including the State Language Access Coordinators' quarterly meetings and a language conference held at the University of Hawaii.
- Initiated collaboration with the OLA, the State Procurement Office and other government agencies in late 2014 for possible cooperative agreement on procurement of translation services.

LEP Demographic Profile

According to data compiled by OLA, more than 24% of Hawaii's population, or 329,827 individuals, speak a language other than English at home. Of those who speak a language other than English 46%, or 151,187, are self-identified LEP. Based on 2010 census data OLA estimates that 83% of the LEP population lives on Oahu; 80% are Asian language speakers while more than 13% are Native Hawaiian and Pacific Island language speakers.

The DHS application for food and financial assistance through the Benefit, Employment and Support Services Division (BESSD) includes a section for applicants to complete if English is not their primary language.

In the first six months of FY 2014 BESSD reported 18,795 encounters with LEP clients. An estimated 12,000 of those encounters were reported by the Homeless Programs Office (HPO).

Between January 1 and June 30, 2014 the DHS made 23,491 oral encounters with LEP individuals. The number of encountered the primary spoken/written languages vary by Division.

LEP Section in the BESSD Application for Food and Financial Assistance

9. What is the primary language spoken in your home? _____

How well is English spoken in the home? (Check only one box)

Does not speak or understand English

Limited understanding

Speaks well, does not read or write English

Speaks well, limited reading and writing skills

Speaks well, adequate reading and writing skills

Do you need an interpreter? If needed, an interpreter will be provided free of charge.

Yes. What language: _____

No. I will provide my own interpreter or have a family member or friend who can interpret for me.

Most frequently encountered languages between January 1 and June 30, 2014

Language	# of Encounters
Samoan	12,671
Chuukese	5,346
Cantonese	1,259
Fewer than 100 encounters reported in that language *	961
Korean	762
American Sign Language (ASL)	711
Vietnamese	655
Mandarin	502
Ilokano	351
Marshallese	263
Tagalog	211
Spanish	191
Visayan (Cebuano)	116
Japanese	112

* Other languages reporting fewer than 100 encounters each include Hawaiian, Kosraean, LEP Hearing Impaired, Portuguese, Thai, Tongan, Asian, Laotian, Cambodian, Wolof, Croation, Haitan, Creole Mongolian, Turkish, Polish, Taiwanese, Bengali, Pohnpeian, Chau Chau, and Shanghainese.

ORAL LANGUAGE ENCOUNTERS								
Language / Dialect	BESSD	MQD	SSD	DVR	HPHA	OYS	STAFF	TOTAL
Cantonese	144	969	1		142		3	1,259
Chuukese	5,062	119	25		133	7		5,346
Hawaiian								0
Ilokano	138	185	14		9	3	2	351
Japanese	16	691	18		15	2		112
Korean	156	445	7		152		2	762
Kosraean	12				1	2		15
LEP Hearing Impaired	17		8		1		1	27
Mandarin	55	415	1		30	1		502
Marshallese	167	58			33	1		263
Portuguese	2	4	9					15
Samoan	12,617	9	2		43			12,671
Spanish	80	106	4		1			191
Tagalog	69	121	3	3	14	1		211
Thai	4	5	2		1			12
Tongan	10	3	4		2	3		22
Vietnamese	94	479	5		77			655
Visayan Cebuano)	55	58			2	1		116
Other*	97	136	3	711	13		1	961
TOTAL	18,795	3,173	110	714	669	21	9	23,491

*Includes AS, Chinese (unspecified), Indonesian, Russian, Filipino (unspecified), Laotian, Cambodian, Wolof, Croation, Haitian, Creole, Mongolian, Turkish, Polish, Punjabi, Taiwanese, Bengali, Pohnpeian, Chau Chau, Shanghainese.

INTERPRETATION COSTS								
Division / Staff Office	BESSD	MQD	SSD	DVR	HPHA	OYS	STAFF	TOTAL
Total Expenditures	\$35,214	\$58,985	\$5,043	\$161,067	\$26,778	\$799	\$288	\$288,174

Future Goals

- Establish and implement policies and procedures that ensure language access for LEP persons.
- Assess the language needs of individuals and families seeking DHS services and programs.
- Develop standards and implement formal procedures for assessing and ensuring proficiency and quality of interpreters and translators utilized by DHS.
- Identify and simplify vital documents.
- Establish translation services.
- Maximize access to KOLEA system for LEP persons.
- Explore LEP resources within DHS that can be shared by various department programs and services, and where feasible, with other state departments.

**CHAPTER 6:
ATTACHED AGENCIES &
COMMISSIONS**

OFFICE OF YOUTH SERVICES

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

Program Description

To prevent delinquency and reduce the incidence of recidivism for at-risk youth, 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 Hawaii 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 Area Goal

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

OYS Programs

Positive Youth Development

The Positive Youth Development (PYD) programs were offered by 29 private non-profit providers in FY 2014 and served approximately 4,000 youth statewide. The PYDs are funded by the OYS and target youth who are homeless, truant, in foster care and group homes, sexually active, pregnant and parenting youth, and youth at risk for involvement with the Family Court and/or contact with the police. Because these youth are at risk for educational failure or involvement in the juvenile justice system, services and activities aim to help these youth develop resiliencies so they can successfully transition to young adulthood.

Youth Gang Prevention and Intervention

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

Truancy Prevention and In-School Suspension

To ensure educational success for at-risk youth and their families, the OYS offers services to enhance school engagement and performance in collaboration with the Department of Education (DOE). Targeted youth are ages 7 to 18 and are at risk for truancy and chronic absences. In FY 2014, six funded agencies provided services and activities for over 400 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, risky behaviors place them at risk for initial or further penetration into the juvenile justice system. In FY 2014, approximately 230 youth were served by the four OYS-funded providers statewide. They provide attendant care services, intake and assessment, assist in creating a youth/family-driven service plan, support youth/family in accessing services, and provide follow-up to ensure services were properly provided.

Intensive Monitoring Program

Intensive Monitoring Program services are targeted for youth who have been adjudicated by the Family Court, and have been placed on probation. Goals include providing intensive supervision for youth, holding youth accountable for their behavior, and assisting youth to be in compliance with the terms and conditions of probation. The service delivery approach includes the youth's family in supporting the youth's participation in activities that increase protective factors and decrease risk factors in various domains of the youth's life. Approximately 260 youth were served statewide; 80 youth were served at any one time in all four judicial circuits.

Day Treatment Center

Day Treatment Centers provide community based services, coordinated sets of individualized treatment services including educational, substance abuse, mental health, counseling, family intervention, psychosocial skills development, and community service on Oahu. Targeted populations for these services are youth involved with the Family Court, youth whose behavior interferes with their daily functioning in a typical school, work, and/or home environment, and youth who need the additional structured education and treatment interventions of this level of care.

Community-Based Residential Services

Youth who cannot or will not remain at home are served by community-based residential programs that help them prepare to return to community living. Programs focus on improving youths' decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Under the umbrella of 19 contracts, seven different providers offer a range of residential programs on all major islands. Approximately 220 youth were served in FY 2014. Most remained on their respective islands near family and other community support systems. These residential programs include:

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

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. A safe and secure setting, the HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth. Programs conducted within the facility are intended to provide guidance and opportunities for positive behavioral changes.

Federal Grant Programs

In addition to service areas, the OYS also oversees and manages a variety of federal grant programs that enable the state to improve the juvenile justice and education systems and/or implement youth programs and services to narrow the path to detention and/or incarceration. 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)]. State of Hawaii 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 8th Amendment (Cruel and Unusual Punishment) and the 14th 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. In addition, recent federal statutes mandate compliance with the standards established as a result of the Prison Rape Elimination Act (PREA).
- **JJDP Act, Title V, Incentive Grants for Local Delinquency Prevention Program** is aimed at reducing delinquency and youth violence by supporting local communities. Counties in compliance with core requirements of the JJDP Act received grants.
- **Juvenile Accountability Incentive Block Grant (JAIBG)** provides funds to states and units of local government to promote greater accountability in the juvenile justice system. Through this program juvenile offenders are 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** provides 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 prevent institutionalization within the social welfare or juvenile justice systems.

FY 2014 OYS Achievements

System Improvement: House Bill 2490 (Act 201, SLH 2014)

Seeking ways to improve outcomes and to protect public safety, the OYS worked with Governor Neil Abercrombie, Chief Justice Mark Recktenwald, Senate President Donna Mercado Kim, and House Speaker Joseph Souki to establish the Hawaii Juvenile Justice Working Group in August 2013. The bipartisan, inter-branch panel comprised 20 stakeholders from across the three branches of state government, as well as law enforcement officials, prosecutors, public defenders, and community service providers. The group received technical assistance from the Pew Charitable Trusts' Public Safety Performance Project.

Members of the working group were charged with developing policy recommendations to reduce crime and recidivism by: 1) improving outcomes in the juvenile justice system; 2) leveraging and reallocating resources to maximize the effectiveness of Hawaii's correctional dollars and placement options; and 3) ensuring that the state's policies and practices are grounded in data and evidence.

After spending five months analyzing the state's commitment and probation policies, probation and committed populations data, and other key indicators, the working group produced a set of research-based, fiscally sound policy proposals. Members recommended: 1) limiting placement in Hawaii's secure facility to more serious offenders; 2) reinvesting the resulting savings in effective community-based options; 3) strengthening local supervision; and 4) enhancing accountability in the juvenile justice system. The working group submitted its recommendations in December 2013 to the governor, chief justice, Senate president, and House speaker in a final report. A copy of the report may be found at <http://governor.hawaii.gov/wp-content/uploads/2013/12/JJRI-Working-Group-Final-Report-Final.pdf>.

Based on the comprehensive recommendations of the Hawaii Juvenile Justice Working Group, Hawaii enacted House Bill 2490 (Act 201, SLH 2014) by votes of 50-0 in the House and 24-0 in the Senate. Governor Abercrombie signed the bill into law on July 2, 2014. The law reduces secure confinement, strengthens community supervision, and focuses resources on practices proven to reduce recidivism. The law also provides an upfront investment of \$1.26 million for mental health and substance abuse treatment, delinquency interventions, and implementation of the reforms.

The policies contained in H.B. 2490 advance priorities in three areas.

- **Reducing the use of secure confinement and protect public safety**

Limiting space in expensive secure facilities to the most serious juvenile offenders will help Hawaii produce the greatest public safety benefit from the juvenile justice system. Additionally, providing youth adjudicated for low-level crimes the opportunity for early interventions will ensure that youth are held accountable for their actions, and that resources are put to the best use.

- **Strengthening community supervision and probation practices**

Effective community supervision will allow Hawaii to maximize the public safety return on taxpayer investments in juvenile justice. By grounding probation practices in data and research, the state can better hold lower-risk youth accountable while reducing recidivism.

- **Sustaining effective practices and cultivate stakeholder collaboration**

Regular collection and analysis of data and outcomes are necessary to continue improving and maximizing public safety returns. By increasing avenues for collaboration across agencies, H.B. 2490 allows for efficient system management and case planning, enhanced decision making and resource allocation. H.B. 2490 also established a Juvenile Justice Oversight Advisory Council to oversee the implementation of the legislation.

In-Community Programs

OYS issued a Request for Proposal (RFP) for Community-Based Services for At-Risk Youth statewide to address the needs of at-risk youth and their families. Service areas include:

- Life Skills Development;
- Project-Based Cultural Programs;
- Truancy Prevention and In-School Suspension Programs; and
- Parent Partnerships.

A total of \$2,588,000 was awarded to community providers and state and county departments for services to begin in FY 2015.

- OYS partnered with the Hawaii County Office of the Prosecuting Attorney to implement a juvenile justice intake and assessment center in East Hawaii. The assessment center provides an array of services for at-risk youth who have been arrested for minor or status offenses. Staff identifies the youth's needs and links the youth and their family with appropriate services. On Oahu, the OYS is establishing a new juvenile justice diversion system designed to steer youth away from the juvenile justice system and toward supportive programs that help them address issues that may be leading to risky or harmful behavior. The goal is to offer youth avenues to overcome the challenges that lie at the root of their actions and help them to realize their own kuleana as valuable and gifted members of our communities. Youth who would have previously been arrested for status offenses and first-time misdemeanor offenses will be given a civil citation with the opportunity to connect directly to an elder and counselor at an Assessment Center. Staff at the Center will help them find an appropriate pathway of actions or programs that better address the challenges they may be facing. For first-time misdemeanor offenses, youth can avoid having the citation proceed to an arrest if they complete their program plan. The goal is to support youth to become engaged, healthy, contributing members of our society. This initiative follows a nationwide shift in juvenile justice policy based on successful models and the latest research on adolescent development. This shift is towards a more collaborative, restorative approach in order to address the "root" of the issues youths are dealing with, such as hardships at home, substance abuse, past trauma, depression, or difficulties in school. This model is family centered and youth driven with an emphasis on healing, restitution, forgiveness and reconciliation.
- On Maui, OYS continues to collaborate with the Maui Police Department P.O.I. (Positive Outreach Intervention) Project, a diversionary program that addresses the lag time between arrest and initial court hearing. To more effectively serve youth involved with Family Court, the OYS also works with the Maui Judiciary to assist with training needs and probation practices.
- On Kauai, OYS continues to partner with the Kauai County Office of the Prosecuting Attorney to operate the Teen Court Program for youth offenders. The diversionary program holds youth accountable through a peer driven approach rather than the traditional court system. Program components include a volunteer judge, letters of apology, community service, and other character building and development skills. The OYS also collaborates with the Kauai Office of the Mayor to offer a program that addresses youth suspensions from schools, tutoring, mentoring support, anger management and substance abuse prevention.
- The OYS continues to collaborate with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council on implementation of the Juvenile Detention Alternatives Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of JDAI core strategies help to: 1) eliminate inappropriate or unnecessary use of secure detention; 2) minimize failures to appear and incidences of delinquent behavior; 3) redirect public finances to successful reform strategies; 4) improve conditions in secure detention facilities; and 5) reduce minority over-representation in the juvenile justice system.
- To address truancy in youth that have not responded to more traditional academic settings and programming, the OYS continues to provide training of the Why Try curriculum for government and private sector providers. The OYS also continues to support training in suicide prevention for at-risk youth through participation on the Oahu Prevent Suicide Hawaii Task Force. The

OYS served as co-chair for the November 2013 annual suicide prevention and healing conference.

- Through collaboration with trained DOE facilitators, the OYS continues to provide funding for the Parent Project, an eight-week training curriculum for parents of teenagers experiencing difficulties at home, with peers, in school or in the community. Parent Project sessions are implemented at various school locations on Oahu and Hawaii Island.
- In collaboration with the Resources for Enrichment, Athletics, Culture and Health Program (REACH), and the Lieutenant Governor's initiative to provide quality afterschool programming for middle schools, the OYS helped plan and implement a 2014 Legislative appropriation of \$500,000 for services, activities, and programs in safe, structured learning environments.
- The OYS continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring as alternatives to confinement at the HYCF. As a means of decreasing the number of commitments to the facility, the Intensive Monitoring Services and Day Treatment services contracts concentrate on meeting the needs of adjudicated youth on probation.

2014 Hawaii Youth Correctional Facility Achievements

Admissions to the HYCF continued on a downward trend in FY 2014.

Additional programs and services continue to be developed and implemented to expand the rehabilitative opportunities available to youth. Activities such as slam poetry, yoga, creative writing and arts, and guide dog training have been implemented to help youth build their personal and social skills.

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

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

The identification of community-based programs as alternatives to incarceration is ongoing. Through the support of the OYS, the HYCF is working closely with the courts to ensure that any commitment to the facility is a last resort after all other community-based services have been exhausted.

The expanded use of parole has shown to enhance youths' transition back into their home communities, and has helped maintain the HYCF average daily population near its maximum capacity of 60 youth.

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

- Developing facility policies, procedures and practices that are juvenile justice appropriate.
- Providing ongoing staff training for HYCF direct care staff, social workers, and other staff on Juvenile Justice/Juvenile Corrections Best Practices.
- Equipping staff with the 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, the OYS/HYCF, the DHS, the DOH, and the DOE to ensure the delivery of appropriate services for youth in a seamless and collaborative manner.
- Enhancing and expanding in-facility programs and services to better prepare youth for reintegration back into community. For quality assurance, HYCF continues to monitor facility progress through a performance-based standards program that assesses and evaluates facility progress and the conditions of confinement.
- Building partnerships with various public agencies including the DHS, DOE, DOH, Family Court, and various county agencies including law enforcement agencies, and non-profit agencies to better coordinate state efforts that provide services to youth.
- Facilitating a multi-disciplinary team approach comprised of DOE, DOH, HYCF, Contract Service Providers, youth and parents to develop the youth's Individual Service Plan (ISP) and reintegration back into the community.
- The HYCF continues to providing an intensive Aftercare/Reentry Program through the Parole Section for youth transitioning out of the HYCF and returning to their families/communities.

Looking Ahead

The OYS plans to:

- Enhance services and programs to best meet the needs of adjudicated youth on probation with the goals of preventing further penetration into the juvenile justice system, reducing recidivism, and maximizing 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 decision making points in the juvenile justice system;
- Implement the H.B. 2490 provisions to increase public safety, to hold juvenile offenders accountable for their actions, and to reduce costs to state taxpayers by maximizing the public safety return on Hawaii's juvenile justice investment;
- Continue to implement pilot Assessment Centers (with a civil citation component) with the goal of providing an array of services for juveniles who have been arrested or who are at risk for involvement with the juvenile justice system. Services include performing in-depth assessments, facilitating access to services, and developing connections with other community resources in a culturally appropriate manner;
- Increase community based- family-focused treatment interventions, with emphasis on culturally appropriate service delivery;

- Actively participate with DHS, DOE, DOH and the Judiciary to implement “Wrap Hawaii” a collaborative pilot program to more effectively address the complex needs of at-risk youth through integrated case planning between agencies;
- 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;
- Improve access to services and working relationships between stakeholders such as Family Court, CAMHD, DHS-CWS and OYS through quarterly meetings hosted in each circuit;
- Collect outcome data to improve program performance and youth success;
- Prioritize youth needs and enhance fiscal responsibility to ensure that funds are being directed to meet the most serious needs of youth; and
- Continue to improve conditions and programs at the HYCF.

Provider Focus in FY 2015

The OYS plans to:

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

HAWAII PUBLIC HOUSING AUTHORITY

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

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 provides a majority of funding to HPHA's housing programs. To qualify for entry to 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 and individuals to find private, market-rate housing in communities of their choice by supplementing their monthly rent payments with a subsidy.

The HPHA is dedicated to a mission of public service. Staff asks all callers how the HPHA may serve their needs. Staff 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 our community.

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

COMMISSION ON THE STATUS OF WOMEN

The Hawaii State Commission on the Status of Women (HSCSW) was established in May 15, 1964 through executive order by the Governor, and made permanent through Act 190, Session Laws of Hawaii 1970. The HSCSW was established to: 1) aid in the implementation of policy recommendations; 2) advise governmental and non-governmental organizations of the specific issues and problems faced by Hawaii women; 3) act as a central clearinghouse and coordinating body for governmental and nongovernmental activities and information relating to the status of women and; 4) create public awareness and understanding of the responsibilities, needs, potentials, and contributions of women in 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.

FY 2014 Legislation

The Executive Director of the HSCSW serves as co-chair of the Hawaii Women's Coalition ("Coalition"), which is often largely comprised of community volunteers. The Coalition convenes meetings between the months of August (prior to session) and June (subsequent to session). The role of the Commission is to assist with reviewing and drafting policy, and to alert 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. The following bills originated from the Hawaii Women's Coalition bill package and were successfully adopted into the Hawaii Women's Legislative Caucus bill package:

- Relating to Minimum Wage: Increases minimum wage rate to \$7.75/ hour beginning Jan. 1, 2015; \$8.50/hour beginning Jan. 1, 2016; \$9.25/hour beginning Jan. 1, 2017; and \$10.10/hour beginning on Jan. 1, 2018.
- Relating to Limitation of Actions/Statute of Limitations for Civil Actions and Sexual Abuse of a Minor: Extends the period that a victim of child sexual abuse may bring an otherwise time-barred civil action against their abuser or an entity with a duty of care, including the state and counties.
- Statute of Limitations, Sexual Assault: Removes statute of limitations for criminal and civil actions arising from Sexual Assault in the first and second degrees and continuous sexual assault of a minor under the age of 14.

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

- Paid Family Leave/Temporary Caregivers Insurance;
- Name Change for Child Victims of Sexual Abuse;
- Jury Duty Exemption for Breastfeeding Women;
- Dissemination of Information about Human Papillomavirus to the Department of Education;
- Omnibus of tax relief measures for impoverished and working families; and
- Prohibition of Toxic Substances and BPA.

FY 2014 “Year of the Girl”

The HSCSW commemorated its 50th anniversary in FY 2014 with a year-long calendar of statewide events, including celebration of Title IX, also called the Patsy Takemoto Mink Education Act. The Women’s Legislative Caucus dedicated its FY 2014 legislative package to the HSCSW, and the Commission received the Hawaii Women Lawyers President’s Award for 2014.

Violence Against Women

The HSCSW works with a coalition of state, non-profit, military and non-governmental agencies to combat violence against women. Issues include sexual harassment, stalking, sexual assault, domestic violence, dating violence, and violence in the workplace. In FY 2014, the HSCSW held panels and presentations on Title IX and VAWA compliance, specifically aimed at college campuses, including the University of Hawaii-Manoa. The HSCSW co-sponsored radio PSAs on dating violence and healthy relationships, for broadcast statewide in FY 2015. Additionally, the HSCSW Executive Director sat on the Attorney General’s Violence Against Women Act Implementation working group, the Justice Reinvestment Initiative Victim Services Working Group, and the Family Court Working Group.

The HSCSW receives daily inquiries from the community regarding resources for women, assistance with legislative advocacy and questions for advice on navigating state, city and county systems (for ex., child support enforcement, assistance with family court, questions about state benefits for single parents).

During FY 2014, the HSCSW received over 30 complaints from survivors of domestic violence regarding their treatment by the Honolulu Police Department. As a result, the HSCSW assisted in the Hawaii Women’s Caucus informational briefing and has been meeting with HPD administration to revise domestic violence policies, procedures and training.

National Advocacy

In FY 2014, the HSCSW collaborated with the National Partnership for Women and Families, the Institute for Women’s Policy Research and Family Values at Work to assist in advocacy for passage of The Family Act, federal legislation that would provide 12 weeks of paid family leave. Had The Family Act passed, it would have created an independent trust fund within the Social Security Administration and provided paid family and medical leave nationwide.

The HSCSW also worked on advocating statewide for passage of other federal legislation, including The Pregnancy Discrimination Act and raising the federal minimum wage.

The HSCSW sent two commissioners to attend the National Association of Commissions for Women (NACW) Annual Conference in Sarasota, Florida where commissioners met with policy makers and leaders. The NACW membership ratified two national resolutions that were drafted by the HSCSW Executive Director. One resolution urged NACW membership to ensure Title IX and Violence Against Women Act (VAWA) compliance on college campuses nationwide; the other resolution urged members to work toward securing paid family leave.

The HSCSW worked with The National Women’s Law Center to educate community stakeholders on coverage for women under the Affordable Care Act (ACA).

Future Initiatives/Challenges

The HSCSW will continue to:

- Advocate for pay equity for women, including paid family leave and flexible work environments;
- Monitor the ongoing Title IX audit at the University of Hawaii, Manoa; and
- Work toward stronger legislation for domestic violence victims and survivors.

HAWAII COMMISSION ON FATHERHOOD

The State Commission on Fatherhood (COF) 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 Office of the Attorney General (AG), and the Office of Youth Services (OYS) also are represented.

The SCF 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

Division and Attached Agency		Program Title	Positions	Operating Funds (\$\$)
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	5,478,053
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	66,694,156
BESSD	224	Homeless Services	7.00	20,782,667
BESSD	236	Case Management for Self-Sufficiency	548.00	32,967,453
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	103,652,086
MQD	401	Health Care Payments	0.00	2,009,623,300
MQD	902	General Support for Health Care Payments	269.75	46,311,837
SSD	301	Child Protective Services	408.50	74,512,844
SSD	303	Child Protective Services Payments	0.00	66,745,920
SSD	601	Adult Community Care Services Branch	75.50	10,747,672
SSD	605	Community-Based Residential Support	0.00	17,810,955
SSD	901	General Support for Social Services	19.00	3,854,067
VRSBD	238	Disability Determination	45.00	7,325,287
VRSBD	802	Vocational Rehabilitation	104.50	19,460,124
HCDCH	220	Rental Housing Services	221.00	87,111,404
HCDCH	222	Rental Assistance Services	18.00	27,098,010
HCDCH	229	HCDCH Administration	98.00	41,679,097
OYS	501	In-Community Youth Programs	14.00	11,831,198
OYS	503	Hawaii Youth Correctional Facility	124.00	11,003,239
CSW	888	Commission on the Status of Women	1.00	158,547
ADMIN	904	General Administration of the DHS	160.00	9,379,788
			2,238.25	\$2,766,146,173.00

2014 BESSD Standard

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective April 01, 2014)													
1	SON	TANF/ GA Ref	TANF -20%	GA	ABD	HH SIZE	SON	TANF	TANF -20%	HH SIZE	SON	TANF	TANF -20%
I	939	450	360	348	348	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	469	469	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.
 1. TANF and GA Refugees Monthly Assistance Allowance is 48% of the Standard of Need effective July 1, 2009.
 2. TANF Mandatory work required households Monthly Assistance Allowance is reduced by 20% effective July 1, 2009.
 3. GA Monthly Assistance Allowance is 37.1% of the Standard of Need effective April 1, 2014.
 4. ABD Monthly Assistance Allowance is 37.1% of the Standard of Need effective April 1, 2014.
- 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, AABD, SSI:	\$2,000 - I person: \$3,000 - couple

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Effective October 1, 2014)														
Household Size	MGI 200% 1BBCE 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	Househo d Size	MGI 200% (BBCE only)	MGI 130% FP I,	MNI 100% FP I,	Thrifty Food Plan
1	2238	1454	1119	332	6	6130	3984	3065	1578	11	10020	6514	5013	2741
2	3016	1960	1508	609	7	6908	4490	3454	1744	12	10798	7020	5403	2990
3	3794	2466	1897	872	8	7686	4996	3843	1994	13	11576	7526	5793	3239
4	4572	2972	2286	1107	9	8464	5502	4233	2243	14	12354	8032	6183	3488
5	5350	3478	2675	1315	10	9242	6008	4623	2492	15	13132	8538	6573	3737
										15+	+778	+506	+390	+249

- 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	\$ 219
	For household size of 5 members	\$222 For household six or more - \$255
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$660
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1, 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 I (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

*Effective 10/01/14: SNAP Cost-of Living adjustments to the standard and shelter deductions and the gross and net income eligibility standards.

Date: 09/24/14