



STATE OF HAWAI'I

Department of Human Services

ANNUAL REPORT 2016



DIRECTOR'S MESSAGE

This year has provided the Department of Human Services with tremendous opportunities to grow, learn, and transform. I am humbled to look back on the things we accomplished with our talented team of more than 2,000 employees across the state of Hawai'i.



As a department, we strive to provide timely, efficient, and effective benefits, programs, and services to achieve our purpose: to work with Hawai'i residents to expand their capacity to achieve self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

We are committed to this work through four main priorities:

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

Our team consists of four divisions, two attached agencies, two attached commissions, and six staff offices. We manage numerous programs and benefits and an annual budget of \$3.3 billion. Together, we work every day to make an impact on Hawai'i and its residents.

Our department is unique in that it touches one in four of Hawai'i's residents and nearly half of its children. The work we do aims to support our residents and uplift our neighbors to achieve well-being in a holistic sense. We understand that for someone to achieve true well-being, he or she must feel supported in areas of health, housing, safety, work, environment, education, family, and community. The department provides critical benefits, programs, and services to residents in these areas to achieve well-being.

In 2016, we were able to move the needle on various key well-being issues like homelessness, early childhood learning opportunities, public housing, access to healthcare, juvenile justice, access to food and nutrition, domestic and child abuse, employment opportunities for people with disabilities, and so much more.

We began 2016 with the introduction of 'Ohana Nui, a multigenerational approach that invests early and concurrently in children and families. Our department continues to work diligently to incorporate 'Ohana Nui to improve health, education, employment, and other outcomes for Hawai'i residents. This approach allows us to more efficiently align programs and funding to make a greater impact on the whole person and the whole family. We continue in 2017 integrating 'Ohana Nui within our department and with other State of Hawai'i departments and community stakeholders.

DIRECTOR MESSAGE (cont.)

In support of this new approach, we look forward to emphasizing two other department priorities during the 2017 and 2018 fiscal years: development of the DHS Enterprise System and a first-ever, department-wide strategic plan. The DHS Enterprise System began with the KOLEA Medicaid eligibility application that will be expanded to provide eligibility determination and case management for other DHS divisions and programs. The strategic plan charts a course forward for DHS that is integrative and generative across the department. These two priorities support the development of 'Ohana Nui by enabling our department to serve residents across programs and divisions with an integrated eligibility and case management application and a vision for the future that connects residents quickly to all the resources they need.

As we move ahead in a new year and with these priorities, I would like to take this opportunity to recognize our team – those who are already serving our clients.

Thank you to our DHS colleagues across the department for the passion, commitment, and dedication with which you serve children, individuals, and families of our state. It is not lost on me that the path we have chosen – to provide human services as civil servants – comes with challenges. It often requires long hours of work, time away from our loved ones, and grappling with detailed and complex situations, administrative rules and procedures, federal requirements, and competing priorities. At times, it feels like an overwhelming task. But, we continue to meet and overcome these challenges on a daily basis because we care about and want to make a difference in the lives of those who are working hard to make ends meet and need a little bit of encouragement to move themselves and their families toward a better and more secure future.

What we do and accomplish every day as employees is deeply embedded in the very mission of our department and divisions.

One trademark of Governor Ige's administration is teamwork and collaboration across programs, departments, sectors, and communities. I look forward to working with our DHS team, other departments, and the community to continue the collaborative work we began at the start of Governor Ige's administration and to build our vision for the future.

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



Pankaj Bhanot
Director, Department of Human Services

INTRODUCTION

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

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

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

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

DHS has four divisions:

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

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

Each year, DHS strives to provide effective and efficient programs, services, and benefits to improve Hawai'i residents' well-being. The following report provides an overview of our programs, as well as key highlights of 2016.

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

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

What are TANF and TAONF?

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

Who is eligible for TANF / TAONF?

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

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

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

Is there a maximum amount of benefits I can receive?

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

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

What is the difference between TANF and TAONF?

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

When all 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 assistance under TAONF. Non-citizens are legal immigrants or permanent resident aliens residing in the U.S. as well as those from the Micronesian nations under the Compact of Free Association (COFA), which includes the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands. Other than these funding sources, there is no difference between the two programs.

What other requirements are there to participate in this program?

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

19,720
individuals

AVERAGE NUMBER OF
INDIVIDUALS RECEIVING
ASSISTANCE PER MONTH

TANF & TAONF

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

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

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

3
people

AVERAGE FAMILY SIZE
RECEIVING FINANCIAL
ASSISTANCE

What if I am disabled?

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

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

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

What other barriers does BESSD assist with?

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

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

How does TANF and TAONF relate to other BESSD programs?

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

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

TANF & TAONF

TANF/TAONF FY 2016 Stats

Monthly average number of families receiving assistance: 6,918 families

Monthly average number of individuals receiving assistance: 19,720 individuals

Average monthly assistance

- **TANF household:** \$573
- **TAONF household:** \$526

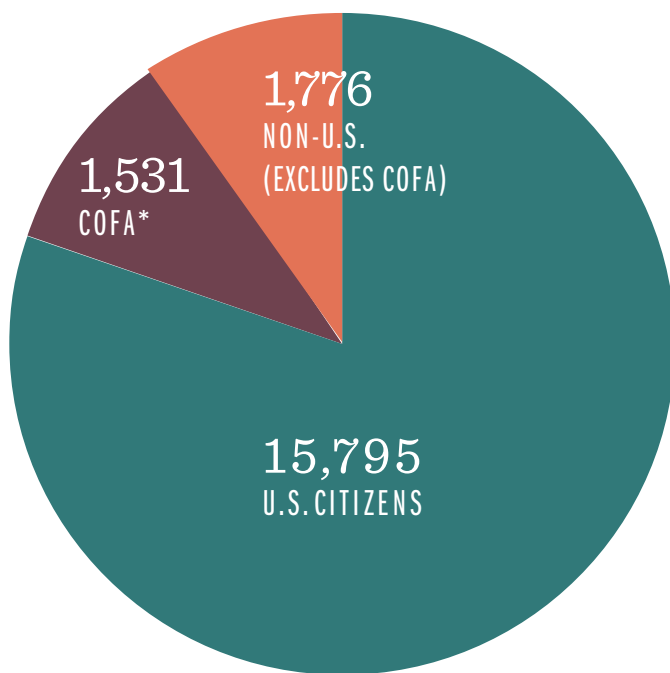
Monthly average disability evaluations: 174

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

Cases closed due to time limits: 544

Cases closed due to earned income: 1,142

TANF Citizenship – Individuals – FY 2016



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

Number of TANF Months Used

1 - 12 Mo.	13 - 24 Mo.	25 - 36 Mo.	37 - 48 Mo.	49 - 60 Mo.	>60 Mo.
21%	18%	12%	12%	10%	24%

TANF & TAONF

Household Participation and State Impact (Monthly Average)

	June 2010	June 2011	June 2012	June 2013	June 2014	June 2015	June 2016
Number of Households Assisted	9,180	9,368	9,831	9,235	8,483	8,093	6,910
Monthly Benefits Paid	\$5.2 mil	\$5.17 mil	\$5.38 mil	\$5.06 mil	\$4.68mil	\$4.0 mil	\$3.9 mil
Number of Employed Households	2,316	2,438	2,641	2,467	2,205	2,029	2,170
Gross Earned Income	\$1.8 mil	\$1.9 mil	\$2.4 mil	\$2.31 mil	\$2.03mil	\$1.98 mil	\$2.9 mil
Employment Cost Savings	\$693,740	\$748,746	\$804,731	\$744,859	\$649,466	\$1.2 mil	\$525,041

BESSD Financial Assistance Caseloads over Time

Fiscal Year	Average Families per Month	Average Time on Assistance (months)
2005	11,629	15
2006	9,837	15
2007	8,976	16
2008	8,344	13
2009	8,661	14.1
2010	8,942	15.2
2011	9,477	16.5
2012	9,811	13.5
2013	9,829	14.2
2014	8,927	Data Not Available
2015	7,789	17.5 *
2016	6,918	18.1

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

TANF & TAONF

Number of Cases Closed over Time

Year	Time Limit Closures*	Earned Income Closures**
2005	708	2,144
2006	517	1,864
2007	477	1,830
2008	434	1,451
2009	415	1,396
2010	228	991
2011	359	904
2012	367	1,031
2013	370	1,050
2014	426	1,036
2015	348	908
2016	544	1,142

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

** Households whose income exceeded eligibility income limits

General Assistance

What is General Assistance (GA)?

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

How much in monthly benefits am I eligible for?

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

How is GA funded?

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

Who is eligible?

GA is available to adults

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

To be eligible for GA, you must have

- Little or no income;
- Not qualified for a federal category of assistance; and
- Been 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 remain eligible, assets may not exceed \$2,000 for a single person and \$3,000 for a couple.

How does this program relate to Social Security benefits?

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

18,008
medical
evaluations
conducted

General Assistance (GA)

GA FY 2016 Stats

Medical evaluations

conducted: 18,008

Of those evaluations conducted:

- **Determined psychiatrically disabled:** 50.5%
- **Determined physically disabled:** 49.5%
- **Determined not disabled:** 18.5%

Reversals by medical board:

- **Psychiatric determinations reversed:** 1%
- **Physical determinations reversed:** 1%

Medical Board Referrals to SSA:

- **GA client referrals:** 834
- **Individuals approved for SSI or SSDI benefits:** 415
- **The remaining clients are pending reconsideration or appeal.**

SSA reimbursements from Interim Assistance

Reimbursement: \$1,273,540.81

Disability treatment is an eligibility requirement for the GA program.

- **Follow-up checks requested:** 2,191
- **Recommended sanction for failing to comply with recommended treatment plan:** 1,075
- **Closed for failing to respond to the request for proof of treatment compliance:** 1,210
- **Subsequently found compliant to treatment:** 2,081

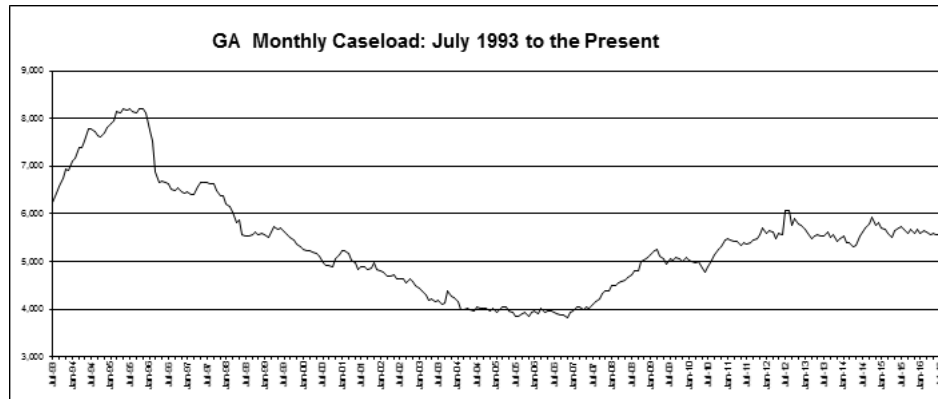
Combined Reimbursement of State Funds for AABD, GA and TAONF from the SSA

Fiscal Year	Total Reimbursement from the SSA*	Current Year Reimbursement**	Prior Year Reimbursement to General Fund
2009	\$2,226,570	\$1,021,894	\$1,204,675
2010	\$2,485,285	\$1,050,416	\$1,434,869
2011	\$1,901,487	\$837,407	\$1,064,080
2012	\$1,529,409	\$632,074	\$897,335
2013	\$1,679,715	\$623,496	\$1,056,219
2014	\$2,127,258	\$761,529	\$1,365,729
2015	\$1,569,287	\$531,957	\$1,037,330
2016	\$1,692,774	\$470,881	\$1,221,893

*Reimbursements received from the SSA via the IAR program.

**Portion DHS retained from the current fiscal year.

General Assistance (GA)

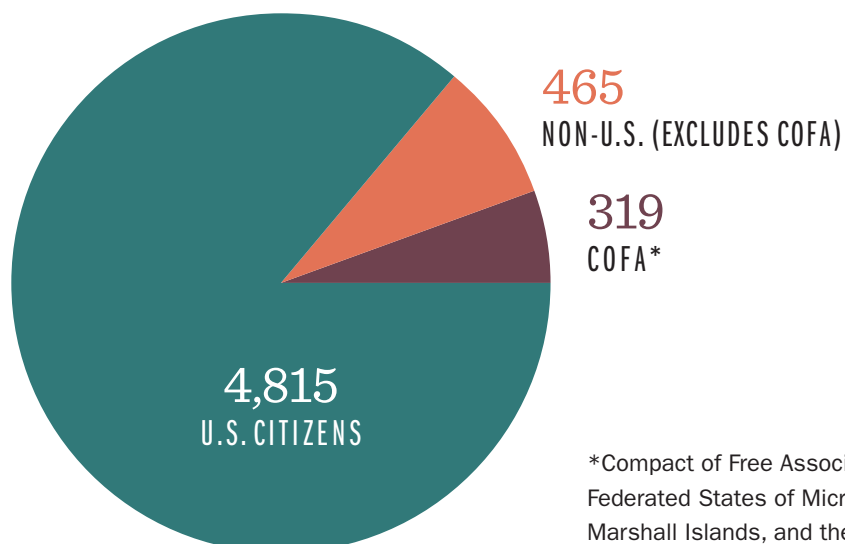


Average GA Caseloads over Time

Year	Average Number Individuals per Mo.	Average Time on Assistance Months
2005	3,994	Not available
2006	3,917	Not available
2007	3,955	Not available
2008	4,458	Not available
2009	5,014	Not available
2010	5,068	8
2011	5,298	8
2012	5,537	8.6
2013	5,722	10.4*
2014	5,465	Data Not Available
2015	5,821	9.1*
2016	5,623	9.7

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

GA Citizenship Count for Month of June 2016



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

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

What is Assistance to the Aged, Blind, and Disabled (AABD)?

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

Who is eligible for AABD?

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

How does this program work with Social Security Administration benefits?

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

How much will I receive in benefits?

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

AABD FY 2016 Stats

Average AABD Caseloads over Time

Year	Average Monthly Cases	Average Time on Assistance (months)
2005	1,887	30
2006	1,568	30
2007	1,334	30
2008	1,341	30
2009	1,461	29
2010	1,375	33
2011	899	31
2012	859	31
2013	898	29.6
2014	868	Data Not Available
2015	796	33.4*
2016	806	31.7

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

AABD Citizenship Status in Month of June 2016

U.S. Citizens	Non-U.S. (includes COFA)	COFA*
164	318	448

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

Low-Income Home Energy Assistance Program (LIHEAP)

What is LIHEAP?

Low-Income Home Energy Assistance Program (LIHEAP) is a federally funded program that provides heating and cooling assistance to low-income households.

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

What benefits are available?

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

- The **Energy Crisis Intervention (ECI) program** provides a one-time only payment up to \$500 to restore power to the residence of a household in which electricity or gas has been shut off or is about to be terminated. Payments are made directly to the utility company.
- The **Energy Credit program** provides a one-time payment to households not in crisis. Funds are deposited directly into their utility accounts.

Who is eligible for this program?

Households must complete an application that includes all individuals (related or unrelated) living at the residence. Applicants must be a U.S. citizen or a lawful permanent resident alien, as defined by the program. Applicants must also submit Social Security numbers for all household members, proof of income, and utility bills with the application.

When can I apply?

Energy credit program applications are taken annually, usually in the month of June. ECI applications can be submitted throughout the year.

LIHEAP FY 2016 Stats

Families or individuals who received energy credits: 8,331

Families or individuals who received emergency crisis credits: 537

Average amount of credits:

- **Energy credit:** \$579
- **Crisis credit:** \$324

8,868
families

OR INDIVIDUALS
THAT RECEIVED
LIHEAP ASSISTANCE

Supplemental Nutrition Assistance Program (SNAP)

What is the Supplemental Nutrition Assistance Program (SNAP)?

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

179,138
individuals

HELPED THROUGH
THE SNAP PROGRAM

Who is eligible for SNAP?

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

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

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

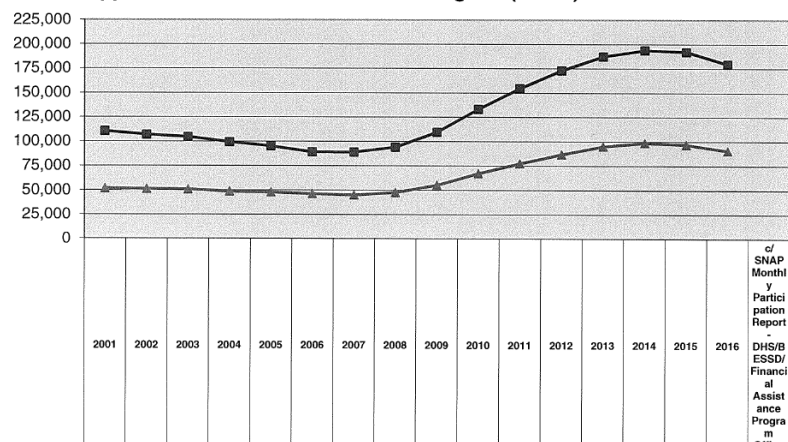
Does the program require anything else?

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

SNAP FY 2016 Statistics

- **Hawai'i families helped through SNAP:** 90,241
- **Individuals served through SNAP:** 179,138
- **Timeliness rating:**
more than 97% of applications processed on time as of July 2016

Supplemental Nutrition Assistance Program (SNAP)



Supplemental Nutrition Assistance Program (SNAP)

Income Standards

Effective October 1, 2016, the current gross and net income eligibility standards are as follows:

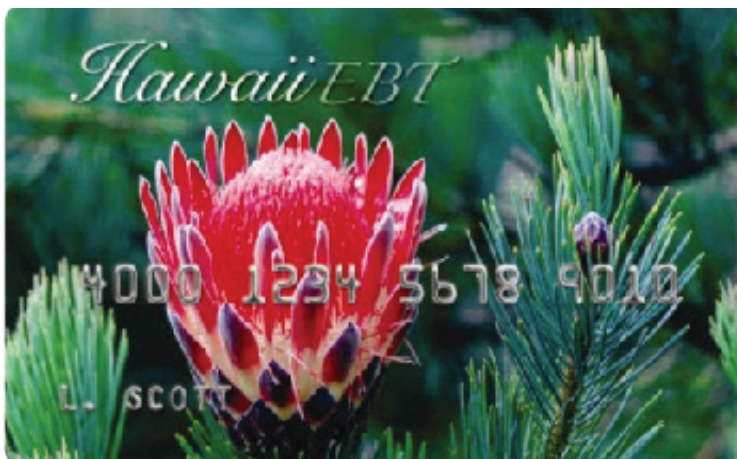
Household Size	200% Monthly Gross Income (BBCE) *	130% Monthly Gross Income	100% Net Monthly Income
1	\$2,280	\$1,481	\$1,140
2	\$3,072	\$1,997	\$1,536
3	\$3,866	\$2,513	\$1,933
4	\$4,660	\$3,028	\$2,330
5	\$5,452	\$3,544	\$2,726
6	\$6,246	\$4,060	\$3,123
7	\$7,040	\$4,575	\$3,520
8	\$7,836	\$5,093	\$3,918
9	\$8,634	\$5,611	\$4,317
Add on +	+798	+518	+399

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

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

How do I access my benefits?

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



SPOTLIGHT

SNAP Program Access Index Bonus Award

On September 30, 2016, the United States Department of Agriculture, Food and Nutrition Service (FNS) notified Hawai‘i that the state had earned a SNAP Program Access Index (PAI) bonus award of \$716,622 for federal fiscal year 2015, for achieving one of the highest PAIs among the states.

The PAI is the number of SNAP participants, as reported by the state, divided by the estimated number of eligible people in the state. The PAI indicates the degree to which low-income people have access to SNAP benefits.

The estimate for Hawai‘i for calendar year 2015, as calculated by FNS, resulted in a PAI index of 100.32 percent. This was an improvement of 7.42 percent over Hawai‘i’s 2014 PAI (92.90 percent). The bonus award recognizes Hawai‘i’s high effectiveness in making SNAP benefits accessible to low-income families. DHS achieved this improved productivity without any increase in the existing eligibility-worker workforce.

First-to-Work Program (FTW)

What is the First-to-Work Program?

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

How long can I participate in FTW?

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

What if I'm a student?

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

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

Will I get any other training?

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

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

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

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

4,694
participants

MONTHLY AVERAGE IN
THE FIRST-TO-WORK
PROGRAM

First-to-Work (FTW)

FTW FY 2016 Stats

Average monthly FTW participants: 4,694

- Average monthly work-eligible individuals served: 3,486
- Average monthly other work-eligible individuals served: 1,208
- Percentage of families served with FTW work-eligible individual (WEI): 74%
- Percentage of families served with FTW other work-eligible individual (OWEI): 26%
- FTW participants also served by Bridge to Hope: 79

*The federal work participation rate consists of TANF recipient families who met the federal work activity requirements which may include other activities beside work.

SEE Program Stats

- FTW participants employed through the SEE program: 406
- Employers participating in SEE Work Program: 124, that employed 292 FTW participants

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

Number of Household Members in TANF/TAONF Recipient Families

< 2 Members*	2 Members	3 Members	4 Members
12%	33%	24%	17%

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

Ages of Children in TANF/TAONF Recipient Families

< 1 Year Old	1 - 5 y.o.	6 - 10 y.o.	11 - 18 y.o.
9%	35%	27%	29%

Employment and Training (E&T)

What is the Employment and Training program?

The **Employment and Training (E&T) program** is a statewide work program designed to build basic education and job skills and gain work experience. These efforts aim to improve employment prospects and reduce the need for nutrition assistance. The E&T program places emphasis on job-driven training and employment. Work experience opportunities, on-the-job training, and job search activities are also provided. E&T provides supportive services to cover work or training-related expenses and child care.

Who is eligible for E&T?

E&T exclusively serves SNAP recipients.

6,881
people

SERVED THROUGH
THE EMPLOYMENT AND
TRAINING PROGRAM

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

In 2016, DHS continued the E&T expansion started in 2015. Leeward Community College joined Windward Community College and became the second E&T partner. Negotiation are underway for Hawai'i Community College to become the third partner by the end of SFY 2017.

DHS intends to broaden the E&T expansion and include new partnerships with government and private organizations that provide E&T comparable services to low-income individuals.

E&T FY 2015 Stats

- **Intakes:** 1,460
- **Individuals served:** 6,881
- **People employed:** 647
- **Clients in job readiness components:** 528
- **Clients participated in an adult education component:** 24
- **Clients participated in a vocational training component:** 92
- **Clients involved in work experience:** 629
- **Clients exited the program due to employment:** 286
- **Average exit hourly wage increased to** \$10.67 (from \$10.71 the previous year)
- **Median exit hourly wage increased to** \$10.00 (from \$9.00 the previous year)

Child Care Connection Hawai'i (CCCH)

What is Child Care Connection Hawai'i (CCCH)?

The **Child Care Connection Hawai'i (CCCH) Program** is a statewide service that offers child care licensing and payment assistance to needy families. There are two programs within Child Care Connection: licensing and payment assistance. Similar to other DHS assistance programs, Child Care Connection Hawai'i serves families from a variety of cultural backgrounds.

How are the goals of Child Care Connection Hawai'i achieved?

The overall goal of Child Care Connection is to assist able-bodied persons receiving cash assistance obtain employment and to become self-sufficient by providing access to comprehensive child care resources and services, which assure the basic health and safety of children. Each program has more specific goals. The primary goal of the **licensing program** is to ensure the safety, health, and well-being of children attending licensed and registered child care homes and facilities by developing and enforcing minimum standards for each type of regulated child care. Under the **child care payment assistance program**, low-income families can apply for child care subsidy assistance if they are working, in school, or participating in employment training to become self-sufficient.

What is the Preschool Open Doors Program?

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 2016, the POD program served 1,201 children with a budgeted \$7.6 million in state funds, \$6 million of which was allocated under Act 191, Session Laws of Hawai'i, 2015. POD eligibility requirements and co-pay scales are defined in the Hawai'i Administrative Rule 17-799.

1,201
children

SERVED THROUGH
PRESCHOOL OPEN DOORS

Child Care Payments

	FY 2015	FY 2016
# of Active Families Receiving	16,304	14,237
# of Active Children Receiving	21,581	18,945
Payment Totals	\$28,286,300	\$24,601,471

The fewer number of children receiving child care subsidies from year to year may be attributed to Child Care Connection Hawai'i 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.

Child Care Connection Hawai'i (CCCH)

How many providers are available?

The number of slots rose in FY2016 to 35,988 while the number of regulated child care facilities in FY16 slightly decreased since FY15. The decrease may be attributed to voluntary closure of registered family child care homes as they found other employment, did not want to continue providing child care, or retired. Licensed centers did slightly increase capacity of child care slots available. This was attributed to requested need from the local communities if the facility had available space as well as to accommodate those children who would not be eligible for kindergarten due to the 2014-2015 change in kindergarten entry age.

CCCH FY 2016 Stats

Number of Regulated Facilities and Child Care Slots

Facility Type	FY 2015	FY 2016
# of Registered FCCH	535	482
# of Licensed Group Child Care Centers*	623	638
Total # Regulated Child Care Slots	35,332	35,988

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

Ethnic Distribution of Children Receiving Child Care

Ethnicity	FY 2015	FY 2016
Part-Hawaiian	30.64%	29.62%
Caucasian	17.98%	17.83%
Filipino	15.88%	16.48%
Samoan	4.61%	4.68%
Asian, Black, Hispanic	15.92%	16.21%
Other	17.97%	15.18%

What are Child Care Connection Hawai'i's plans for the next fiscal year?

There are more than 80,000 children between the ages of 0 and 5 years old in Hawai'i. The state has the capacity to meet the care needs of less than half that population. Children not attending licensed or registered child care home facilities may be receiving care from non-licensed child care, which may include family, friends, and neighbors. FY 2017 (by June 30, 2017) performance targets for the Child Care Connection Hawai'i Program include:

- 525 family child care homes licensed
- 645 group care centers licensed
- An additional 300 child care slots available
- Provide child care payments and promote continuity of care for children and maintain the same number of children and families in the child care subsidy programs

Homeless Programs Office (HPO)

What is the Homeless Programs Office?

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

What kinds of services does the HPO provide?

HPO provides three basic services:

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

What is Housing First?

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

92%

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

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

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

What is the Housing Placement Program?

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

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

Homeless Programs Office (HPO)

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

What if I need emergency assistance?

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

How does HPO interact with each island?

On behalf of Hawai'i's three rural counties, Hawai'i Island, Maui and Kaua'i, DHS applies annually for the U.S. Department of Housing and Urban Development (HUD) competitive funding. HPO is designated as the "Collaborative Applicant" on behalf of the rural counties' Continuum of Care known as Bridging the Gap. HPO works with Bridging the Gap to build capacity and attract additional funding for neighbor island housing needs. HPO continues to assist Bridging the Gap with HUD compliance and requirements.

HPO also provides funding on Hawai'i Island, Maui, and Kaua'i for emergency and transitional shelter, homeless outreach, HPP, and SHEG funds.

HPO FY 2016 Stats

Housing First

- **Clients served in first (non-pilot) year:** 86
- **Percent of people housed and served through Housing First remaining in placements:** 92.2%

Housing Placement Program

- **Families who secured affordable rental units and sustained tenancy through HPP:** 774 (3,084 individuals)
- **Percent increase in total number of individuals housed compared to last year:** -11.5%
- **Percent remaining stably housed after more than six months placed through HPP:** 73%

SHEG

- **Individuals served:** 1,848 (1,487 individuals in families)
- **Clients helped to maintain their housing (preventing homelessness):** 665 (505 individuals in families)
- **Clients who obtained permanent housing:** 296 total (243 individuals in families)
- **Percentage of participants who retained permanent housing after 6 months:** 98%

HUD Funding

- **Total HUD funding:** \$2,130,000 Continuum of Care grants (total competitive funding for rural counties)
- **Annual formula grant funds for rural communities:** \$439,415 for Emergency Solutions Grant (ESG) and \$208,047 for Housing Opportunities for Persons with AIDS

774
families

SECURED AFFORDABLE
RENTAL UNITS THROUGH
HOUSING PLACEMENT
PROGRAM

3,084
INDIVIDUALS SERVED
THROUGH HPP

SPOTLIGHT

Kaka‘ako Family Assessment Center

The Kaka‘ako Family Assessment Center, launched in September 2016, is an innovative approach to addressing family homelessness. It serves as a one-stop assessment and navigation center for families with children, intended to quickly move families from sidewalks, beaches, and parks into homes. Families are assessed and connected to an array of housing programs and services. The center is not a traditional homeless shelter – there are low barriers to entry, services are provided on-site, guests are not required to depart during the day, and the length of stay is shorter. The first family welcomed into the center was placed into permanent housing in less than 30 days. The center was made possible through a public-private collaboration headed by the Governor’s Leadership Team on Homelessness and is expected to serve more than 400 people in the next two years.

Investigations Office (INVO)

What is the Investigations Office (INVO)?

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

What does INVO do?

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

How does an investigation occur?

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

When does prosecution occur?

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

What happens to the money a person owes the state?

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

Investigations Office (INVO)

What happens if I was overpaid for SNAP?

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

What happens for other non-repayments?

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

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

INVO FY 2016 Stats

- **Statewide reports of suspected welfare fraud:** 1,200
- **Cases referred for administrative disqualification hearing:** 57
- **Cases resulting in signed administrative disqualification hearing waivers:** 264
- **Cases referred for prosecution:** 53
- **New criminal judgments processed:** 43
- **Non-fraud or non-intentional program violation claims manually inputted, modified, or reviewed for accuracy, with adjustments and follow-ups resulting:** 282
- **Referrals or inquiries from clients, processing centers, BESSD program office, FMO, other DHS divisions, Department of the Attorney General, and Department of Public Safety Crime Victim Compensation Commission responded to:** 542
- **Individuals on probation for theft/welfare fraud convictions monitored quarterly for payments:** 248
- **Individuals with outstanding felony arrest warrants located for Sheriff's Office:** 146
- **Individuals located for the social service programs:** 54
- **Individuals located to re-mail overpayment billing statements:** 165
- **Financial/SNAP HAWI entries closed:** 253 for total yearly benefits of \$1,017,552
- **Total collections by Federal Treasury Offset Program:** \$481,078
- **Collected in tax intercepts:** \$342,646
- **Cases referred for write-off due to bankruptcy discharge:** 23
- **Debtors confirmed deceased:** 109
- **Total recoveries:** \$3,253,495



POTENTIAL

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

Vision: Move forward to work.

Division of Vocational Rehabilitation (DVR)

What is the Division of Vocational Rehabilitation (DVR)?

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

- 1. Vocational Rehabilitation Program;**
- 2. Services for the Blind (Ho‘opono); and**
- 3. Disability Determination Program.**

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

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

What is Ho‘opono Services for the Blind?

Ho‘opono Services for the Blind offers a variety of services that meet participants’ individual needs. These programs enable blind and visually impaired teens and adults from Hawai‘i to attain maximum vocational and functional independence.

What kinds of services does Ho‘opono offer?

Ho‘opono services include **Old Individuals who are Blind**, the **Low Vision Clinic**, the **Summer Employment Program**, the **New Visions Program** and the **Hawai‘i Business Enterprise Program**.

What is the Disability Determination Branch?

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

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

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

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

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

SPOTLIGHT

Summer Youth Employment Program

The DHS Division of Vocational Rehabilitation (DVR), in partnership with the Department of Labor and Industrial Relations, Workforce Development Division; the City and County of Honolulu, Department of Community Services/Workforce Development Division; and the County of Kauai, Office of Economic Development sponsored DVR's largest effort to date in providing summer employment for Hawai'i's young people with disabilities.

In the summer of 2016, 231 participants were placed in state, county, and private sector jobs across the state. For many, this was a first venture into the world of work. The program will continue in the summer of 2017.

This program brings together students, families, government agencies, and the private sector, and demonstrates that youth with significant disabilities have the capacity to enter into and sustain integrated, competitive employment.

Division of Vocational Rehabilitation (DVR)

What is the Statewide Independent Living Council (SILC)?

Statewide Independent Living Council of Hawai'i (SILC) supports the independent living philosophy for everyone, especially people with disabilities who expect equal access to employment, social, and economic and political opportunities in their communities. Statewide Independent Living Council of Hawai'i (SILC) consists of council members that are appointed by the governor. The majority of council members are persons with disabilities from communities statewide. The SILC is a not-for-profit, non-governmental, consumer-controlled organization.

What does the SILC do?

The SILC works closely with Centers for Independent Living (CILs), the Designated State Entity (DSE), and consumers statewide to develop the three-year State Plan for Independent Living (SPIL) as required by the Rehabilitation Act of 1992, as amended. In addition to collaborating with other agencies and consumer groups, the council also provides support and technical assistance to Hawai'i CILs.

What is the State Rehabilitation Council (SRC)?

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

What does the SRC do?

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

SPOTLIGHT:

DVR Accomplishments by Numbers

1,625 new referrals

372 individuals achieved employment outcomes

358 were placed in competitive jobs

264 were individuals with most significant disabilities

Division of Vocational Rehabilitation (DVR)

DVR FY 2016 Stats

Disability Determination Branch (DDB)

- **Referrals Received:** 1,625
- **Individuals with disabilities served statewide:** 8,430
- **Individuals achieving employment outcomes:** 372
- **Individuals placed in competitive jobs:** 358 (264 were individuals with the most significant disabilities)
- **Average case service cost:** \$2,481.58

Referral Source

Community Rehabilitation Programs	11
Educational Institutions (Elementary/Secondary)	102
Educational Institutions (Post-Secondary)	7
Employers	1
Faith-Based Organizations	1
Family/Friends	7
Intellectual/Developmental Disabilities Provider	1
Medical Health Provider (Public or Private)	29
Mental Health Provider (Public or Private)	7
One-Stop Employment/Training Centers	2
Other Sources	55
Self-Referral	134
Other State/Government Agencies	7
Social Security Administration (DDS/Dist. Office)	3
Welfare Agency (State or Local Government)	2
State Department of Correction/Juvenile Justice	3

Type of Employment

Administrative Support Workers	58
Craft Workers	15
Executive/Managerial	12
Laborers & Helpers	58
Operatives	23
Professionals	33
Sales Workers	24
Service Workers	122
Technicians	1
Miscellaneous	2

Years of Education

Elementary Education (1-8)	2
High School Graduate or Equivalency Certificate	108
Associate Degree	37
Bachelor's Degree	31
Master's Degree	12
Occupational Credential beyond Graduate Degree	1
Post-Secondary Education, No Degree or Certificate	42
Secondary Education, No HS Diploma (9-12)	10
Special Education (Completion or Attendance)	21
Vocational/Technical Certificate or License	14

Gender

Female	130
Male	242

Age

Under 20 years	2
20-34 years	158
35-44 years	47
45-55 years	68
56 years and older	74

Primary Disability

Mental/Cognitive Impairments	131
Communicative Impairments	1
Deaf-Blindness	2
Deafness, Communication Auditory	3
Deafness, Communication Visual	13
General Physical Debilitation	11
Hearing Loss, Communication Auditory	25
Hearing Loss, Communication Visual	3
Legal Blindness	8
Manipulation	2
Mobility	5
Mobility and Manipulation	7
Musculoskeletal Impairment	1
Other Hearing Impairments	27
Other Orthopedic Impairments	7
Other Physical Impairments	7
Other Visual Impairments	7
Psychosocial Impairments	73
Respiratory Impairment	2
Severe Visual Impairment	2
Total Blindness	34

Average Hourly Wage

\$12.34



PROTECTION AND RESILIENCE

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

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

Adult Protective & Community Services Branch (APCSB)

What is the Adult Protective & Community Services Branch (APCSB)?

The Adult Protective & 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.

What kinds of programs does APCS B provide?

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

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

Additionally, APCS B monitors and provides payment oversight of State Supplemental Payments for residents in community residential care facilities. APCS B also provides certifications for the Nurse Aide Training and Competency Evaluation Programs.

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

Individuals who are aged, blind, or disabled and reside in residential care facilities, such as adult residential care homes and community care foster family homes, may be eligible to receive state supplemental payments (SSP), depending on income. The Social Security Administration combines SSP with the recipient's monthly federal supplemental security income (SSI) to support expenses such as room and board. Included in this amount is also a personal needs allowance, which the recipient keeps for personal miscellaneous needs. The amounts of SSP and SSI awarded to a recipient are adjusted according to the recipient's income. A recipient whose income exceeds SSI limits may still qualify to receive SSP.

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

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

106,886
hours

FOSTER GRANDPARENT
VOLUNTEERS SPENT
WORKING WITH CHILDREN

Adult Protective & Community Services Branch (APCSB)

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

Are there any companionship programs?

The Hawai'i **Senior Companion Program (SCP)** recruits and trains limited-income seniors, age 55 and older, to provide companionship and assistance to frail, lonely, and isolated kupuna living independently. The supportive visits provide emotional and physical assistance to kupuna which allows for continued independence. These visits paired with other community-based resources allow for a cost-effective option in the continuum of care. A senior companion facilitates continued independence by providing socialization, simple meal preparation, medication reminders, and transportation/escort assistance to doctor appointments and errands.

The companion volunteers provide this community service while receiving a small non-taxable stipend for the hours served. Studies have shown that senior volunteerism contributes to the health and wellness of the volunteer. The program encourages civic engagement of well, healthy seniors which enhances active aging.

The Hawai'i SCP is sponsored statewide by APCS and has been serving seniors in Hawai'i since 1978. SCP is one of three Senior Corps programs, along with the Foster Grandparent Program and the Retired Senior Volunteer Program, sponsored by CNCS.

Are there any job readiness programs?

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

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

What other programs and services are available to seniors?

Adult Foster Care provides placement and case management services to eligible clients in licensed adult residential care homes who do not meet eligibility requirements of the Med-QUEST Division (MQD). To receive adult foster care services, an individual must be eligible for Supplemental Security Income (SSI) or financial assistance from DHS and not be eligible for Med-QUEST services.

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 at home in their communities. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from DHS, and not be eligible for Med-QUEST services. Services may be provided without regard to income in adult protective services cases.

Adult Protective & Community Services Branch (APCSB)

Repatriate Services assist American citizens (repatriates) who become destitute in a foreign country and must return to the U.S. To ensure the health and safety of repatriates and to establish their resettlement plans, APCS 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 FY2016, DHS received five adult repatriates, some of whom were new to the state of Hawai'i. As in previous years, temporary low-cost housing continues to be a challenge with shelters filled with Hawai'i residents. Thus, APCS initiated informal agreements with shelter sites to ensure immediate bed availability and a "Repatriate Fact Sheet" as a temporary housing resource guide for repatriates new to the state.

APCSB SFY 2016 Highlights

- Completion of the design of a Quality Assurance model in which to evaluate the efficiency and effectiveness of APS services and client outcomes. Implementation will come in FY17.
- Completion of a comprehensive APS core training curriculum model and the implementation of the first phase of the core training curriculum for APS staff.
- Application for a two year grant from the Administration for Community Living in the amount of \$400,000 was submitted to design, develop, and implement a data collection and documentation system; as well as the development of a protective service risk, safety, client outcome, and quality assurance model.
- Completion of the design and development of a protective services case management function in the O'ahu APS section. Implementation will come in FY17.

Adult Protective & Community Services Branch (APCSB)

APCSB FY 2016 Stats

- **Vulnerable adult reports of suspected abuse or neglect investigated:** 861
- **Number of individuals involved age 60 and older:** 726 or 84%
- **Investigated reports confirmed for abuse, neglect, or financial exploitation:** 214 or 24.8%
- **Percent of cases where subsequent re-abuse occurred within 12-month period:** 4.7%
- **Number of adult repatriates received:** 5
- **Average number of adults receiving chore services statewide:** 10

Nurse Aide Training and Competency Evaluation Program

- **New certified programs:** 2
- **Re-certifications of ongoing nurse aide training (programs re-certified every 2 years):** 17
- **Total certified nurse aid training programs:** 30
- **Registered nurse evaluators registered to provide re-certification for nurse aides:** 23

State Supplemental Payments

- **Amount distributed in SSP funds:** \$17,648,129.90
- **Average monthly total of SSP recipients:** 2,548
- **Amount paid to Social Security Administration for administration fees to issue SSP:** \$466,130.59

Foster Grandparent Program (FGP)

- **Foster Grandparent volunteers:** 106
- **Elementary children with special and exceptional needs served:** 200
- **Head Start children with special and exceptional needs served:** 67
- **Total hours volunteers spent working with children:** 106,886
- **Percent of children served in Head Start Program sites who achieved educational goals set by teachers with the help of Foster Grandparent volunteers:** 91%
- **Percent of public school students who achieved their education goals with the help of Foster Grandparent volunteers:** 99%

Senior Companion Program (SCP)

- **Senior Companion volunteers:** 78
- **Total hours of service provided to seniors living in their homes:** 69,735
- **Percent of seniors with disabilities reported having increased social support with the help of a Senior Companion volunteer:** 100%
- **Percent of seniors reported having increased social support as a result of transportation services provided by a Senior Companion volunteer:** 40%
- **Percent of caregivers reported increased social ties/perceived social support:** 47%

Respite Companion Program (RCP)

- **Respite Companions:** 38
- **Total hours of service:** 18,453
- **Frail elders cared for:** 200
- **Percent exiting program obtained unsubsidized employment:** 25% (exceeding 12.4% goal)

Child Welfare Services Branch (CWSB)

What is the Child Welfare Services Branch?

The **Child Welfare Services Branch** (CWSB) is Hawai'i's state-administered child welfare agency. It is one of two branches under the Social Services Division (SSD). The other SSD branch is the Adult Protective and Community Services Branch (APCSB).

CWSB works to ensure the safety, permanency (stability), and well-being of children in Hawai'i. CWSB responds to allegations of child abuse and neglect and provides safety and supportive services to children and their families.

CWSB goals align with the federal Child and Family Services Review (CFSR) outcome areas. These goals are:

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

589
youth

REUNIFIED WITH
THEIR FAMILIES

What services does CWSB provide?

CWSB provides services to all eligible children and families in the State of Hawai'i when children have been abused or neglected or are at risk for abuse and neglect. These services include the following:

- Child Protection;
- Family Support and Strengthening;
- Foster Care;
- Adoption;
- Independent Living Services; and
- Licensing of Resource Caregiver Homes, Group Homes, and Child-Placing Organizations.

CWSB strives to provide a system of services that is well-coordinated, child-centered, integrated, collaborative, culturally relevant, family-focused, and data-driven.

What happens when the CWSB hotline receives a call?

Trained Child Welfare Services (CWS) staff respond to hotline calls 24-hours-a-day, 7-days-a-week (808-832-5300 for O'ahu, and 1-800-494-3991 for Neighbor Islands). Anyone can call the hotline with concerns regarding abuse or neglect of a child. Confidentiality of the caller's identity is protected by law.

The CWS worker who responds to the call gathers as much information as possible about the family, situation, and allegations or concerns. Using formal assessment tools, the worker determines the level of risk to the child. If the risk of harm to the child is determined to be high, the case is immediately referred to a CWS assessment worker for further investigation. If the risk is determined to be moderate, the case is referred to a community-based program contracted to provide **Voluntary Case Management** (VCM) services to the family. If the risk is low, the family is referred to a community-based program, contracted to provide **Family Strengthening Services** (FSS) to the family.

FSS and VCM constitute Hawai'i's **Differential Response System** (DRS). (DRS began in Hawai'i in 2005 and is likely responsible for the dramatic reduction of children in foster care.) If the CWS intake worker determines that there is no risk to the child or children, the case is closed. The disposition of the calls to intake over the past five years can be seen in the statistics section.

Child Welfare Services Branch (CWSB)

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

CWS staff investigates more than 2,000 cases a year, confirming 30-40% of these cases for child abuse, child neglect, or threatened harm. In looking at all CWS investigations over the past ten years, 32.4% of the investigations were confirmed.

Not every confirmation of abuse or neglect results in a child being removed from the family home. CWS staff works closely with the family to resolve safety issues and reduce the risk of harm to the child(ren). CWS initial efforts focus on identifying family strengths and safely maintaining children in their home with a safety plan. If the home is not safe for the child, law enforcement is contacted to determine if a child is to be taken into protective custody. CWS staff work with the child and parents to identify potential family members and close family friends for placement to lessen the trauma to the child.

CWSB partners with EPIC 'Ohana, a non-profit organization, to find and engage family members to support the child(ren) and their parents, throughout the family's involvement with CWS. Early family finding and engagement work also serves to locate individuals who will consider caring for the children while parents address safety concerns in their home. Many relatives become resource caregivers (also known as foster parents) for children in foster care. Approximately 50% of the children in foster care in Hawai'i are placed with relatives.

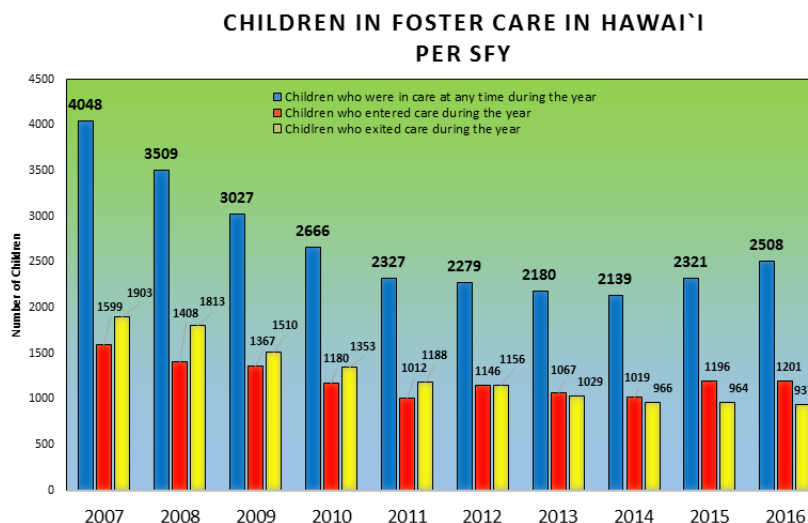
CWS also partners with EPIC 'Ohana to include family members in important conversations. EPIC 'Ohana Conferencing brings CWS and the family together for a family group decision-making meeting to determine what will help the family resolve safety concerns in the home with the ultimate goal of reunification of parents and children.

What is foster care?

Children and youth who cannot remain safely in their homes may be placed temporarily in foster care with a resource family (also known as a foster family). Resource caregivers may be family members, friends of the family, or other licensed community members. All homes in which children are placed must be licensed by the state.

CWS is committed to supporting a child's family connections. CWS works with family, friends, and the community to find a safe home for youth who cannot safely stay in their home.

The chart below depicts the number of children in foster care over the past decade:



Child Welfare Services Branch (CWSB)

How do youths leave foster care?

The table below displays the ways that children and youth leave foster care. Children reunify with their parents, as soon as it is safely possible to do so. Children are adopted or enter legal guardianship when it is not safe for the child to return to his/her parents. Youth who are in foster care when they turn 18, emancipate from foster care.

	Reunified	Adopted	Legal	Emancipated	Other	Total Exited
SFY 2010	866	236	102	125	27	1,356
SFY 2011	805	211	92	88	43	1,239
SFY 2012	796	195	92	90	21	1,194
SFY 2013	716	155	73	59	26	1,029
SFY 2014	725	141	102	65	35	1,068
SFY 2015	614	155	100	70	25	964
SFY 2016	589	159	99	66	24	937

When a child is removed from the family home, reunification with parents is the first goal. As indicated in the above chart, over the past seven years, CWSB successfully reunified more than 60% of all children who exited foster care every year.

If children cannot be safely returned to their parents within a reasonable amount of time, the next best option is for the child to be adopted or enter legal guardianship, ideally with a relative.

CWS staff work to keep the percentage of youth emancipating from foster care each year as low as possible. For young adults who emancipate from foster care, various programs and benefits are available to assist them in their successful transition to adulthood.

What services are available when a child leaves foster care?

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

Child Welfare Services Branch (CWSB)

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

Additionally, the federal **Chafee Foster Care Independence Program** provides former foster youth additional financial support for higher education through Education and Training Vouchers (ETV). Based on demonstrated financial need and adequate academic progress, young adults may receive up to \$5,000 per year.

What are new CWSB initiatives?

In FFY13, Hawai'i was one of eight states approved by the Administration for Children and Families to implement a Title IV-E Waiver Demonstration Project. This project allows Hawai'i to use federal funds more flexibly to develop and implement new interventions to ensure the safety of children and reduce the number of children and youth entering and staying in foster care.

As part of the Title IV-E Waiver Demonstration Project, four new initiatives began on O'ahu in January and February of 2015, and on Hawai'i Island in October 2015. The four new initiatives are: Crisis Response Team, Intensive Home-based Services, Family Wrap Hawai'i, and Safety, Permanency, and Wellbeing (SPAW) Meetings.

Preliminary data indicates that each of the new interventions has yielded positive outcomes. The Crisis Response Team, with the support of Intensive Home-Based Services, is safely maintaining children in their family home, who would have otherwise come into foster care. Family Wrap Hawai'i has been instrumental in successfully reunifying a number of families. SPAW has worked with some challenging cases and, with the collaborative efforts of the team, has cleared the path to permanency for several children.

CWSB FY 2016 Stats

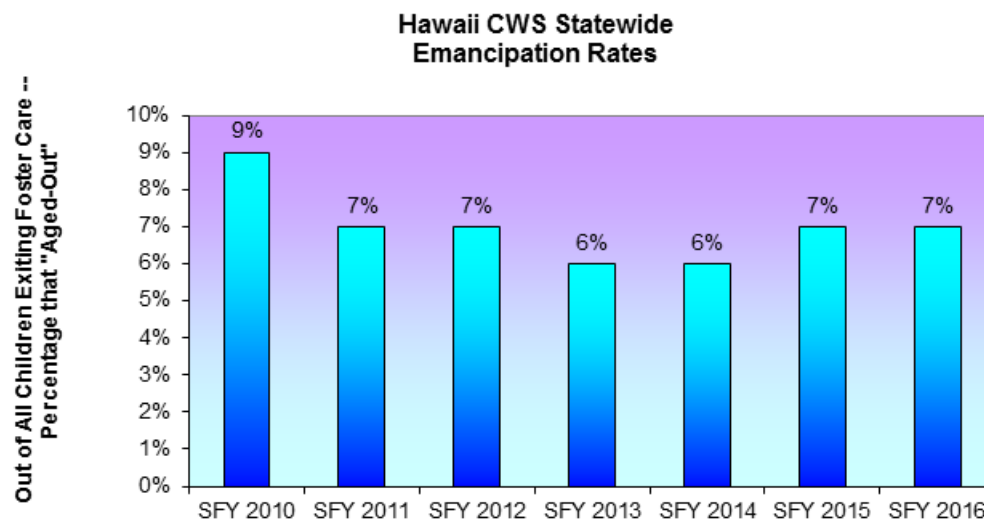
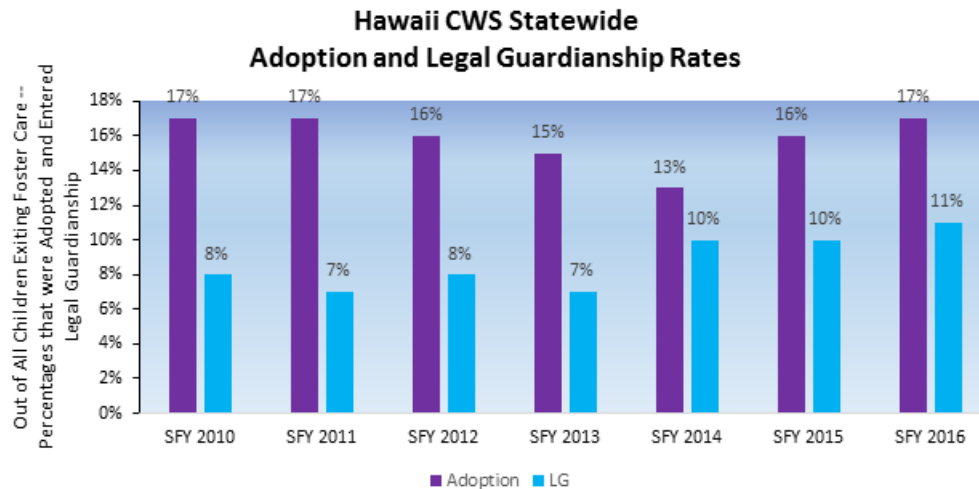
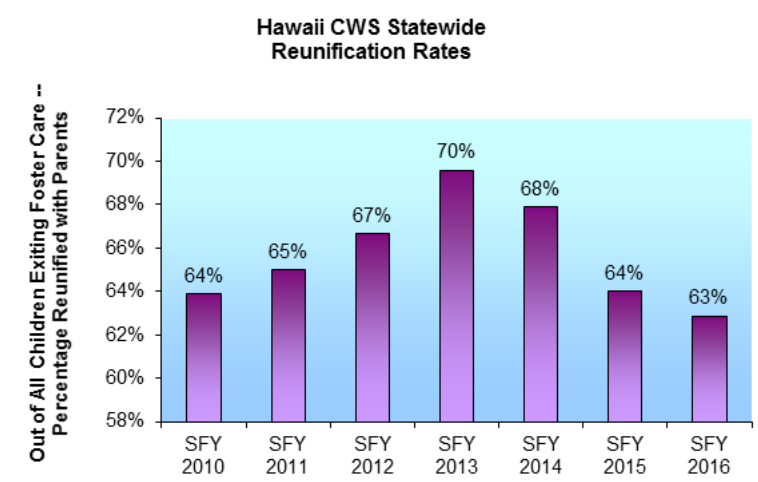
Number of Intakes Assigned to CWS, DRS/VCM, and DRS/FSS

Level of Intervention	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
CWS	2,277	2,325	2,127	2,215	2,194
DRS/VCM	927	1,147	1,633	1,729	1,807
DRS/FSS	1,785	1,718	1,730	1,614	1,074

Young Adults Enrolled in Imua Kakou

	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
SFY 2015	15	28	39	52	59	68	80	82	88	90	86	90
SFY 2016	99	105	112	114	113	117	112	113	115	113	119	118

Child Welfare Services Branch (CWSB)





HEALTH

Mission: Med-QUEST Division's mission is to help low-income adults and children obtain needed health care through the federal Medicaid health insurance program and other state-funded medical programs.

Med-QUEST Division (MQD)

What is the Med-QUEST Division (MQD)?

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

What is Medicaid?

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

What programs does MQD provide?

Primarily MQD provides health insurance coverage for qualified individuals as well as long-term supports and services. Health services include doctors' visits, prescription drugs, hospital care, rehabilitative therapies, and mental health and substance use treatment. This is largely done using a managed care delivery system called QUEST Integration.

QUEST Integration

QUEST Integration (QI) combines the previous QUEST and QUEST-Expand Access programs. Participants choose their medical coverage from participating health plans. More than 99% of Medicaid enrollees receive their care via the health plans. All plans offer the same required benefits, plus their own optional benefits. Beneficiaries choose their primary care provider from their respective plans' provider networks. The QI health plans pay contracted healthcare providers for the care delivered to their members.

Fee-For-Service

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

Early & Periodic Screening, Diagnosis & Treatment

The **Early & Periodic Screening, Diagnosis & Treatment** (EPSDT) benefits offer additional services for all Medicaid clients under 21 years of age. Services are wide-ranging including complete medical and dental examinations, immunization, hearing, vision, laboratory tests, mental health screening and services such as Applied Behavioral Analysis that may be used to treat autism.

Children's Health Insurance Program (CHIP)

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

Med-QUEST Division (MQD)

Developmentally Disabled/Intellectually Disabled Medicaid Waiver Program

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

Breast and Cervical Cancer Program

Medicaid coverage through the **Breast and Cervical Cancer** (B&CC) program is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. Individuals must be screened and diagnosed by a physician who is approved by the Hawai'i Breast and Cervical Cancer Control Program of the Department of Health (DOH). See page 51 for more eligibility information.

Medicare Modernization Act – Medicare Part D

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

Going Home Plus Program

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

Community Care Services Program

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

Funeral Payments Program

The **Funeral Payments** program provides partial funeral expense payments to qualified applicants. Any person may apply on behalf of the deceased. See page 51 for more eligibility information.

State of Hawai'i Organ and Tissue Transplant Program

This program covers non-experimental transplants for recipients meeting specific medical conditions. The contractor is responsible for all services from the initial evaluation through the last successful transplant. See page 51 for more eligibility information.

Med-QUEST Division (MQD)

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.

Who qualifies for QUEST Integration?

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

358,946
residents

PROVIDED HEALTH
COVERAGE THROUGH
QUEST INTEGRATION

QI served more than 350,000 adults and children. Under Title XIX, the eligibility income range for children between ages six and 19 and non-disabled <65 adults is up to 133% of the Federal Poverty Level (FPL). For children between age 1 and 6 years, the income range for eligibility is up to 139% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 191% of the FPL. Under Title XXI, children under 308% FPL may be eligible for CHIP. There are no asset tests for the afore-described groups. For income criteria for individuals 65 and older, blind and disabled, the income criteria is less than 100% FPL with no more than \$2,000 assets.

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

What benefits are included in QUEST Integration?

- Physician services;
- Inpatient hospital care — medical, surgical, and rehabilitation care, psychiatric and detox, maternity and sub-acute;
- Outpatient hospital care — emergency room, ambulatory surgical centers, and outpatient psychiatric;
- Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- Laboratory, radiology, and diagnostic;
- Biological and medical supplies including medical equipment, and appliances;
- Podiatry;
- Vision services such as eye examination, refraction, and eyeglasses;
- Prosthetic devices, including hearing aids;
- Respiratory care services
- 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;
- Hospice care services; and
- Home- and community-based services (personal care, adult day care, home-delivered meals).

Partnering with the State Department of Health

Over the past year, MQD has partnered with the Department of Health (DOH) on a number of initiatives that address public health issues in our state.

Maternal-Child Health

Two main maternal/child health issues that we highlighted are unintended pregnancies rates being over 50 percent and substance use by pregnant women that leads to health issues in our keiki. MQD has worked with DOH to promote the “One Key Question” screening protocol, which uses a single question, “Would you like to become pregnant in the next year?,” to guide a healthcare provider’s discussion with a female patient. A “yes” answer triggers assessments for substance abuse. DOH and MQD have initiated, through a public-private partnership, training on use of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) across the state for OB/GYNs. A “no” response triggers education on options which include the option of highly effective forms of contraception, such as Long Acting Reversible Contraception (LARC). LARC has proven to be a highly effective and cost effective method to reduce unplanned pregnancy and teenage abortion rates. As part of making these changes, we are also changing the financial incentives to help promote use of both SBIRT and LARC, including adjusting reimbursement policies for both SBIRT, LARC, and contraceptives to align with these initiatives.

Behavioral Health

Previously, individuals being served by DOH Adult Mental Health Division (AMHD) might have a gap in mental health coverage of up to three months between DOH services and becoming Medicaid eligible.

Our multi-disciplinary team met with AMHD staff to map out the process, identify barriers to people getting specialized mental health care in Medicaid when transitioning from AMHD, and find ways to streamline the process. The team worked with a broad group of stakeholders including providers, managed care plans, community advocates, and different state agency staff (leadership to line-level) to finalize and implement these suggestions beginning in the fall 2016. These changes aim to eliminate any gaps in time for getting access to mental health services in Medicaid.

Services for People with Disabilities and Elders

We’ve also spent the year making major changes for services for people with disabilities and our kupuna. As part of significant federal rule changes for home- and community-based services, we are shifting the paradigm to promote choice for all people to live, work, and play in the community where disability is not a barrier. This requires partnering with DOH Developmental Disabilities Division, providers of home- and community-based services, and the individuals and families seeking the services. We anticipate this process will take a total of five years.

Med-QUEST Division (MQD)

Who qualifies for Medicaid under CHIP?

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 308% of the FPL. For 2016, the monthly income was \$5,932 for a three-person household; \$7,174 for a four-person household. In addition, lawfully present non-citizen children and pregnant women who do not qualify for Medicaid due to their citizenship status are covered under CHIP. There is no asset test for this program.

23,001
youth

COVERED FOR
MEDICAID UNDER THE
CHIP PROGRAM

Who qualifies for the Breast and Cervical Cancer Program?

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

Who qualifies for the Funeral Payments Program?

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

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

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

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

The following transplants are covered for children and adults:

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

In addition for children the following transplants are covered:

- Small Bowel (with and without liver)

Med-QUEST Division (MQD)

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

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

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

What happened to the Hawai'i Health Connector?

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

What is KOLEA?

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

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

SPOTLIGHT:

Collaborating to End Homelessness

In February 2016, Hawai'i's cross-agency approach to addressing homelessness was recognized by the U.S. Department of Health and Human Services with an invitation to participate in the collaborative and highly competitive Medicaid Innovation Accelerator Program. As part of the program, DHS MQD has been working with the Governor's Coordinator on Homelessness, Department of Health Behavioral Health Administration, Hawai'i Public Housing Authority, community providers, HUD, and community members to find ways to expand Medicaid support for housing services for people who are chronically homeless. This is a part of a Technical Assistance grant from the Centers for Medicaid and CHIP Services (CMS). DHS MQD believes that working together is the best way to help people find and keep housing while we simultaneously work to provide health, mental health, and substance use assistance that many of the chronically homeless individuals need.

Transitioning the Health Connector

The abrupt closure of the Hawai'i Health Connector in December 2015 left the State in a precarious position with regard to meeting the federal requirements of operating a state-based exchange. The Governor and his cabinet members moved quickly to implement strategies to integrate all necessary functionality within existing state agencies.

The Department of Human Services Med-QUEST Division established a Health Care Outreach Branch to provide the required, and much needed, outreach functionality for Medicaid enrollment assistance as well as enrollment support on the marketplace for those individuals who are below 138% of the federal poverty line, but who are ineligible for Medicaid due to citizenship status. The outreach efforts were a strong partnership with Department of Labor and Industrial Relations' Office of Community Services. The outreach functions that are now part of Med-QUEST, address one of the key social determinants of health by providing the public with greater access to community-based, in-person assistance with their applications for subsidized health insurance coverage.

Med-QUEST Division (MQD)

MQD FY 2016 Stats

- **Eligible residents provided healthcare coverage through MQD QUEST Integration:** 358,946
- **Additional people provided healthcare coverage from last year:** 53,444*
- **Additional people provided health care coverage in just two years:** 115,264*
- **Youth covered for Medicaid under the CHIP program:** 23,001
- **Total expenditure for Funeral Payments Program:** \$256,505
- **Individuals served through the Developmentally Disabled/Intellectually Disabled Medicaid Waiver Program:** 2,735
- **Individuals served through the Going Home Plus Program:** 132
- **Individuals provided behavioral services through the Community Care Services Program:** 5,301
- **Individuals provided services through the State of Hawai'i Organ and Tissue Transplant Program:** 80
- **Former Foster Youth Served:** 281
- **Individuals served by HCBS:** 4,436
- **Individuals served in nursing facilities:** 1,915
- **Individuals served by the Breast & Cervical Cancer:** 18
- **Number of individuals receiving dental services (adults/children):** 105,383

*This number represents the cumulative number of new individuals who have gotten Medicaid health insurance for the year.

Enrollment	June 2013	June 2014	June 2015	June 2016
O'ahu	179,227	199,062	201,668	214,503
Kaua'i	16,072	18,255	19,661	20,860
Hawai'i	62,145	69,081	69,975	73,820
Maui	30,951	34,896	36,597	38,912
Moloka'i	3,305	3,462	3,521	3,729
Lana'i	723	754	775	839
Statewide	292,423	325,510	332,197	352,590



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

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

Office of Youth Services (OYS)

What is the Office of Youth Services (OYS)?

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

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

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

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

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

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

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

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

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

Office of Youth Services (OYS)

Wraparound Planning Process targets youth and their families involved in the juvenile justice system who experience very complicated situations that require intensive interventions and services with multiple state agencies. The Wraparound Planning process brings together people who are natural supports to the youth and their families as well as the professionals who provide services to the youth. The Wraparound facilitator, navigator, and Parent Partner, with the help of the parents and youth, identify strengths and underlying needs of the youth and family and devise a plan of care that helps coordinate the various services and supports that have been identified. The process helps both youth currently on probation, and also the transition process when youth are discharged from HYCF and return to community.

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

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

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

Office of Youth Services (OYS)

How does OYS partner with other government agencies?

The office's work with youth requires a collaborative approach. Collaboration permeates through all of our major programs, including partnerships with state departments and branches, such as DOE, DOH, Judiciary, and University of Hawai'i and county agencies with the police, prosecutors', and mayors' offices. Below are a number of ways OYS collaborates with other government agencies to serve Hawai'i's youth and their families.

Hawai'i Island

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

O'ahu

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

Maui

OYS continues to collaborate with the Maui Police Department's Positive Outreach Intervention (POI) project, which addresses lag times between arrests and initial court hearings. This year, the project expanded to serve youth on Moloka'i with positive results.

Kaua'i

OYS continues its support for the Kaua'i County Office of the Prosecuting Attorney's Teen Court Program. The diversionary program provides an alternative process to hold youth accountable through a peer-driven approach rather than the Family Court system. OYS also continued to fund intensive monitoring services for youth on probation.

Judiciary

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

Office of Youth Services (OYS)

OYS also continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring as alternatives to confinement at the youth correctional facility. OYS continued funding for the Girl's Court in the 5th Circuit, to provide a range of gender-specific and strength-based programming with female juvenile offenders. The Girl's Court is composed of an all-female staff (presiding judge, probation officers, program coordinator, therapist, etc.) that seeks to recognize the fundamental differences between male and female juvenile offenders as well as their different pathways to delinquency to more effectively address deeper needs, reduce recidivism, and promote healing.

Training

OYS provides training opportunities to strengthen skills and collaboration for providers and partners in the juvenile justice system. As part of the implementation of Wraparound services, OYS sponsored Pat Miles, a nationally recognized expert in the wraparound service model, to provide training in Wraparound and family engagement statewide. OYS continued sponsoring training sessions with Dr. Thao Le, professor at the University of Hawai'i, in skill-building for mindfulness as a promising intervention in working with at-risk youth. In May 2016, OYS, in collaboration with the Coalition for a Drug-Free Hawai'i and various government and community partners, presented a conference, "Ho'oulu Lahui", focusing on utilizing the aloha response to better serve youth and families across various systems of care. Lastly, OYS, through its program monitor (John Paekukui) overseeing compliance with core requirements of the Juvenile Justice Delinquency Prevention Act (reauthorized by the 2002 U.S. Congress), provided training for 324 police officers.

Lieutenant Governor

OYS implemented an appropriation (\$750,000) by the 2015 Legislature toward funding 19 schools for services, activities, and programs in safe, structured learning environments. It was completed in collaboration with the Resources for Enrichment, Athletics, Culture and Health Program (REACH) and the Lieutenant Governor's initiative to provide quality afterschool programming for middle schools.

Department of Health

OYS continues to collaborate closely with the Child and Adolescent Mental Health Division to improve services to mental health services for youth in the juvenile justice system. Training opportunities through Project Kealahou provided gender-specific, trauma-informed, and sexual identity topic areas for service providers.

Does OYS provide programs for parents?

OYS continues to provide funding support for the **Parent Project**, an eight-week parent training curriculum for parents of teenagers who may experience difficulties in various domains such as family, peer relations, school, and community, through collaboration with trained facilitators from DOE.

Office of Youth Services (OYS)

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

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

HYCF is actively planning for implementation of the **Roots of Success** (ROS) program in SFY17. The ROS program is an empowering educational program that prepares youth who come from communities heavily impacted by poverty, unemployment, and environmental injustice for environmental careers and to improve conditions in their communities.

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

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

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

HYCF also continues to build partnerships with public agencies like DHS, DOE, DOH, Family Court, county agencies, including law enforcement agencies, and non-profit agencies. These partnerships better coordinate the state’s efforts in providing services to youth. A feasibility study to assess the potential of expanding the programs and facilities to address a broader target group beyond incarcerated youth was completed in December 2015. The study outlined a future direction for HYCF to become a place of healing and sanctuary, a Pu‘uhonua in Native Hawaiian cultural tradition, which would involve programs and services for youth and families addressing substance abuse, violence trauma, and other problem areas.

In line with the outcomes of the study, joint planning efforts with the Child Welfare Services Branch resulted in a pilot proposal to the federal government to provide a project for short-term residential assessment services for youth involved in commercial sexual exploitation in a non-secure setting on the grounds of HYCF. If the proposal is funded, the project is tentatively proposed for implementation in FY17.

Office of Youth Services (OYS)

OYS FY 2016 Highlights

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

OYS FY 2016 Stats

- **Percent drop in total admissions to HYCF compared to FY2015:** 18%
- **Amount of youth and families served by the federal grant programs:** more than 2,800
- **Youth served by community-based residential services:** 226
- **Families and youth served by Parent Partnership services:** 11 families
- **Youth served statewide by the Intensive Monitoring Program in four judicial districts:** 519
- **Youth served by four OYS-funded, community-based outreach providers statewide:** 338
- **Youth served by eight funded agencies to promote attendance, attachment, and achievement to ensure educational success:** 442
- **Youth participating in nine project-based cultural programs statewide:** 594
- **Youth served through 20 community-based programs that support life skills development:** 2,114
- **Youth and families served by Wraparound Planning services:** 14 youth / 11 families

Hawai'i Public Housing Authority (HPHA)

What is Hawai'i Public Housing Authority (HPHA)?

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

What does HPHA do?

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

Who qualifies for public housing?

Applicants must meet the following standards:

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

# of Persons	O'ahu	Hawai'i	Kaua'i	Maui
1	\$56,350	\$39,000	\$49,950	\$45,100
2	\$64,000	\$44,600	\$52,500	\$51,550
3	\$72,450	\$50,150	\$59,050	\$58,000
4	\$80,450	\$55,700	\$65,600	\$64,400
5	\$86,900	\$60,200	\$70,850	\$69,600
6	\$93,350	\$64,650	\$76,100	\$74,750
7	\$99,800	\$69,100	\$81,350	\$79,900
8	\$103,400	\$73,750	\$86,600	\$85,050

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

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

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

HPHA FY 2016 Stats

- **Properties in HPHA portfolio:** 85
- **Units of public housing:** 6,196 (Kaua'i - 347, O'ahu - 4,876, Maui & Moloka'i - 228, Hawai'i Island - 745)
- **Federal HUD subsidized units:** 5,332
- **State units across four islands:** 864
- **Range of unit size:** studios to 5 bedrooms
- **Number of families and individuals served:** 6,100 families and 20,000 individuals
- **Section 8 vouchers and Project-Based voucher units:** 6,100 families and 20,000 individuals



EQUITY AND FAMILY

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

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

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

What is the Hawai'i State Commission on the Status of Women (HSCSW)?

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

What does HSCSW focus on?

HSCSW has established four main purposes:

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

Is HSCSW only on O'ahu?

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

What did HSCSW accomplish in FY 2016?

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

HSCSW Executive Director also sits on and chairs multiple working groups and Task Forces, including the Act 222 Affirmative Consent Task Force, which is responsible for reviewing and making recommendations on the UH system-wide sexual violence and gender-based violence policy and protocol. This includes prevention and education, reporting policies, best practices for first responders, training of employees, and compliance with VAWA and Title IX. This task force has been responsible for providing recommendations to the Hawai'i State Legislature on an annual basis.

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

Convention on the Elimination of Discrimination Against Women

In March 2016, the HSCSW sponsored and supported the first Convention on the Elimination of Discrimination Against Women and Girls ("CEDAW") legislation in the state of Hawai'i. The Honolulu City Council unanimously supported the CEDAW (Bill 65) and Mayor Kirk Caldwell signed the bill into law. The CEDAW calls for a gender analysis of various city functions, ordinances, and processes to ensure gender equity. The first gender analysis examined how homeless female youth access services, whether the services are equitable, and how to better provide services for young women on the street. The second gender analysis is underway and the focus is to examine how the recently enacted sex trafficking law is being investigated by the Honolulu Police Department and prosecuted by the Honolulu Prosecutor's office.

National Association of Commissions for Women Conference

In July 2016, the HSCSW hosted the 46th Annual National Association of Commissions for Women conference and empowerment summit in Honolulu. The four-day conference was attended by more than 80 commissioners from across the nation, including county committee members from neighbor islands and members of the UH President's Commission on the Status of Women. Attendees were able to attend various educational and advocacy-based panels on a diverse variety of topics including: Title IX and Higher Education, Economic Policy for Women, Creating Safe Places for Girls to Thrive (featuring Hawai'i's Girls Court Program and the Honorable retired Judge Karen Radius), Equal Pay, Creating Survivor-Centered Policy, and Advancing Women in Politics. Attendees reported that the conference was substantive and content rich.

In August 2016, the HSCSW hosted a screening of "Equal Means Equal" at the Hawai'i Theatre. This award-winning documentary focuses on the continued discrimination against women and girls and the historical context behind the Equal Rights Amendment.

Department of Labor Grant

Additionally, the HSCSW was awarded a competitive grant from the United States Department of Labor Women's Bureau to study and analyze paid leave. The focus of the grant research will be in the areas of: cost analysis, benefit modeling, implementation and feasibility, public polling, and focus groups.

Hawai'i State Commission on Fatherhood (COF)

What is the Commission on Fatherhood?

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

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

What does COF do?

COF participates in various community events to encourage fathers to become more involved in the welfare of their families and children.

What did COF do in FY 2016?

The Commission on Fatherhood continued many of its positive movements from previous years as well as progressed. Below are some highlights from this year:

State of Hawai'i Governor's Proclamation Declaring June 2016 Father's Month

On May 27, 2016, the State Commission on Fatherhood arranged for the Governor to sign a proclamation declaring June 2016 Father's Month in the State of Hawai'i. The purpose of the proclamation was to draw the attention of the public to the purpose and mission of the commission and to stress the important role fathers play in the family. Representatives from several local father and family agencies were in attendance.

18th Annual Celebrate Father's Day at Windward Mall

This annual event served as a public awareness event and to showcase local agencies' programs and services to fathers and families. Among the agencies in attendance were Catholic Charities Hawai'i, Coalition for a Drug Free Hawai'i, U.S. Attorney's Office, YMCA Metropolitan Office, PARENTS, Inc., PACT Kane'ohe, Ke Ola Mamo, Keiki O Ka'Aina, Hawai'i Department of Health, and Hawai'i Coalition for Dads. The featured event of this celebration was a Father-Child Look-a-Like Contest in which over 40 entrants participated. This was a day to celebrate the relationship of fathers and their children and the contest emphasized the bond between fathers and their children. Estimated number of attendees/audience was about 400.

University of Hawai'i Contract

This began as a three-part strategic plan to create a demographic study of fathers in the state, survey fatherhood programs throughout the state, and identifying, assessing and recommending best practices and fatherhood-focused programming in the state.

New Logo

The commission adopted a new logo which was designed by Jonathan Zane, Eien Design. The new logo will appear on all commission correspondence.

New Partnership

The commission established a new partnership with the National Partnership for Community Leadership, a national organization responsible for the Annual International Fatherhood Conference. The National Partnership for Community Leadership is dedicated to supporting, strengthening, and empowering families and communities through education, organizational development, and research and policy reform.

ADMINISTRATION

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

Administration

Administrative Appeals Office (AAO)

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

Budget, Planning, and Management Office (BPMO)

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

Audit, Quality Control, and Research Office (AQCRO)

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

Fiscal Management Office (FMO)

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

Office of Information Technology (OIT)

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

Personnel Office (PERS)

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

Administration

Project Management Team

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

Director's Office

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

Limited English Proficiency (LEP) Project

The **Limited English Proficiency Project** is committed to providing meaningful access for people with limited or no ability to speak, read, write, and understand English. The LEP Project provides administrative and technical support/assistance to all DHS divisions, offices, and attached agencies.

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

LEP FY 2016 Stats

LEP Encounters by
Language

Language/Dialect	BESSD	Staff Office	MQD	SSD	DVR	HPHA	OYS	Totals
Cantonese	222	2	126	13	5	318	0	686
Chuukese	1305	0	7	124	0	348	0	1784
Hawaiian	1	0	0	0	0	0	0	1
Ilokano	291	8	135	26	3	11	0	474
Japanese	37	4	15	40	0	19	0	115
Korean	77	2	137	13	4	374	0	607
Kosraean	5	0	0	0	0	2	0	7
Sign Language	29	0	0	108	0	4	0	141
Mandarin	127	4	103	20	0	67	0	321
Marshallese	438	0	3	23	0	122	0	586
Portuguese	4	0	0	2	0	0	0	6
Samoa	116	1	0	3	1	54	0	175
Spanish	96	1	15	45	4	7	0	168
Tagalog	131	4	84	10	2	28	0	259
Thai	10	0	0	1	3	0	0	14
Tongan	32	0	2	6	1	13	0	54
Vietnamese	198	2	26	11	3	123	0	363
Visayan (Cebuano)	47	0	91	1	0	0	0	139
Other	37	0	0	5	2	30	0	74
Total Encounters	3203	28	744	451	28	1520	0	5974

APPENDIX



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Glossary of Terms and Acronyms

DHS Divisions

BESSD | Benefit, Employment, and Support Services Division (BESSD) provides financial assistance, supplemental nutrition, employment support, dependency diversion and prevention services, and child care licensing. BESSD also supports emergency shelters and transitional shelters for homeless Hawai'i residents.

DVR | Division of Vocational Rehabilitation (DVR) provides services to persons with disabilities and the blind so they may live independently, gain the skills needed to obtain and maintain/retain employment, and start their own businesses.

MQD | Med-QUEST Division (MQD) provides health insurance to low-income families, children, and individuals.

SSD | Social Services Division (SSD) provides crisis intervention, investigation, emergency services, and protective services for abused and/or neglected children and vulnerable adults. Includes the Adult Protective and Community Services Branch & Child Welfare Services Branch.

Administratively Attached Agencies and Commissions

OYS | The Office of Youth Services functions to provide and coordinate a continuum of services and programs in every county for youth at-risk to prevent delinquency and to reduce the incidence for recidivism.

HPHA | Hawai'i Public Housing Authority is the sole public housing agency for the State of Hawai'i.

HSCSW | The Hawai'i State Commission on the Status of Women is a non-partisan state commission that consists of seven appointed commissioners from across the state and works toward equality for women and girls by acting as a catalyst for positive change through advocacy, education, collaboration, and program development.

COF | The Hawai'i State Commission on Fatherhood advises state agencies and makes recommendations on programs, services, and contracts to promote healthy family relationships.

Administration Offices

AAO | Administrative Appeals Office

BPMO | Budget, Planning and Management Office

AQCRO | Audit, Quality Control, and Research Office

FMO | Fiscal Management Office

OIT | Office of Information Technology

PERS | Personnel Office

Terms

CASE | Usually a family or a household eligible to receive program benefits.

CLIENT | A person eligible for program benefits, a member of a case.

Financial Assistance Programs and Related Employment Programs

AABD | The Assistance to the Aged, Blind, and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to this gap group of Hawai'i residents. They are elderly adults (65 years of age or older) or individuals who meet the Social Security Administration definition of disabled or blind. Most are not eligible for federal Social Security benefits.

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

SNAP | The SNAP program provides crucial food and nutritional support to qualifying low-income and needy households and those making the transition from welfare to self-sufficiency

Glossary of Terms and Acronyms

TANF/TAONF | Temporary Assistance to Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF) are the time-limited welfare reform programs for adults with children designed to protect those who cannot work and to require those who are able to work to do so. Family participation in TANF or TAONF depends on the household composition. When all members are U.S. citizens, the family is eligible for federally funded welfare under TANF. Families that include at least one non-citizen are eligible for state-funded welfare under TAONF. Other than the funding sources, the TANF/TAONF programs are identical.

E&T (Employment & Training) | The Employment and Training program is a statewide work program designed to assist able-bodied SNAP adults to become attached to the workforce.

FTW (First-to-Work) | The First-To-Work Program provides case management and employment and support services to work eligible individuals of TANF/TAONF households.

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

HPP | The Housing Placement Program is the network that links landlords and Section 8 voucher holders, as well as homeless persons transitioning to permanent housing.

INVO | The Investigations Office provides investigative services to support BESSD programs.

LIHEAP | The Low-Income Home Energy Assistance Program provides heating and cooling assistance to low-income households.

POD | The Preschool Open Door program provides child care payments to low- and moderate-income families for early childhood services.

SEE Program | The Supporting Employment Empowerment Program provides on-the-job training and employment opportunities with private sector employers for FTW participants who may have little or no work experience or basic work skills.

SHEG | The State Homeless Emergency Grant program offers an array of resources and services to help those who are homeless or at risk of homelessness to maintain housing, or receive critical, time-limited financial assistance.

Med-QUEST Division (MQD)

ABD | Aged, Blind, Disabled. Health coverage for this demographic will remain with MQD, along with coverage for pregnant women and kids. (federal dollars)

APTC | Advanced Premium Tax Credit - Tax credits and cost-share reductions are available to lower the cost of health coverage for individuals and families who meet certain income requirements and do not have health insurance from an employer or a government program. When enrolling in a health plan through the state-based marketplace, tax credits can be immediately applied to the insurance premium, which reduces the amount you pay each month.

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

COFA | Compact of Free Association, includes the Federated States of Micronesia, the Republic of Marshall Islands, and the Republic of Palau. Under the Compact of Free Association Act in 1985, the U.S. agreed to provide economic assistance to compact nation citizens, allowing them to enter, reside, and work in the U.S. and participate in certain federal programs in exchange for certain military permissions in these associated states. Under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 restricted access to federal public benefit programs to residents from COFA nations, states were required to fully absorb the costs of providing social service and health care benefits to residents from COFA nations.

DD/ID HCBS | The Developmentally Disabled/Intellectually Disabled Home and Community-Based Services Program serves individuals who are Medicaid-eligible and certified as requiring an ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) level of care.

EPSTD | The Early and Periodic Screening, Diagnosis and Treatment program offers additional services for all Medicaid clients under 21 years of age with no co-payment requirement.

Glossary of Terms and Acronyms

FQHC | Federally Qualified Health Centers (FQHCs) include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must:

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

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

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

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

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

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

Child Welfare Services (CWS)

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

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

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

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

Glossary of Terms and Acronyms

Pono for Families | The purpose of the practice is to empower families to safely care for their own children, or when they are unable, to engage other family members to provide a safe and permanent home. CWS has undertaken the task of identifying key areas where policy and practice improvements could better achieve these outcomes.

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

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

General Terms

ACA | Affordable Care Act

APCSB | Adult Protective and Community Services Branch

DAG | Department of Attorney General

DHHS | U.S. Department of Health and Human Services

DHHS-ACF | DHHS Administration for Children & Families

DOE | Department of Education

DOH | Department of Health

DOH-HHI | DOH Healthy Hawai'i Initiative

FGP | Foster Grandparent Program

FPL | Federal Poverty Line

HMIS | Homeless Management Information System

HPD | Honolulu Police Department

HUD | U.S. Department of Housing and Urban Development

HYCF | Hawai'i Youth Correctional Facility

IAR Special Fund | Interim Assistance Reimbursement Fund

JDAI | Juvenile Detention Alternative Initiative

LEP | Limited English Proficiency Project

RCP | Respite Companion Program

SAMHSA | Substance Abuse and Mental Health Services Administration

SCP | Senior Companion Program

SEBD | Support for Emotional and Behavioral Development

SMI | Serious Mental Illness

SPMI | Serious and Persistent Mental Illness

SRC | State Rehabilitation Council

SSA | Social Security Administration

SSI | Supplemental Security Income

SSDI | Social Security Disability Insurance

SSP | State Supplemental Payments

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