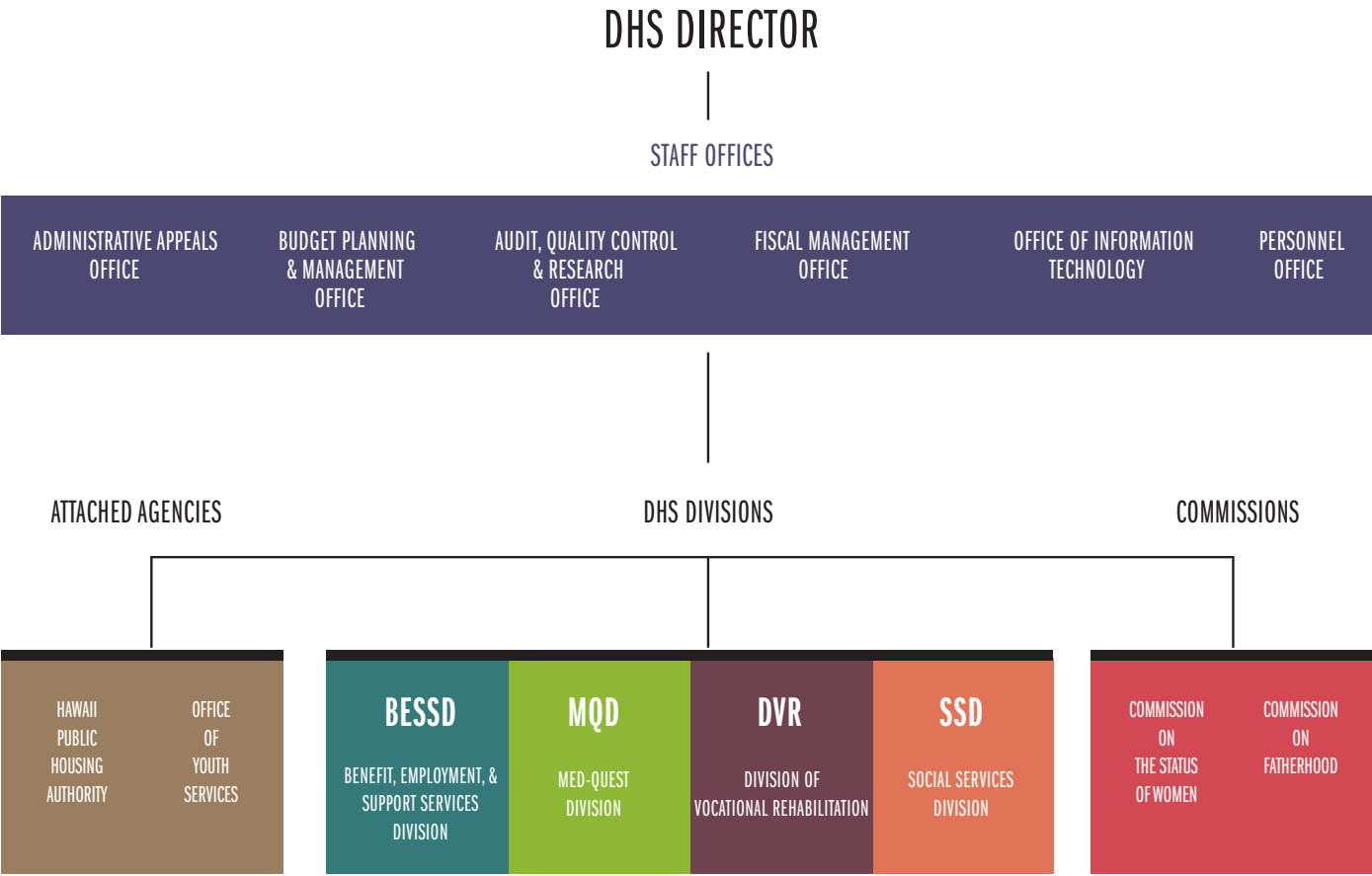




STATE OF HAWAII
Department of Human Services

ANNUAL REPORT 2017





DIRECTOR’S MESSAGE



I am proud to have served the Hawai‘i Department of Human Services for the last 18 years.

I began my tenure as DHS director just two months after the start of state fiscal year 2017. While I have served in a number of capacities previously, I have to say that this first year as director has been quite an exciting ride.

When I began as director, my vision was to truly bring together our department. Our department has always been dedicated to serving Hawai‘i’s residents who are most in need. But, we have worked toward this goal in siloes, sometimes directed by funding sources or statutes but sometimes by our own making. I believe whole-heartedly that we can only take our team to the next level if we integrate our programs, benefits, and services.

We started systematic integration during Director Rachael Wong’s time here with the application of ‘Ohana Nui, a multi-generational approach. ‘Ohana Nui is based on the nationally recognized 2Gen model that seeks to end inter-generational cycles of poverty by serving the entire family and not just the individual who applies for benefits.

In fiscal year 2017, we worked tirelessly to plan for the operationalization of ‘Ohana Nui across our department. We have already begun to see exciting promise with pilots like the Kaka’ako Family Assessment Center and coordinating Nurse Home Visits with the Department of Health. The success of these microadaptations show how a whole-person and whole-family approach can better serve Hawai‘i. We look forward to further implementation in 2018.

In addition to progressing ‘Ohana Nui, we are also bringing the department toward a shared future with the first-ever department-wide strategic plan.

Our strategic plan is working toward three common goals that will take us to a vision for a future where Hawai‘i residents are thriving:

- 1) Improve the self-sufficiency and well-being of Hawai‘i’s individuals and families;
- 2) Improve service integration and delivery to develop solutions for sustainable outcomes; and
- 3) Improve staff health and development.

One other department-wide project that characterizes 2017 is the continued development of the DHS Integrated Enterprise Solution. This solution leverages the platform we built for the KOLEA application. We will use that platform to improve and modernize other systems in our department. This enormous effort will bring, in phases, three of our four major divisions onto a single platform.

Finally in 2017, I was proud that DHS invested not just in our clients and our systems but also in our own team. DHS participated with the Department of Human Resource Development on a professional development pilot called One Shared Future. This cohort-based program allowed 20 DHS and Department of Health team members to experience much-needed leadership and strengths-based professional development. This kind of staff development is a necessary investment for the future success of our department.

At the conclusion of fiscal year 2017, I was proud of the strong foundations we laid together as a department to better serve Hawai‘i. And, I recognized the hard work ahead of us as a team of more than 2,000 dedicated staff. I know that as we continue to grow, improve and adapt, our vision, in which Hawai‘i residents thrive, can be achieved.

Pankaj Bhanot

Pankaj Bhanot
Director, Department of Human Services

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DHS DEPARTMENT OVERVIEW

The Department of Human Services (DHS) envisions a future in which all Hawai‘i residents thrive. As a department, we provide important benefits and services that help build our residents’ self-sufficiency. We serve individuals and families who are in need with the goal of helping them achieve success on their own terms.

The Department of Human Services is comprised of a number of divisions, agencies, commissions and offices. We have four divisions:

- Med-QUEST Division
- Benefit, Employment, and Support Services Division
- Social Services Division
- Division of Vocational Rehabilitation

These divisions represent the core of the benefits and services we administer. Their work includes connecting individuals with food and financial support, providing those getting assistance with employment and training supports, improving access to quality healthcare, protecting vulnerable adults and Hawai‘i’s keiki, and providing services and supports to help individuals with disabilities succeed.

There are also two attached agencies and two attached commissions that are part of DHS:

- Hawai‘i Public Housing Authority
- Office of Youth Services
- Hawai‘i State Commission on the Status of Women
- Commission on Fatherhood

These divisions, agencies, and commissions are supported by six staff offices:

- Personnel
- Audit, Quality Control & Research Office
- Fiscal Management Office
- Budget, Planning & Management Office
- Office of Information Technology
- Administrative Appeals Office.

These staff offices are essential to our success as a department, providing administrative support so that divisions can run smoothly and administer benefits and services.

In total, these divisions, agencies, commissions, and staff offices are made up of more than 2,200 with presence on Kaua‘i, O‘ahu, Moloka‘i, Maui, Lāna‘i, and Hawai‘i Island. DHS has the third largest staff of all state departments.

Additionally, the department administers the largest state budget of \$3.3 billion. Our budget also accounts for 78% of the federal funds the state government draws down.

The DHS ‘ohana comes together daily to serve Hawai‘i and those who are most in need. Our programs and benefits support our communities, drive our local economy, and establish us as national leaders. We are proud to help achieve Governor Ige’s goal to change the trajectory of Hawai‘i one client and one family at a time.

‘OHANA NUI

Transforming a Human Service Delivery System



‘Ohana Nui. That can mean “extended family” in Hawaiian. For many of Hawai‘i’s families, it’s both a value and a reality with cultures that value intergenerational connections from keiki to kūpuna coupled with the high cost of living and a demand for housing that far exceeds the supply. Many local families have three and sometimes four generations under one roof. For Hawai‘i’s Department of Human Services, it’s the mantra describing the way we do our work.

The department’s ‘Ohana Nui initiative, adapted from the Aspen Institute’s two-generation philosophy (also known as 2Gen), aims to concurrently address the whole family’s needs when providing services and supports.

The name ‘Ohana Nui was thoughtfully developed by young adults who formerly engaged with DHS as foster youth. In selecting the name, which can translate as “extended family” from Hawaiian, the youth wanted to recognize and express gratitude for those who had contributed to their successful growth and development, such as teachers, coaches, spiritual advisors, aunties, uncles, and resource caregivers, many of whom were not related to them by blood.

The ‘Ohana Nui initiative responds to research demonstrating that the well-being of parents and their children are highly interrelated – improving the lives of parents has a marked positive impact on their children and ensuring the success of children serves as a powerful motivator for parents. ‘Ohana Nui places the family at the center of the system, requiring that we listen to and involve them when providing services and supports for all family members in

concert and not in a piecemeal fashion. The result is better outcomes for the whole family and the best chance of breaking inter-generational cycles of poverty in which many of the families we serve find themselves.

Responding to the collective needs of parents and children, and the families who support them, requires Hawai‘i DHS to develop integrated approaches to service delivery. We know we must work both within the department and outside, in collaboration with partner providers and the business community. DHS is radically transforming its system by actively creating processes to address all family members’ potential needs at any given entry point and not just where they sign up in the system.

Embedding ‘Ohana Nui into the department is a multi-year effort that was introduced in 2015. Operationalizing it began in 2016 and is being led by a group of highly committed internal champions, self-named the ‘Ohana Nui Engineers. They have engineered the department’s transformation plan and are leading the incorporation of ‘Ohana Nui principles into pilot sites where they can test, adapt, track, reapply, and build on the successes of the pilot.

A new department-wide IT system, the Integrated Enterprise Solution, is under development and once fully implemented will enable the department to realize the benefits of ‘Ohana Nui. Upon completion, application and eligibility for services can be determined in one fell swoop by the enterprise system, effectively creating a virtual no-wrong-door, one-stop-shop system for individuals and whole families. This work to meet families where they are will help us get one step closer to a Hawai‘i that thrives.

DHS STRATEGIC PLAN 2017–2020

Vision

The people of Hawai'i are thriving

Mission

To encourage self-sufficiency and support the well-being of individuals, families, and communities in Hawai'i

The Department of Human Services (DHS) developed its first department-wide strategic plan collaboratively with input from the DHS leadership team. The strategic plan is guided by the department's 'Ohana Nui philosophy as well as the Aloha Spirit Statute (Section 5-7.5, Hawaii Revised Statutes) and Article IX, Section Three of the Hawai'i State Constitution.

In fiscal year 2017, we focused on setting the foundation for DHS to improve the self-sufficiency and well-being of Hawai'i's individuals and families and improve service integration and delivery to ensure sustainable outcomes for the people we serve.

In fiscal year 2018 and beyond, we will implement, monitor, and report the progress of our plan and monitor key performance indicators (KPIs) to measure where we are against established goals. We will continue to improve service delivery, working together within DHS and with other agencies and partners throughout the State of Hawai'i.

Goal 1

Improve the self-sufficiency and well-being of Hawai'i's individuals and families

OBJECTIVES

Assist individuals in securing gainful employment and economic self-sufficiency

Support early childhood development and school readiness

Support the health and safety of individuals and families

Increase housing stability

Improve access to food

Goal 2

Improve service integration and delivery to develop solutions for sustainable outcomes

OBJECTIVES

Improve departmental business processes

Leverage data to make evidence-based decisions

Goal 3

Improve staff health and development

OBJECTIVES

Coordinate and integrate strategies that promote the health and well-being of DHS staff

Promote staff career development to enhance capacity to enact DHS vision, mission, and goals

Our Core Values:



Team-oriented

We acknowledge that internal and external partnerships are critical to the success of DHS.



Human-centered

We develop strategies and make improvements as necessary from the client's perspective.



Respectful

We recognize the inherent value of each person as well as the diverse cultures of Hawai'i.



Intentional

We are mindful of our decisions and actions in our collective work.



Visionary

We strive to support our clients by co-creating generative, forward-looking strategies.



Evidence-based

We make decisions that are based on data and take actions that we know will have sustainable outcomes.

Why did we develop a strategic plan?

The purpose of the strategic plan is to provide a common vision, to support the self-sufficiency and well-being of individuals and families in Hawai'i, and to provide a roadmap for investing in priorities for the next three years. The objectives and strategies in this plan serve as an action plan to achieve the department's goals and as the basis for allocating funds and resources.

What is my role as a DHS partner?

DHS cannot meet the needs of Hawai'i's individuals and families alone. We need other state departments, the community, non-profits, the private sector, and counties of Hawai'i to understand the needs of those most vulnerable and to pull resources together to be most effective.

How does the strategic plan impact my organization?

The DHS strategic plan will help our partners within the State of Hawai'i and external partners to see the outcomes of their efforts in working cohesively to administer our programs.



PROSPERITY

Benefit, Employment, and Support Services Division(BESSD)

Every month, the Benefit, Employment, and Support Services Division (BESSD) provides public assistance benefits to nearly 1 in 8 individuals throughout the state that provides for their basic daily necessities for themselves and their families.

The 700+ staff of BESSD, which includes a presence on every major island including Lānaʻi and Molokaʻi, provides basic support to needy families through financial (cash) assistance, Supplemental Nutrition Assistance Program (SNAP) benefits, and the Low Income Home Energy Assistance Program (LIHEAP). BESSD also provides an array of job-readiness trainings, educational and vocational trainings, job placement and retention services, child care supports, transportation, services to the homeless, and work-related supports to assist clients in achieving self-sufficiency.

The mission of BESSD is to provide timely, efficient, and effective programs, services, and benefits to empower those who are the most vulnerable in our state to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

The Core Services of BESSD are:

Economic stability and self-sufficiency:

Helping eligible low-income individuals meet their basic needs and to make progress toward economic independence through cash and food assistance, employment-focused services, and subsidized child care.

Major programs include:

Cash Assistance:

- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Aid to Aged, Blind, and Disabled (AABD)

Child Care Tuition Assistance:

- Child Care Connection Hawaiʻi (CCCH)
- Preschool Open Doors (POD)

Energy and Utility Assistance:

- Low Income Home Energy Assistance (LIHEAP)

Food Assistance:

- Supplemental Nutrition Assistance Program (SNAP)

Employment Services:

- First-To-Work (FTW) (TANF work program)
- SNAP Employment and Training (E&T) (SNAP work program)

Accountability and integrity:

Ensuring that public assistance benefits are provided only to those that are eligible, that the benefits are used only in the manner that is allowable under all applicable federal and state laws, and that recovery and prosecution of fraudulent use is pursued. These are the objectives of the fraud Investigations offices (INVO) located on four islands (Oʻahu, Hawaiʻi, Maui, and Kauaʻi).

Ensuring that licensed child care providers meet basic health and safety standards as a condition of attaining and maintaining their licensed status insures a level of oversight and reassurance to families seeking child care for their keiki. This is purpose of the Child Care Licensing Units (CCLU) that are located on four islands (Oʻahu, Hawaiʻi, Maui and Kauaʻi).

Homelessness Intervention and Prevention:

Providing to those that are homeless or are on the brink of being homeless programs and services that attempt to provide short- and long-term housing placements to stabilize the housing situation while coordinating support services needed to address the root causes of homelessness that interfere with a person’s ability to maintain stable housing placement.

Major programs and services include:

- Homeless Outreach
- Housing Placement
- State Housing Emergency Grants
- Emergency and Transitional Shelter Services
- Rapid Re-housing
- Housing First



Spotlight

COLLABORATING TO TRANSFORM HOMELESS SERVICES

Family Assessment Center

To the general public, what they see in headlines and on their streets may suggest that homelessness is rampant and unescapable. While this perception is understandable, it is far from the whole story. A transformation in homeless service practices is already underway. Government policy changes and increased collaboration have led to a major paradigm shift in the delivery of homeless services.

A shining example of this change is the Kaka'ako Family Assessment Center (FAC) which opened in September 2016. The FAC reflects a new approach to the traditional homeless shelter practice. This program emphasizes rapid placement into permanent housing while providing wrap-around services to stabilize families.

The FAC was also borne from the state's new comprehensive 'Ohana Nui concept, a concurrent all-generation approach which addresses the needs of the entire family, not just the head-of-household. This concept gives families the best chance of breaking the inter-generational cycle of poverty by addressing the highest need areas of housing, food/nutrition, health/wellness, economic self-sufficiency/education, and social capital.

Additionally, the Family Assessment Center adheres to the Housing First model, a recognized national best practice embraced by the State of Hawai'i.

Admission practices are welcoming with low barriers and do not require abstinence from substances, compliance with or completion of treatment, or participation in services. Applicants are not rejected based on credit, rental history, criminal history, or other factors that might indicate a lack of "housing readiness." (Programs consider criminal history and other factors on a case-by-case basis as necessary to ensure the safety of participants and staff.)

The FAC is managed by Catholic Charities of Hawai'i through a contract with the Department of Human Services, Homeless Programs Office.

The accomplishments have been promising: the FAC moved its first family into permanent housing within 21 days. And after six months, the program continued to meet and exceed its housing placement goals of transitioning families into housing in less than 90 days.

The FAC recently celebrated its first year of service. In its first year, FAC served 158 participants. Of those who exited the program, 69 were placed into permanent housing. The most encouraging outcome is a 100% housing retention rate; no FAC participant has returned to homelessness during this time period.

Spotlight

While data is vital to analyze outcomes, it is important to remember that behind every number is a person who now has access to or has achieved housing stability, health maintenance, and economic self-sufficiency.

Adrian Contreras, FAC Program Director, tells of one such success story involving a local Samoan-Hawaiian family, whose head-of-household is 22-year-old Tammy, the oldest of three female siblings. Roddy Marengo, FAC’s Housing Intake Specialist II, first encountered the family nine years ago as a part of Care-a-Van Outreach program through Waikiki Health. At the time Tammy, who was then 12 years old, was tasked to assume the role of part-time caretaker for her sisters in addition to juggling adolescence, homelessness, and middle school responsibilities. Since that initial interaction, Tammy’s mother and stepfather continued having difficulties with satisfying legal conditions related to their homelessness and substance use. This situation often contributed to negligence and abandonment. Care-A-Van’s Outreach team continued to engage and assist the family with ongoing service connection to community resources.

Eventually, life took Roddy on to new employment and away from this family. Some nine years later he met them again at the Family Assessment Center. With help from providers like Youth Outreach, Institute for Human Services, the Department of Education, and Housing Solutions, the FAC utilized a comprehensive network of providers to potentially break the cycle of homelessness for this family and find permanent housing placement for this young woman and her two sisters.

“We feel strongly that community and collective approaches such as these, were not only critical, but the only way we could even consider this placement a success. Tammy’s willingness to engage and stay committed to HER plan to leave homelessness, plus the FAC’s understanding of her challenges and providing appropriate services through a network of partners, facilitated the family’s success in finding permanent housing and stabilization,” says Contreras.

The success of the FAC depends in large part on the collaboration and partnership among various organizations and agencies that come together to serve participants:

Legal Aid Society of Hawai’i (LASH) for Medicaid enrollment and social entitlements such as Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP). LASH also assists with obtaining vital documents such as birth certificates, Social Security cards, and state identification cards.

Ka Pa’alana, a non-profit created by Partners in Development Foundation, offers a traveling preschool for young children up to 5 years of age. The preschool comes to the FAC twice a week, from 9-11:30 a.m. on Mondays and Wednesdays. When families transition out of FAC, preschool needs are fulfilled through home-based services for alumni families.

For school-age children, the homeless concerns liaison of the Department of Education provides assistance to ensure youngsters and their families have everything they need to prepare for school, including the appropriate documents for families to sign.

Medical care requirements are addressed by H.O.M.E. Project, a mobile clinic operated by third- and fourth-year medical students from the John A. Burns School of Medicine. The students provide care under the supervision of physicians who visit the FAC every Thursday night from 5-7:30 p.m. Hawai’i Department of Health public health nurses visit twice monthly and provide additional care, including assistance in Medicaid enrollment.

For employment services, Honolulu Community Action Program (HCAP) brings options to families whenever they express the need or desire to be employed. The Institute for Human Services (IHS) also offers the Hele 2 Work employment program. Additionally, Waikiki Health Center (WHC) has a job-training program for current and former homeless people, helping them get work in a variety of occupations.

WHC also provides two overnight staffers to ensure the safety of residents and monitoring and cleaning restrooms.

Institute for Greater Good offers support to the staff in understanding both the physical and emotional trauma homeless families have suffered and provides staff training to help them support families suffering post-traumatic stress disorder and other emotional issues.



OUTPUTS AND OUTCOMES

After just one year of operation, the center boasts the following outputs and outcomes:

OUTPUTS

37 unduplicated families/**160** total individuals served
931 unduplicated counseling contacts
706 duplicated referrals to partner providers
27 individuals enrolled in Medicaid; **5** through healthcare.gov
79-day average stay from intake to discharge

OUTCOMES

32 (86%) unduplicated families exited to permanent housing.
59% of unduplicated families exited with increased earned income.
1 unduplicated family returned to the FAC within 6 months.
0 unduplicated families returned to the FAC within 6 – 12 months.

‘OHANA NUI PILOT PROJECTS

The Kaka‘ako Family Assessment Center is just one of the pilot sites for the multi-generational approach, ‘Ohana Nui, DHS has been implementing since early 2016. These pilot sites or projects are smaller, discreet programs, policies, processes, or practices within the department that are “ripe” for immediate application of ‘Ohana Nui principles.

Lessons from pilot sites become proofs of concept which are then applied more broadly throughout DHS. Sustained and eventually knit together with other pilot sites, they will systematically transform the way DHS does business. DHS shares key lessons and best practices with other states and jurisdictions interested in applying ‘Ohana Nui principles.

EARLY CHILDHOOD EXCELLENCE

Helen McComber

After more than two decades in education, Helen McComber recently became one of a kind here in Hawai‘i – she is the first DHS-registered family child care provider in Hawai‘i to achieve accreditation from the National Association of Family Child Care (NAFCC).

NAFCC sponsors the only nationally recognized accreditation system designed specifically for family child care providers. Accreditation is awarded to family child care providers who meet the eligibility requirements and quality standards in five main content areas: focus on relationships, the environment, developmental learning activities, health and safety, and professional business practices.

This honor is a testament both to the excellence possible with home-based child care settings and to McComber's legacy as an educator.

McComber has more than 25 years of experience in education as a teacher and an administrator. Her experience has shown her the importance of building best practices in the classroom and “creating an environment where children thrive as learners,” she says.

McComber and her Nā Pua Learning Academy (NPLA) worked with Windward Community College’s Learning to Grow Project and their NAFCC Accreditation Facilitation Project to earn this prestigious accreditation. Learning to Grow’s project, which is funded by the Department of Human Services, supports providers to increase their capacity and quality with monthly training sessions, home visits, observations, and one-to-one coaching sessions as they move toward accreditation.

Collaboration between Learning to Grow, the State of Hawai‘i DHS, and child care providers pays dividends not just for our partnership but also for our communities. As we build up our providers, parents in Hawai‘i will have more opportunities to expose their children to the best of early learning.

At the heart of the matter, McComber knows that her success in the decades as an educator and now as an accredited home-based child care provider is grounded in her own experiences as a parent.

“Being a parent myself, I understood that mākua (parents) truly want the best for their keiki in all aspects of their lives, especially education. To meet this need I worked to obtain accreditation demonstrating my commitment to students, their families, and the level of education provided at Nā Pua Learning Academy,” McComber says.

Her foundation – be it in her career or her family – exemplifies the promise for early learning and school readiness here in Hawai‘i.





HOW DOES DHS ASSIST WITH CHILD CARE?

Child Care Connection Hawai'i, a DHS 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.



“On a personal level, it is an example of excellence or as shared in a Hawaiian proverb, ‘Kūlia i ka nu‘u — to strive for the highest.’ It is an investment in yourself as an educator and evidence to your work, expertise, and areas of leadership in this field.

“As families entrust their keiki’s most fundamental years of learning and growth with us, we have a kuleana, both a responsibility and privilege, to provide the best education possible which is demonstrated through accreditation,” she says.

Through the partnership that has formed between Learning to Grow Accreditation Facilitation Project, the Department of Human Services, and providers like McComber, we know that we can create a foundation for all of Hawai'i that promises our children safe, nurturing, and healthy learning environments.

LICENSING PROGRAM

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.

Regulated child care generally falls into two kinds of settings: family child care homes and licensed group child care centers. Registered family child care homes can care for a small number of children (determined during registration based on age of children and number of individuals providing care in the home) within the provider's home. Licensed group child care centers typically care for more children and include facilities like group child care homes, before-and-after school centers, and infant and toddler centers.

IN FY 2017, THERE WERE THE FOLLOWING NUMBERS OF REGULATED FACILITIES AND CHILD CARE SLOTS:

461 Registered family child care homes

635 Licensed group child care centers

36,070 Total regulated child care slots

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.

Within this program, Preschool Open Doors (POD) provides child care subsidy assistance to low- and moderate-income families for early childhood services. This program specifically aims to advance a child's school readiness by providing up to a year of experience in a preschool program chosen by the child's parent or guardian before the child enters kindergarten.

IN FISCAL YEAR 2017, PRESCHOOL OPEN DOORS SERVED:

1,767
children
with
\$10.7
million



POTENTIAL

Division of Vocational Rehabilitation (DVR)

The Hawai'i Division of Vocational Rehabilitation Services (DVR) assists individuals with disabilities to achieve competitive employment and promote independence and self-advocacy through our five main programs.

Main Programs

Vocational Rehabilitation (VR)
Provides a high level of professional vocational counseling and guidance to assist individuals with disabilities in securing and maintaining integrated employment. Additionally, VR connects with employers, providing them with job-ready, qualified applicants while offering training and information on disability issues and accommodations in the workplace.

Hawai'i VR serves more than 4,000 consumers with disabilities.

Transition Services
Provides services to students and youth with disabilities who are transitioning from high school to employment and/or higher education. Ongoing collaboration with the Department of Education is essential to the success of the various transition programs and helping participants in developing self-advocacy skills.

- 38% of individuals served were transition-aged youth with disabilities in 2017.
- 29% of transition-aged youth have pursued post-secondary education in 2017.
- 5% of transition-aged youth have entered the workforce in 2017

Deaf, Hard of Hearing, and Deaf-Blind Services
Division of Vocational Rehabilitation has a designated section to meet the needs of persons who are Deaf or Hard of Hearing. This section provides advanced communication technology and career counseling for participants who are Deaf or Hard of Hearing. Counselors in this section are fluent in American Sign Language which is a critical component in providing culturally sensitive communication and collaborating services.

Ho'opono Services for the Blind
Provides support and resources through various services which increases participants' functional independence, productivity, and integration. Ho'opono teaches important skills such as cane travel, braille literacy, home management, and utilizing adaptive equipment. Services offered under Ho'opono include:

- Old Individuals who are Blind
- Low Vision Clinic
- Summer Employment Program
- New Visions Program
- Hawai'i Business Enterprise Program (BEP)

Disabilities Determination Services
Makes medical determinations on disability claims and communicates with applicants on whether they meet requirements for Social Security benefits.





Spotlight

BLINDNESS IS NO BARRIER FOR THIS ENTREPRENEUR

Dyllon Asami

Dyllon Asami is pursuing something many of us aspire to. He is doing what he loves. Asami provides exceptional service to his customers every day as a new blind vendor in the Division of Vocational Rehabilitation's blind vending program.

Beyond doing what he loves, Asami strives to be his best. Asami runs a snack shop at the Pacific Warfighting Center. He is intent on maximizing every opportunity and space to exceed his customers' expectations – a skill he developed having worked at the Disney Store. Every available space in his facility is used to develop quality products that he can effectively market. His work ethic means that even when the facility where his snack shop is located is open late for events, he is also working around the clock to provide his signature excellent service.

The hard work and attention to a great customer experience has paid off for Asami too. He has tripled his monthly earnings since he first opened.

Asami is also interested in paying this success forward. He looks forward to being able to give back by employing more people with disabilities as his business grows. The unemployment rate for those who are blind exceeds 70%.

Ho'opono Services for the Blind, a section of DVR, is proud to be able to expand the opportunities for blind to make a living, support their families, and achieve self-sufficiency and independence.

But, it's clients and entrepreneurs like Asami – with the right attitude and skills in the right kind of work – that come together with DVR and Ho'opono to make the greatest difference for our community.

We know that Asami will not just continue to inspire but to make an impact in his community so that more individuals with disabilities can also say they love the work they're doing.

THE DRIVE TO SUCCEED

Seth Tucker

When Seth Tucker first started receiving DVR services in 2007, he had the drive but he hitchhiked to all of his appointments, meeting his Vocational Rehabilitation Specialist (VRS) at Workforce Development Division (WDD) or at the local Starbucks where it was convenient. Tucker’s transportation risk was not the last one he would take to follow his dreams.

Shortly after beginning services, he set the admirable and risky goal of graduating college and working in a career within his capabilities. Tucker was born with cerebral palsy, and he was determined to never let it stop him from reaching his dreams.

Thanks to assistance and perseverance, transportation became less of an issue for Tucker in the fall 2008 when he began at Hawai’i Community College (HCC). He used taxi vouchers and public transportation to attend classes. He also obtained SSDI benefits to assist with school. Tucker thrived in school, becoming a member of Phi Theta Kappa and even being honored as a graduation speaker in the spring of 2011.

Still driven by determination, Tucker transitioned from a local community college setting to a larger university one. Tucker continued to achieve in Tucson at the University of Arizona (U of A) from the fall of 2011 through his 2014 graduation. And in addition to earning his Bachelors of Science degree in Speech Pathology and Hearing Science, he even obtained his driver’s license.

Tucker’s ambition has paid him dividends. Fresh off his graduation, he got engaged and married in June 2014. Looking for employment, Tucker relocated to San Antonio,

Texas. In February 2015, Tucker started his career as a Mortgage Origination Specialist with USAA.

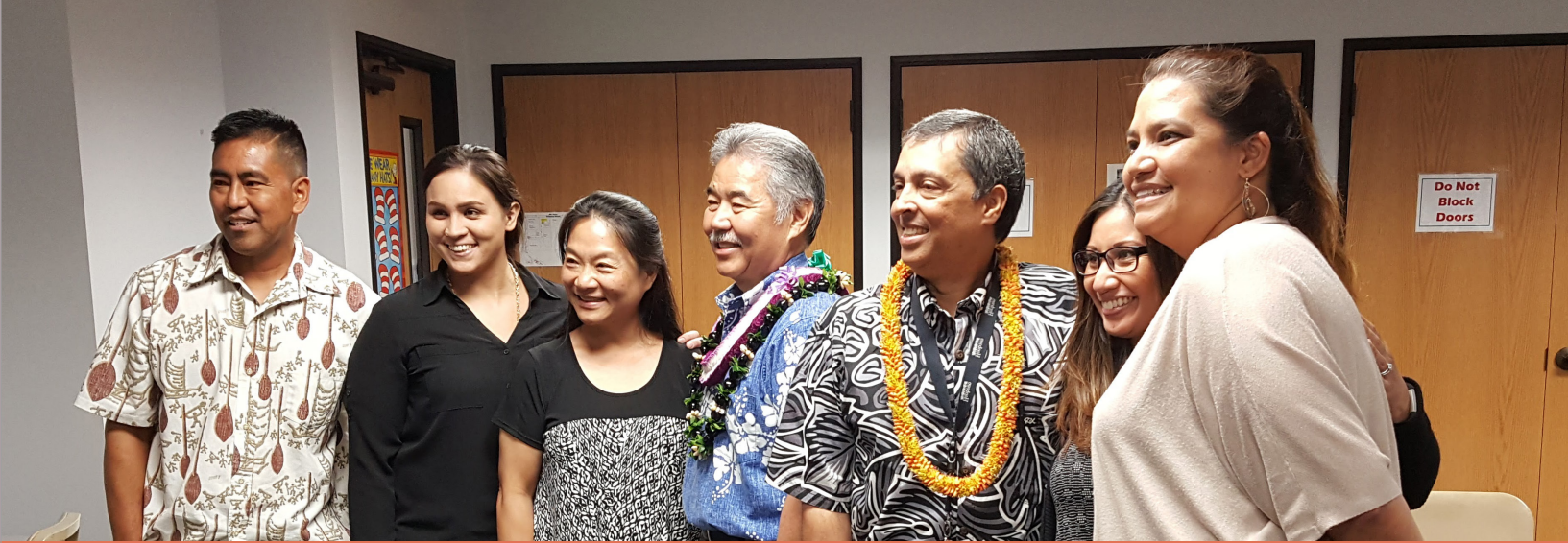
With accommodations and support from USAA, this full-time job has enabled Seth to earn promotions and raises and get off of SSDI.

Even with such success, Tucker continues to look toward a bigger and brighter horizon. Tucker has taken advantage of USAA’s higher education program and is currently pursuing a master’s degree in Human Resources Management. He hopes he will one day work in human resources doing advocacy work or providing disability-related services.

Although Tucker seems to have come a long way already, there still seems to be a lot of road for him to accelerate and succeed.

Tucker and his wife purchased a home when they moved to San Antonio and are currently renovating their spare room into a nursery. They are expecting their first child just a month before Tucker earns his master’s degree.

Tucker’s story gives promise for the future, not just in the determination he will instill in his child, the next generation, but also for the countless lives he will inspire and help in his budding career. The Division of Vocational Rehabilitation is proud to have been along for part of his amazing ride.



PROTECTION AND RESILIENCE

Social Services Division (SSD)

The Social Services Division (SSD) is committed to promoting the health, safety, and well-being of children and vulnerable adults throughout the state of Hawai‘i. The division is comprised of two branches:

- 1. The Adult Protective and Community Services Branch (APCSB), which works with communities and families to protect adults from exploitation and harm, and
- 2. The Child Welfare Services Branch (CWSB), which focusses on supporting families and communities to keep children safe from abuse and neglect.

SSD envisions a future where all citizens of Hawai‘i are cherished and safe in nurturing families and communities.

SSD has developed interventions to promote successful outcomes for children, vulnerable adults, and their families. These interventions are:

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

The strategies that the SSD uses to achieve its goals focus on:

- Collaboration that respectfully engages individuals and families to design their own solutions;
- Multidisciplinary approaches that include input from families, communities, and professionals from a wide range of fields and backgrounds;
- Creativity in addressing individual problems;
- Honest and earnest communication;
- Compassion and caring; and
- Strength-based, supportive approaches to build family and community capacity to ensure safety.

We are incorporating the principles of ‘Ohana Nui into our daily work with adults, children, and families, as well as into our long-term planning.

We continuously partner with sister agencies, community providers, extended family, and community members to wrap families in supports and services to best meet their needs and build upon their strengths. One example of our ‘Ohana Nui collaboration with other state departments working to more efficiently align programs is our work on Early Home Visiting Programs. Child Welfare Services (CWS) is joining with the Maternal and Child Health Branch of the Department of Health to create a statewide unified and effective home visiting program for pregnant women and families with young children.

Over the 2017 fiscal year, the Social Services Division has worked hard to serve Hawai‘i and improve the way we work with families and communities to better protect and improve outcomes for children and vulnerable adults.

Some of our proudest achievements of this year include the following:

Minor Sex Trafficking (CWSB)

As of May 29, 2017, reports of minors who are suspected victims of sex-trafficking are being accepted by the state’s 24-hour child abuse and neglect hotline. CWS staff are newly identifying minor victims of sex trafficking and ensuring that the children receive appropriate services.

Established Case Management (APCSB)

Utilizing Social Services Block Grant federal funding, APCS established case management services and monitoring for adult protective services (APS) cases with confirmed abuse on O‘ahu. While APS investigators concentrated on crisis intervention and immediate victim safety, the case manager provided links to community services, assisting clients and their support systems with additional monitoring to prevent re-abuse. In SFY 2017, the O‘ahu case manager provided services to approximately 100 victims of vulnerable adult abuse, neglect, and financial exploitation.

Title IV-E Waiver Project Initiatives (CWSB)

In 2015, Hawai‘i CWS began four new programs through a federally approved project that allows the state to use federal Social Security Act, Title IV-E funding in more flexible ways: Crisis Response Team, Intensive Home-based Services, Family Wrap Hawai‘i, and Safety, Permanency, and Well-being (SPAW) Meetings. These programs are each showing promising results.

Approximately half of all the children who are served by the Crisis Response Team (CRT) are able to remain safely in their families’ homes, with the support of Intensive Home-Based Services (IHBS), in many cases. Prior to the initiation of CRT and IHBS, all of these children would have come into foster care. Family Wrap Hawai‘i has been instrumental in successfully reunifying more than 25 children in foster care with their families on O‘ahu and Hawai‘i Island. SPAW has worked with some challenging cases and, with the collaborative efforts of the child’s team, has cleared the path to permanency for more than 80 children in foster care.

Hawai‘i County Public-Private Partnership (APCSB)

The East Hawai‘i APCS Section collaborated with the Executive Director of the Hawai‘i County Office on Aging to promote a public/private partnership in developing a private emergency housing program for seniors at risk of abuse, neglect, or exploitation. The Hawai‘i County Office on Aging utilized funding from the Aging and Disability Resource Center to establish the program with implementation anticipated in SFY 2018.



FOSTERING POSITIVE TRANSITIONS TO ADULTHOOD

Cheyenne Brock-Kuanoni

Cheyenne Brock-Kuanoni has a voice that is both strong and sensitive. She recognizes both loss and positivity can be part of foster youth’s journey.

“The one thing that I wish people knew about foster youth is that beneath the tough exterior is someone very fragile. Foster youth experience so much loss, and the only thing they can do is toughen themselves up,” says Brock-Kuanoni.

Brock-Kuanoni’s insight and her voice are rooted in 13 years in foster care and now a thriving career in Child Welfare Services. At 23, she is literally and figuratively the next generation of Child Welfare Services. Her evolution is an inspiring story that exemplifies the importance of supports for and connections with fellow foster youth as they transition to adulthood.

The strong connections Brock-Kuanoni had with CWS staff prompted her first step into this most recent chapter in her life. Her Independent Living Program (ILP) worker first suggested she apply for the HI H.O.P.E.S. (Hawai’i Helping Our People Envision Success) Youth Leadership Board.

“Sadly, I started the work with the mindset that it was just another paycheck. I was so wrong,” she says. Brock-Kuanoni grew to love her work over the first year with the board.

For her, HI H.O.P.E.S. is a place for current and former foster youth to educate, advocate, and collaborate with community partners to improve outcomes for foster youth. It is also a group whose voice CWS values and who the department considers a partner.

“HI H.O.P.E.S. is important because the people that are actually making the change are the youth. We make our voices heard, and we get things done. While in care, youth are so used to people making decisions for them. Programs like HI H.O.P.E.S. give us the opportunity to pinpoint issues that we faced and be able to work on them directly,” she says.

HI H.O.P.E.S.’s advocacy has had big impacts for Hawai’i’s foster youth. They have worked alongside DHS to ensure former foster youth remain automatically Medicaid eligible until the age of 26. They have also collaborated to institute CWS programs like Imua Kākou, which allows foster youth to opt into voluntary care through age 21. In this program, former foster youth can continue to tap into resources and financial supports to ease their transition to adulthood.

While HI H.O.P.E.S. and other programs that empower foster youth have had big policy impacts, they’ve had even bigger impacts on former foster youth as citizen leaders.

“My time with HI H.O.P.E.S. has impacted me immensely.

I had gone from a girl that was lost and didn’t know what her purpose was, to the woman I am today

– driven, focused, and passionate about working with foster youth,” Brock-Kuanoni shares.

Brock-Kuanoni is now the positive influence she remembers CWS and ILP workers being to her. She works with families to help keep children safe whether reunited or in care.

Hours in any CWS office are often long and thankless, but the fire her HI H.O.P.E.S. work lit remains the same. Brock-Kuanoni is certain of this, “When I’m having a stressful day and I do one of my visits, I get to see how happy the families and youth are when they see one another and that’s enough to keep me going. Instant happiness.”

IMUA KĀKOU

Imua Kākou is a voluntary program designed to help young adults successfully transition to adulthood by extending foster care services. The program 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.

OTHER EDUCATION SUPPORTS

There are additional supports which aim to help foster youth achieve success in post-secondary education.

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. Youth ages 18 to 26 may receive up to 60 months (5 years) of this allowance, which is equivalent to the foster care board rate.

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.

WHO MAKES UP THE SOCIAL SERVICES DIVISION TEAM?

The Social Services Division is made up of more than 400 team members. The Child Welfare Services Branch employs about three-quarters of the division staff.

The branch includes:

- Secretaries and clerks
- Aides, who transport clients and supervise visits
- Assistants, who assist the processing of paperwork and support case workers
- Eligibility workers, who determine Title IV-E eligibility
- Caseworkers, which includes intake workers, assessment workers, case managers, permanency workers, and licensing workers
- Line supervisors
- Administrators

EDUCATION

All Child Welfare Services Branch staff members must have a high school diploma or GED. All casework positions require at least a bachelor's degree and some experience in human services. The majority of CWS caseworkers hold a master's degree or higher.

Spotlight

COMING FULL CIRCLE FROM FOSTER YOUTH TO CWS

Shawn Lathrop

Shawn Lathrop never set out to bring his life full circle – from a young life spent in foster homes and reuniting with his parents in Oregon to working in that very system here in Hawai'i.

Lathrop first entered foster care at age 6 or 7 in Southern Oregon when his teacher noticed red welts on the back of his arms and neck.

He told his teacher that his father spanked him with a stick. By stick, he meant thin branches cut from their apple trees to whip him. When asked about his experience with the Oregon child welfare system, Lathrop describes being removed and reunited from his parents numerous times. “Each time I was returned, the abuse would start up again,” he says.

He continued, “What I remember the most was not knowing. Not knowing where I was going. Not knowing who I was going to be placed with. Not knowing how I would be treated. Not knowing if or when I was going to go home and not knowing whether or not I really wanted to go home.”

Lathrop's adolescence was marked by difficulties as a runaway, with alcohol abuse, and with trouble in school. During his teen years he was placed in a detention home then with maternal grandparents and later with a hānai aunty before he petitioned for emancipation at age 17.

What seems to stick with him beyond the abuse he suffered by his parents and stepfather was the way Oregon child protective social workers treated him. He recalls that he “was always told by the child protective social workers that I needed to be more behaved and do what I was told so my parents wouldn't hurt me.” He went on later, “I remember always being angry at my worker because they never really talked with me, always to or at me.”

This experience did not drive him to pursue a career in child welfare services though. “I actually never planned on working for CWS,” he says. “I pursued a degree in psychology because I wanted to better understand my own issues with anger, mistrust, and communications skills. I also wanted to be the first member of my family to graduate from college.” Lathrop began his career in mental health in 2001 in the private sector. He went on to work for the Department of

Health Child and Adolescent Mental Health Division before going on to work as pre-sentencing investigator for adult criminal courts. After some time working with some of the most heinous crimes, he decided he needed a change.

As luck would have it, Child Welfare Services in Kona was the first call he got after applying as a human services professional.

“I've often reflected on the strange irony that I've almost come full circle,” Lathrop reflects. Why does he say almost? “I think becoming a foster parent would be ‘full circle’ for me.” Lathrop's insight gives an inkling of the deep dedication and pride so many of our Child Welfare Services team members serve their communities with.

“Every time I reunite a family after they have worked so hard to address their issues and needs, I feel a sense of pride and accomplishment. When I have helped children find their ‘forever home’ under adoption or guardianship and see how happy they and their new family are, I feel those same feelings,” he says.

And still, Lathrop recognizes CWS' work can be tough. “Many of us are parents ourselves, and we understand the struggles and challenges of raising children. We hate seeing parents and children cry as we take children into protective custody.”

So what takes Lathrop through some of his toughest days? He recalls one memory.

It was the first time Lathrop conducted a removal. He removed two children from their parents' custody and placed them with their maternal grandmother. One of the children, 6 years old at the time, had drawn a picture of herself and given it to Lathrop as a gift while he worked with police officers on protective custody forms.

“When I told the little girl that she and her little sister would be going to live with their grandmother, she broke out in the biggest smile, grabbed my waist ,and said, ‘Thank you for saving me and my sister!’ ... A few months ago, I ran into the girl, who isn't so little anymore. She told me she remembered that hug and that drawing.

“The fact that I could make such a positive impact on that child's life is something that carries me through the toughest days of this job.”

RESOURCES THAT FOSTER SUCCESS FOR KIDS

Heather Catabay

Heather Catabay’s 10-year career with the Child Welfare Services Branch has been all about giving back to the department “to help current and future foster youth.” Beyond simply helping families, Catabay is passionate about connecting with foster youth and making their experience positive like the one she had in foster care.

Catabay’s unique experience as a foster youth now serving her community as a CWS team member helps us understand truly what ingredients can lead us to success – supportive and loving resource caregivers and dedicated and diligent DHS staff.

Catabay was born in Grand Island, Nebraska and raised in Ocean View on Hawai’i Island as one of five siblings. Although she and her siblings were removed from their parents more than once, they were fortunate to be placed with the same family. This family – both the resource caregivers and their daughter – eventually adopted Catabay and her siblings so they could stay together.

One of the main ingredients to this good experience was the resource caregivers (formerly known as foster parents or foster families) who took care of Catabay and her siblings. “[The family] took me and my siblings in and did everything that we needed to be healthy and safe. They also took me and some of my siblings into their home each time we were removed from our parents,” she says.

This resource family’s supportive environment had an enormous impact on Catabay.

“I grew up in a loving home that taught me to be who I am today.”

In addition to the caring resource caregivers who gave Catabay and her siblings a forever home, she credits the social worker who handled their case as another important ingredient to her success. “I remember my social worker coming around a lot. I believe that my social worker really cared about us and helped to make the experience smoother,” she says.

The strong support Catabay received from the social worker assigned to her case has had extended impact on her life and career.

For one, Catabay says CWS staff are still supporting her but in different ways now as a part of the CWS team. “They are my family. They have helped me and watched over me in all of the ten years I have worked for the department. I don’t think I would still be here if it weren’t for the staff being so supportive both professionally and personally,” she says.

These positive experiences – with the resource caregiver and her social worker – have also guided how she approaches her work at CWS.

“Some of the things that helped me thrive in foster care that I put into practice in my job as a social services aid is the fact that we can’t always predict what will happen in our lives.

“I always explained to the children that I worked with that it isn’t as bad being in foster care as they think ... I tell them that, if I was able to get through it and work and go to school and have a family, that they can too,” she says.

Catabay also provides unique insight on the difficult road that many foster youth face.

“I wish that people understood that foster youth sometimes feel labeled when you refer to them as a ‘foster kid.’ They tend to think that they are not worth the trouble or that they are different from other children. Foster youth just want to fit in with other children and not be labeled.

“I want people to understand that they just want to be loved and feel normal,” she says.

She shares her experiences and her insights to enrich fellow CWS team members. “I tell my coworkers all of the time that if me and my siblings were not put into foster care, that I don’t know where I would be today. I tell them that I think that going through foster care made me want to share my experiences with other foster youth.”

Catabay is a living, breathing testament to the resilience and success that foster youth can achieve and to the heart of our Child Welfare team.

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 (formerly known as a foster family). Resource caregivers may be family members, friends of the family, or other licensed community members. CWS must license all homes in which children are placed, which requires they meet basic requirements to protect the health, safety, and well-being of foster youth.

LEAVING FOSTER CARE

When a child is removed from their family’s home, the first goal is always reunification with their parents. 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. Youth may also age out of or be emancipated from foster care. Although CWS works to keep emancipation as rare as possible, we do offer supports to help emancipated foster youth transition to adulthood.





HEALTH

Med-QUEST Division (MQD)

Message from Dr. Judy Mohr Peterson, Med-QUEST Administrator/Medicaid Director:



The change in administration on a federal level brought about significant challenges for Medicaid and for Hawai‘i’s Med-QUEST program. While the debate over how to restructure Medicaid raged on across the nation, Hawai‘i quickly went to work to understand and plan for the various scenarios that may result from the proposed changes to Medicaid funding. We are grateful that the proposed cuts to Medicaid funding did not pass in 2017. Importantly, we can focus on our programs to ensure we are providing essential services to those in our community who depend on Med-QUEST for their health needs while supporting the invaluable health plans and providers who are at the front lines of service to our people.

In 2017, I also took on the role of president of the National Association of Medicaid Directors’ board of directors. This organization provides resources and advocacy for Medicaid programs in every state and, as its president, I am engaged with senior policy makers at a federal level and am able to provide our Hawai‘i lens to the national dialog on Medicaid and our healthcare delivery system.

Who We Are:

Med-QUEST (Quality, Universal Access, Efficiency, Sustainability, Transformation) is a division of the State of Hawai‘i’s Department of Human Services. Our team of approximately 300 employees is located at office sites across the state serving every island. We also staff the following branches:

- Eligibility Branch (in-person eligibility offices at six locations statewide)
- Health Care Services Branch (managed care contracts, quality assurance/improvement)
- Customer Service Branch (call center and Medical Financial Integrity System that ensures enrollment information is accurate)
- Clinical Standards (Medical Officer, psychiatrist, pharmacist, dentist)
- Program & Policy (state plan amendments, waivers, administrative rules, guidance)
- Health Care Outreach Branch (outreach to community about enrolling in Medicaid and health insurance coverage)
- Systems Office (MMIS Claims, Encounters; eligibility app (KOLEA); running our office systems)
- Finance Office (financial tracking, audits, third party liability, liens, budget, contracts)

Med-QUEST’s Vision

The people of Hawai‘i embrace health and wellness.

Med-QUEST’s Mission

Empower Hawai‘i’s residents to improve and sustain well-being by developing, promoting, and administering innovative and high-quality healthcare programs with aloha.

Core Values

Hi‘iola – Embracing wellness

- H

Healthy Outcomes
We develop strategies and improvements necessary to promote overall well-being.
- I

Integrity
We are accountable to the work we do, the resources we manage, and the people we serve.
- ‘

‘Ohana Nui
We focus on the whole family’s needs, with priority on children ages 0 – 5 years old.
- I

Innovation
We cultivate an atmosphere of continuous learning and improvement.
- O

Optimism
We each make a difference for the people of Hawai‘i.
- L

Leadership
We are all leaders in the work we do.
- A

Aloha
We extend warmth and caring to all.

Who We Serve:

Med-QUEST provides health insurance to roughly one quarter of all of Hawai‘i’s people and over forty percent of Hawai‘i’s keiki through five health plans listed below:

Hawai‘i Medicaid Managed Care Enrollment - By Plan and Island

For the month of August

Plan	Oahu	Kauai	Hawaii	Maui	Molokai	Lanai	Total
AlohaCare	38,909	5,980	13,227	9,592	2,354	528	70,590
HMSA	101,092	10,635	44,236	11,099	796	138	167,996
Kaiser	20,034	0	0	10,559	0	0	30,593
Ohana	26,933	2,196	8,555	4,693	493	97	42,967
United	31,523	1,566	8,950	3,991	224	78	47,332
Total	218,491	21,377	74,968	39,934	3,867	841	359,478

*Note: The following is a snapshot and subject to change based on retro-active adds and deletes

For 2017, Med-QUEST focused on three strategic areas:

- Access to Healthcare and Insurance
- Child and Family Health
- Chronic Homelessness and Behavioral Health

MQD is focused on ensuring that families have health insurance.
This is being addressed through:

- Expansion of MQD’s call center staff and an improved program to include data-entering Med-QUEST applications over the phone for those community members who prefer to call in.
- MQD supported outreach initiatives and community partner Navigators.
- MQD contracted with community partners in Hawai’i County and Honolulu County as Kōkua service providers to assist with outreach and application completion.
- Partnering with institutions to improve continuous coverage for individuals transitioning out of institutions or from one program to another such as those transitioning out of prison/jails, aging out of the foster care system, and moving from the Department of Health’s State Hospital to MQD & Community Care Services.
- MQD’s Healthcare Outreach Branch (HCOB) began working with the Department of Public Safety and the Honolulu County Offender Reentry Program (HCORP) to collaborate on ways to ensure those leaving incarceration have access to health coverage the day they leave incarceration.
- HCOB is also collaborating with the Hawai’i State Hospital (HSH) and discussed their process for assisting those who are being released from HSH and are working closely with staff at HSH to assist their patients.

Child and Family Health

In an effort to improve health access and outcomes for children and families, MQD has focused on addressing the needs of women of child-bearing age and mothers by working with partners on deploying the One Key Question® model. The question is “Would you like to become pregnant in the next year?”

In addition to the One Key Question® , there is also an expanded emphasis on screening for substance use using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool. In partnership with the Department of Health, training was rolled out across the state for OB/GYNs and some family practitioners.

Yes!

- Preconception care
- Screen for conditions that can affect pregnancy
- Medication review
- Counsel on nutrition, exercise, substance use
- Recommend folic acid daily
- Recommend early prenatal care

No!

- Ask whether she is using a contraceptive method
- Check satisfaction with current method
- Offer contraception options, emphasizing Long Acting Reversible Contraceptives

MQD hired a dentist in 2017 to help develop options and research best practices to address the oral health needs of all Medicaid recipients.

Chronic Homelessness and Behavioral Health

MQD’s efforts to address the complex needs of our chronically homeless population who also experience behavioral health challenges was the focus of a requested amendment to our 1115 Waiver (an agreement that we have with the federal oversight agency). The amendment proposes a redesign of benefits to increase who can receive behavioral health intensive case management services and housing “tenancy supports” services.

There is continued advocacy for integration of care for both behavioral and physical health. Some of the tools proposed to address these needs are:

- Screening, Brief Intervention, and Referral for Treatment (SBIRT) to help address the hidden issues with substance misuse in multiple settings;
- Pregnant women, individuals with chronic disease, dual diagnoses;
- Additional clinical and non-clinical settings (emergency departments); and
- Telepsychiatry

Other Administrative Accomplishments

To accomplish our strategic focus areas, there is a recognition that we need to invest in our staff, our IT systems, and other infrastructure. The following are some of our accomplishments:

- Launched a Business Process Redesign project that is initially targeted at improving processes and services within our customer-facing units.
- Increased long-term services support training for eligibility workers.
- Developed a new MQD website with a customer-centered focus and an emphasis on ease of use and positive customer experience.
- Developed CMS-approved implementation of a new QUEST Integration (QI) Managed Care Organizations (MCO) Pay-For-Performance (P4P). The impact has been very successful as each of the five QI MCOs received a check based on the new P4P algorithm.
- Continued to process Electronic Health Records (EHR) incentive payments.
- Received a three-year approval from CMS to maintain our electronic interfaces with the various federal agencies such as Homeland Security, Social Services Administration, etc. The data exchange allows the state’s Medicaid system to validate a Medicaid applicant’s identity and qualifications to be eligible for medical insurance assistance by the State of Hawai’i.

MED-QUEST MEMBERS SHARE WHY MEDICAID MATTERS TO THEM

Every day, Hawai‘i residents need access to quality healthcare. Med-QUEST provides this access for eligible children, adults, and families. We asked some of our members to share their stories about how access to healthcare through Medicaid helped them.



Makaiwa Kanui

“Having Medicaid gave me the support I needed as a first time mother, giving me the resources and medical attention I needed to have a healthy pregnancy and healthy baby.

Medicaid continues to be a blessing to our new family ensuring that we have our medical needs met so that we can thrive. People should know that Medicaid members are doing the best they can to make ends meet. And Medicaid is one of the most important resources we have.”

Momi Kawai

“Aloha! My name is Momi Kawai, and I would like to share my personal experience with you while I was under Medicaid. I was diagnosed with breast cancer April of 2014. I had just recently moved to the Hawai‘i Island and was planning on going back to school. I had no job and no medical insurance, because of my income status. I was eligible for Medicaid.

“I was able to complete 7 months of chemo and 7 weeks of radiation, not to mention that my insurance covered all services and medication. I will forever be grateful for such a blessing to have had Med-QUEST.

“Currently, I am working my way back to a healthy lifestyle and getting back on my feet. I currently work for a non-profit (Arc of Hilo) which allows me to go into my community to educate and advocate the importance of having health insurance.

“People need to know that under Medicaid you are served just like all other medical insurance. Not once while I was on Medicaid was I treated any different, people need to realize, just because you have free health insurance does not mean that you have bad or second class medical services. Like I expressed earlier, I will forever be grateful for the help while under Medicaid.”



Uncle Rocky

Nearly two years ago, 57-year-old Mr. Rocky was hospitalized for pneumonia and was placed on a ventilator. He required total care in all his life activities. He then transferred to a nursing facility for a year and a half. Although Mr. Rocky was blessed with a supportive family who visited frequently, as the days grew into months and years, Mr. Rocky missed waking up with his family around him and longed to return home. The nursing facility contacted Going Home Plus for assistance in finding an affordable rental for him and his family. Due to his medical equipment and need for electrical upgrade to support the equipment, over 33 rentals were explored. Unfortunately, the rentals did not have the electrical capacity to upgrade the electrical system within the rental costs allowable by the section 8 program, thus, plans were to return home to his current rental. Mr. Rocky and the nursing facility were actively involved in exploring alternate ventilator machines at a lower ampere allowable by the rentals existing electrical system. Mr. Rocky, being a strong advocate, did his research and contacted various medical suppliers willing to establish a local contact office and contract with the health plan for the equipment. Housing staff worked closely with Mr. Rocky and the section 8 office, property manager, nursing facility, and health plan to resolve these challenges and to actualize Mr. Rocky’s plans to return home. Since Mr. Rocky’s return home, he shared that he has been “blessed” waking up with his family every day. Mr. Rocky and his family have been exploring his “second life” with the opportunity of going to the beautiful beaches in Hawai‘i, attending family gatherings and cookouts, eating at restaurants, and going to the movies with his portable equipment in hand. Mr. Rocky wants to return to work as a court interpreter as his next goal in his life’s journey.



“Golden Keys for Success: Have the courage to confront your fears. Be inspired to transform challenges into opportunities and possibilities. Live the life you want to live. Build supports around you to achieve your dreams. Have a voice and participate in your plans to make your dream a reality. Never give up!”

“Medicaid has been a blessing to my family. My elderly parents are in their late 80’s and early 90’s and they outlived their nest-egg to be able to pay for exorbitant long term monthly care costs.

“My mother has Alzheimer’s and is in a foster home under the care of very qualified caregivers. Without the assistance of Medicaid, family members would have had to make financial and career sacrifices to help care for my Mom. While the effort would have been valiant, we are not skilled to manage a person with a mental disability. We managed while the disease was in its early stages, but as it progressed, we found that we were not equipped emotionally or trained to care for my Mom as we believe a care-giver would. Now, with Medicaid assistance, we have experts that are excellent at what they do and they take great care of my Mom. With our elders living a much longer life, Medicaid provides the much needed financial assistance required to be able to receive the care they need to sustain their quality of life.”



GROWTH AND STABILITY

Two agencies are administratively attached to the Department of Human Services.

The Office of Youth Services

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 at-risk-youth, to prevent delinquency, and to reduce the incidence of recidivism. OYS is administratively attached to the Department of Human Services.

A core responsibility of OYS is to manage and operate the state’s only Hawai’i Youth Correctional Facility. The facility provides 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.

The agency also provides and supports “front-end” prevention, diversion, and intervention services as well. 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.

Hawai’i Public Housing Authority

The Hawai’i Public Housing Authority (HPHA) is the sole public housing agency for the State of Hawai’i. HPHA is 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.

HPHA is the state’s largest residential landlord with almost 6,200 low-income public housing units throughout Hawai’i.

The agency is guided by a Board of Directors consisting of 11 members appointed by the governor. It is administratively attached to the Department of Human Services, whose director is a voting member of the HPHA Board of Directors.

Two commissions are administratively attached to the Department of Human Services. For each of the commissions, the DHS director or his representative serves as an ex-officio member.

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.

Hawai’i State Commission on the Status of Women

The Hawai’i State Commission on the Status of Women (HSCSW) is a non-partisan state commission that consists of seven 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.

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.

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



DHS DATA

Department of Human Services

Audit, Quality Control &

Research Office

SFY 2017

PROSPERITY DATA

Child Care Connection Hawaii

The Child Care Connection Hawai'i Program (CCCH) 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.

Child Care Payments

	FY 2016	FY2017
No. of active families receiving	14,237	13,019
No. of children receiving	18,945	17,581
Payment Totals	\$24,601,471	\$24,626,853

Number of Regulated Facilities and Child Care Slots

Facility Type	FY 2016	FY2017
Number of registered Family Child Care Homes	482	461
Number of licensed Group Child Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers)	638	635
Total Number Regulated Child Care Slots	35,988	36,070

Ethnic Distribution of Children Receiving Child Care

Ethnicity	FY 2016	FY2017
Part-Hawaiian	29.62%	39.87%
Caucasian	17.83%	9.44%
Filipino	16.48%	13.15%
Samoan	4.68%	4.26%
Asian, Black, Hispanic	16.21%	15.32%
Other	15.18%	17.97%

PROSPERITY DATA

Aid to Aged, Blind & Disabled (AABD)

The Aid to the Aged, Blind, and Disabled program provides cash benefits for food, clothing, shelter, and other essentials to adults who are elderly (65 years of age or older) and/or who meet the Social Security Administration (SSA) definition of disabled.

SFY	Average Monthly Clients	Average Monthly Cases	Total Benefit
2005	2,156	1,887	\$5,983,741
2006	1,728	1,568	\$4,816,099
2007	1,466	1,334	\$4,003,115
2008	1,492	1,341	\$4,728,186
2009	1,629	1,461	\$4,903,351
2010	1,549	1,375	\$4,834,470
2011	1,049	899	\$3,312,905
2012	1,000	859	\$3,138,529
2013	1,039	898	\$3,269,003
2014	997	865	\$3,193,909
2015	915	796	\$3,121,174
2016	928	806	\$3,151,181
2017	912	800	\$3,260,329

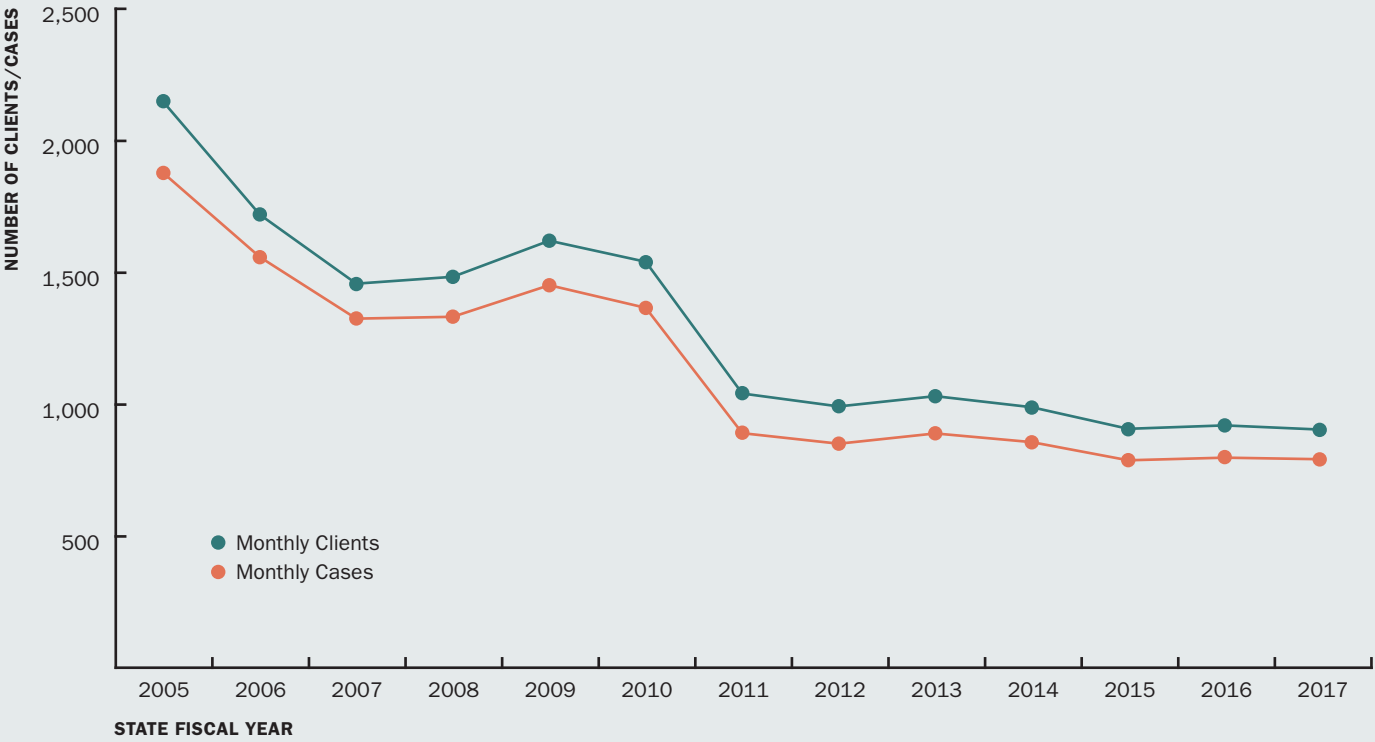
*SFY - State Fiscal Year

June 2017

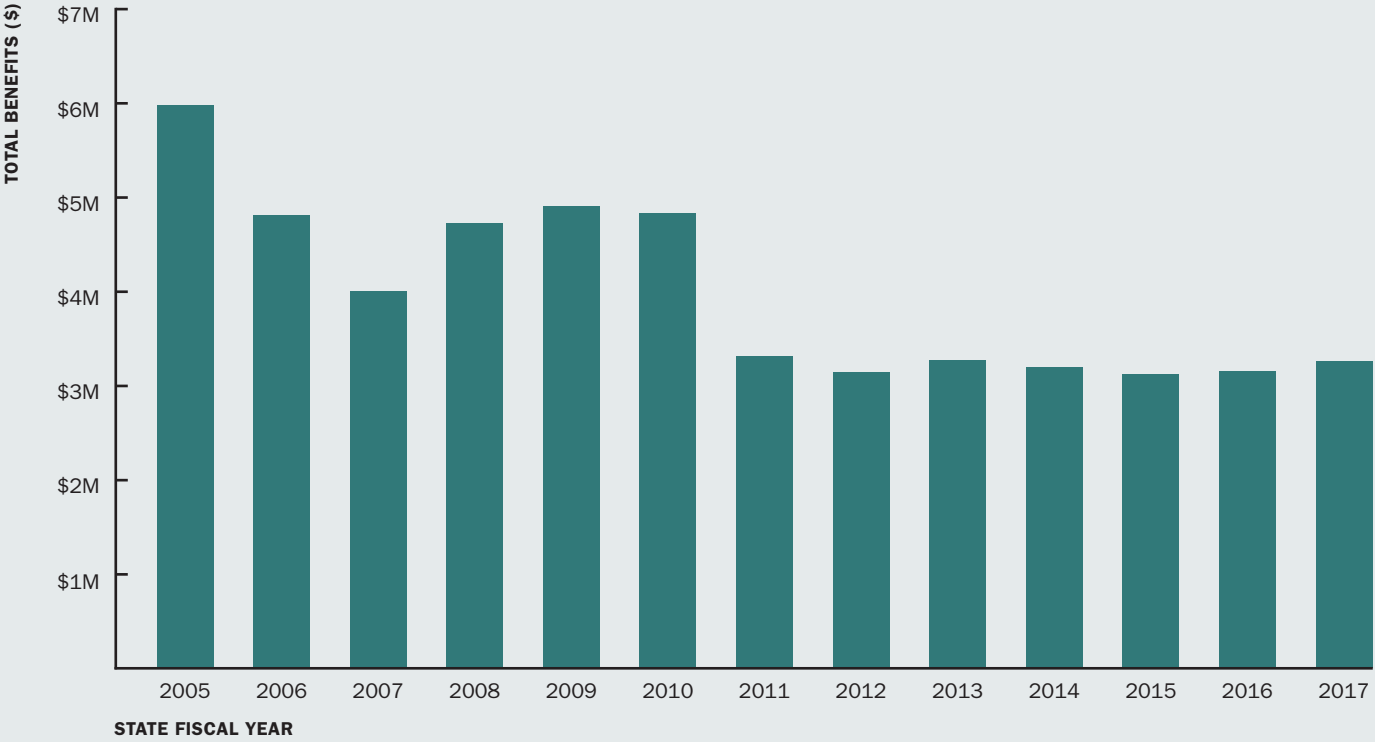
Race/Ethnicity	% of Total	Sex	% of Total
Other Pacific Islander	52.8%	Female	65%
Filipino	20.2%	Male	35%
Other Asian	14.6%		
Caucasian	8.3%		
Hawaiian/Part-Hawaiian	3.4%		
Black	.5%		
Other/Unknown	.2%		
Citizenship	% of Total	Age	% of Total
Compact of Free Association (COFA)	50%	0-64	11%
Non-US/Unspecified	31%	65-79	71%
US Citizen	19%	80+	18%

*Due to different selection criteria, figures in tables may not match exactly with other reports.

AABD Monthly Clients & Cases



AABD Total Benefits



PROSPERITY DATA

General Assistance (GA)

The General Assistance program provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, who are temporarily disabled and who do not qualify for Social Security.

SFY	Average Monthly Clients	Average Monthly Cases	Total Benefit
2005	4,046	3,994	\$19,264,854
2006	3,961	3,917	\$18,809,209
2007	3,997	3,955	\$18,988,004
2008	4,458	4,408	\$23,683,802
2009	5,075	5,014	\$23,674,637
2010	5,068	4,997	\$20,472,894
2011	5,381	5,298	\$21,801,133
2012	5,633	5,537	\$21,253,412
2013	5,831	5,722	\$20,647,816
2014	5,598	5,465	\$20,541,926
2015	5,821	5,699	\$23,011,387
2016	5,729	5,623	\$22,563,667
2017	5,592	5,496	\$23,030,543

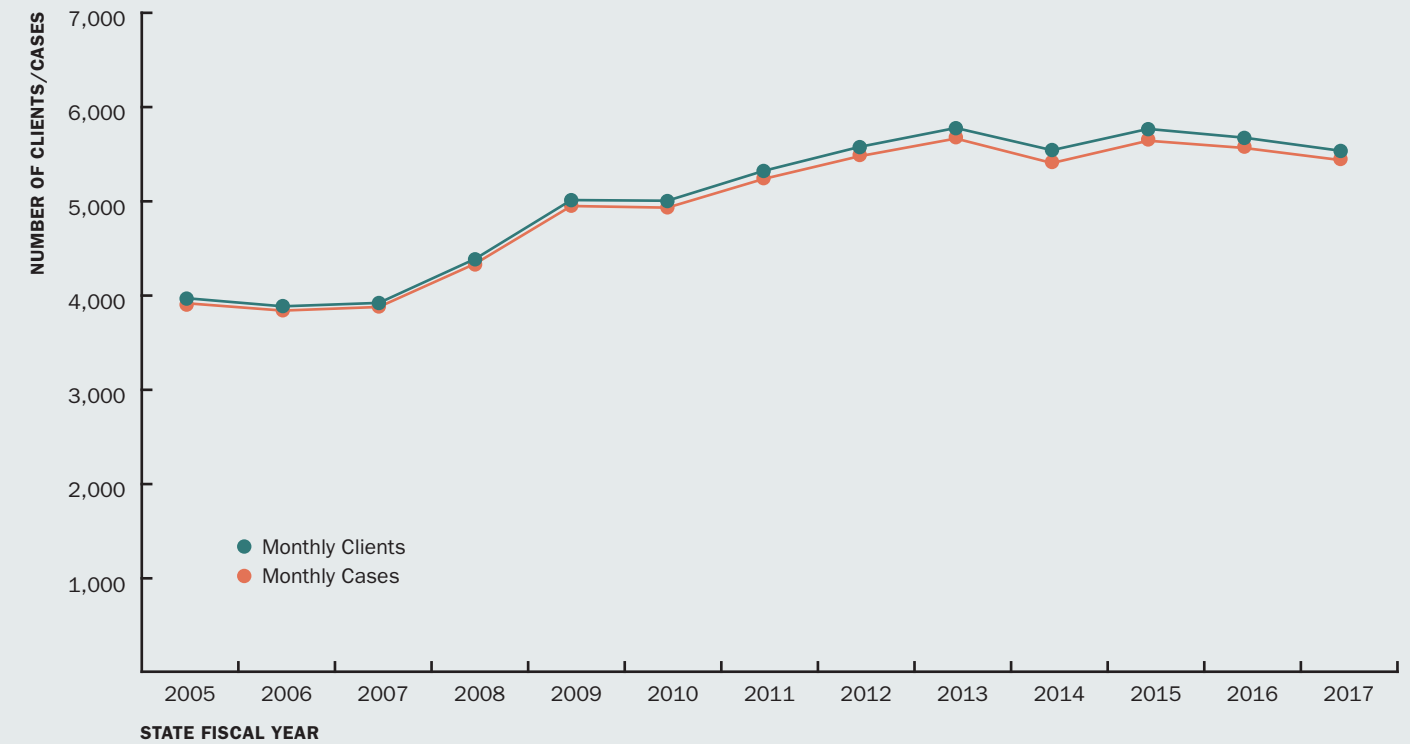
June 2017

Race/Ethnicity	% of Total	Sex	% of Total
Caucasian	37.7%	Female	40%
Hawaiian/Part-Hawaiian	28.2%	Male	60%
Filipino	10.2%		
Other Pacific Islander	10.1%		
Other Asian	9.4%	Age	% of Total
Black	3.6%	18-39	33.5%
Other	.8%	40-64	65.7%
		65-69	.8%
Citizenship	% of Total		
US Citizen	92.1%		
Non-US/Unspecified	2.8%		
Compact of Free Association (COFA)	5.1%		

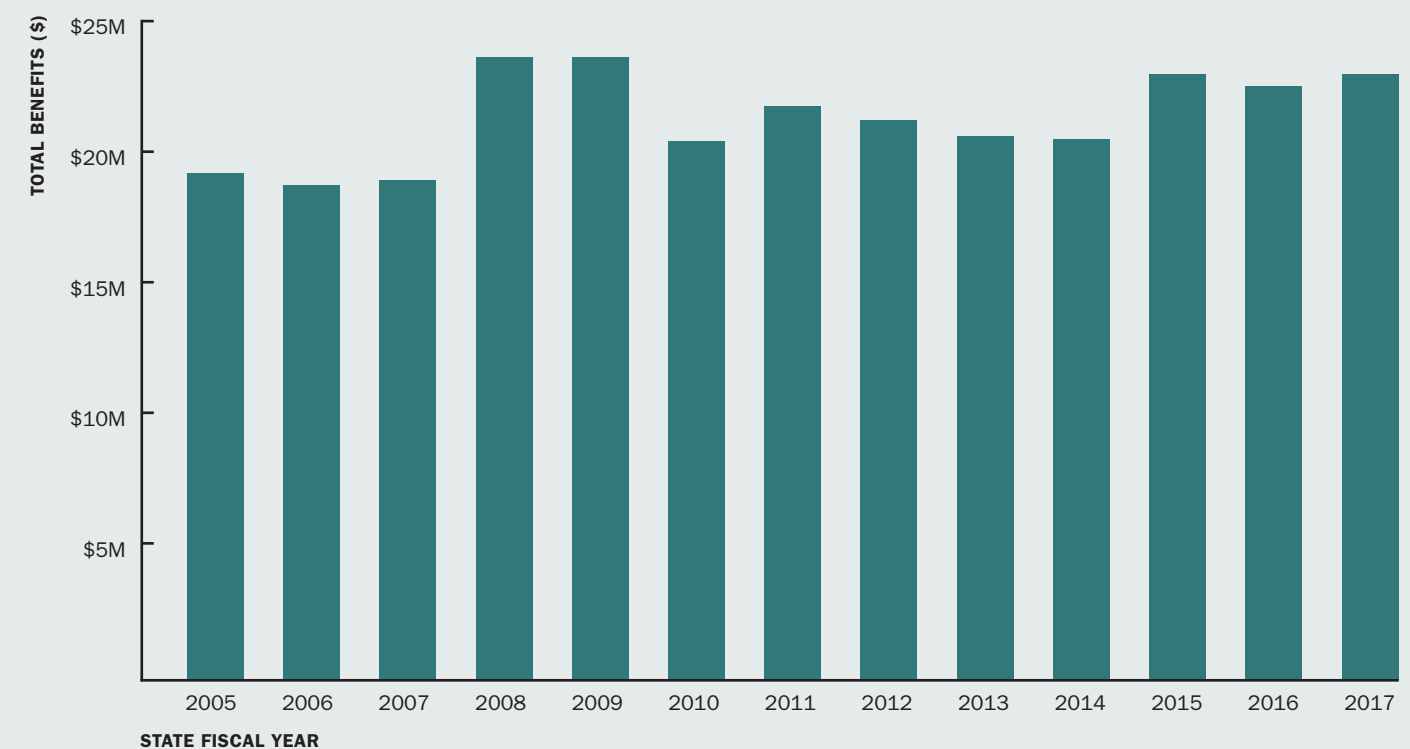
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FINANCIAL ASSISTANCE PROGRAMS

GA Monthly Clients & Cases



GA Total Benefits



PROSPERITY DATA

Supplemental Nutrition Assistance Program (SNAP) [formerly known as Food Stamps]

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.

SFY	Average Monthly Clients	Average Monthly Cases	Total Benefit
2005	95,033	47,794	\$155,816,670
2006	88,967	46,285	\$149,936,173
2007	88,848	45,027	\$154,721,201
2008	93,956	47,545	\$185,708,471
2009	109,268	54,925	\$242,643,675
2010	133,043	66,885	\$354,944,695
2011	154,496	77,133	\$401,125,170
2012	172,676	86,418	\$446,125,011
2013	187,062	94,649	\$483,938,852
2014	193,565	98,440	\$520,648,348
2015	191,916	97,500	\$554,840,775
2016	179,138	90,241	\$490,295,653
2017	170,850	85,491	\$483,064,100

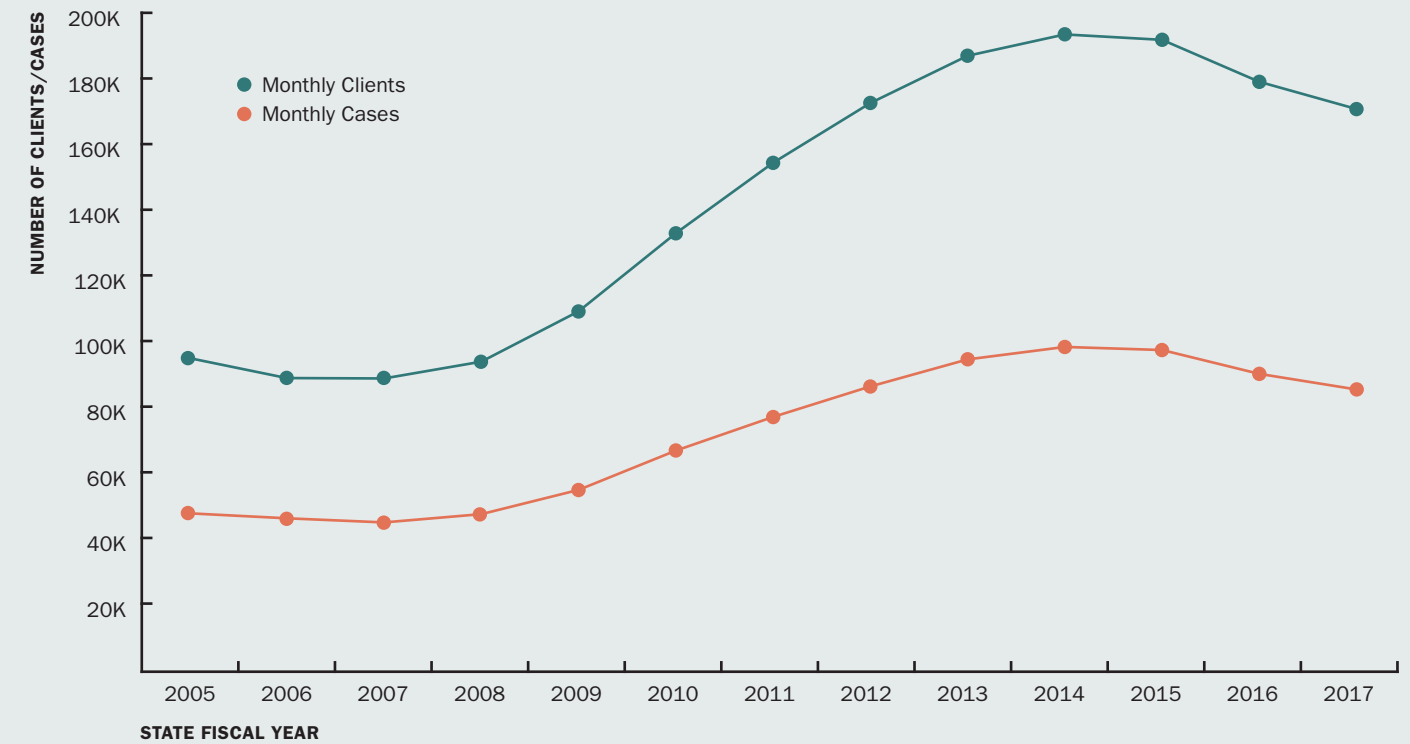
June 2017

Race/Ethnicity		Sex	
Hawaiian/Part-Hawaiian	31%	Female	53%
Caucasian	28%	Male	47%
Filipino	15%		
Other Pacific Islander	13%		
Other Asian	11%		
Black	2%		
American Indian/Alaskan	<0.5%		
Other	<0.01%		
Citizenship		Age	
US Citizen	96%	Below 18	41%
Non-US/Unspecified	4%	18-39	25%
		40-64	23%
		65+	11%

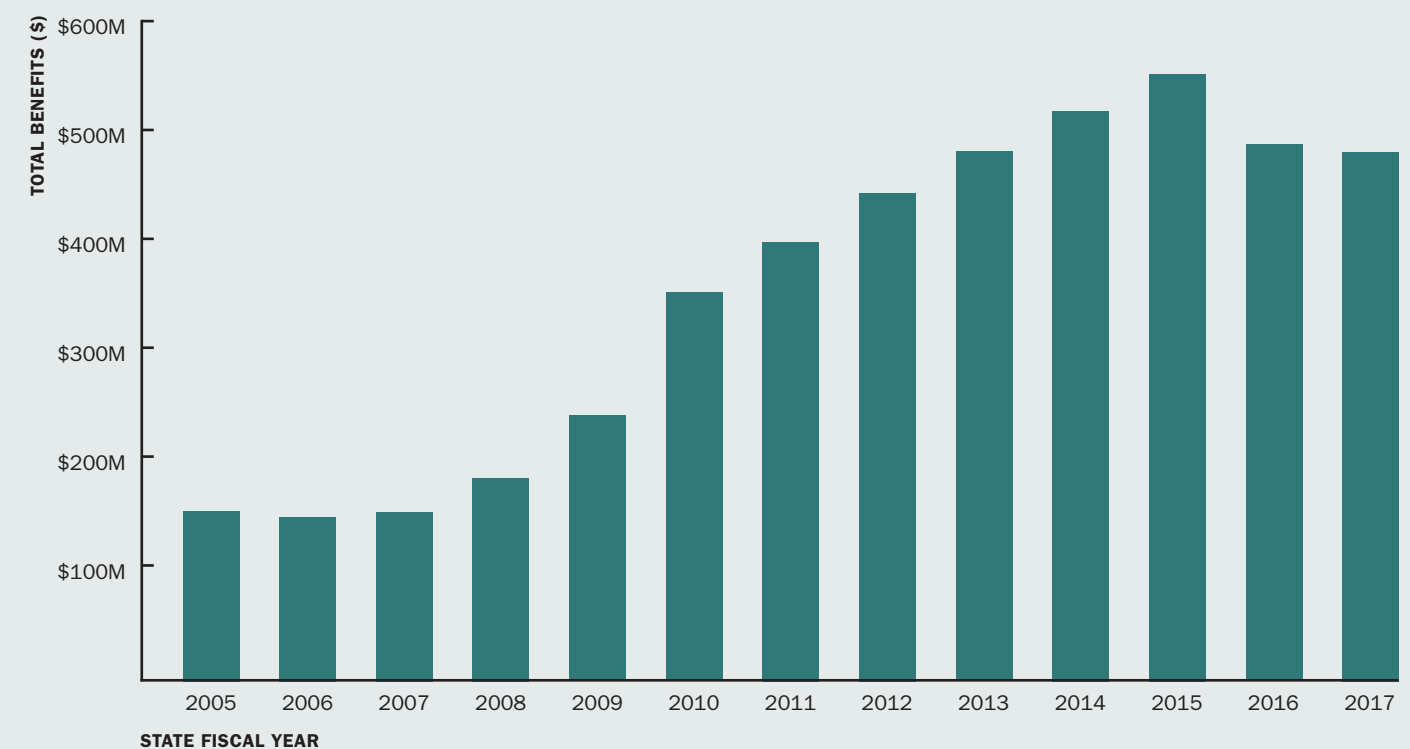
*Due to different selection criteria, figures in tables may not match exactly with other reports.

FINANCIAL ASSISTANCE PROGRAMS

SNAP Monthly Clients & Cases



SNAP Total Benefits



PROSPERITY DATA

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

Temporary Assistance to Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF) are the timelimited 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.

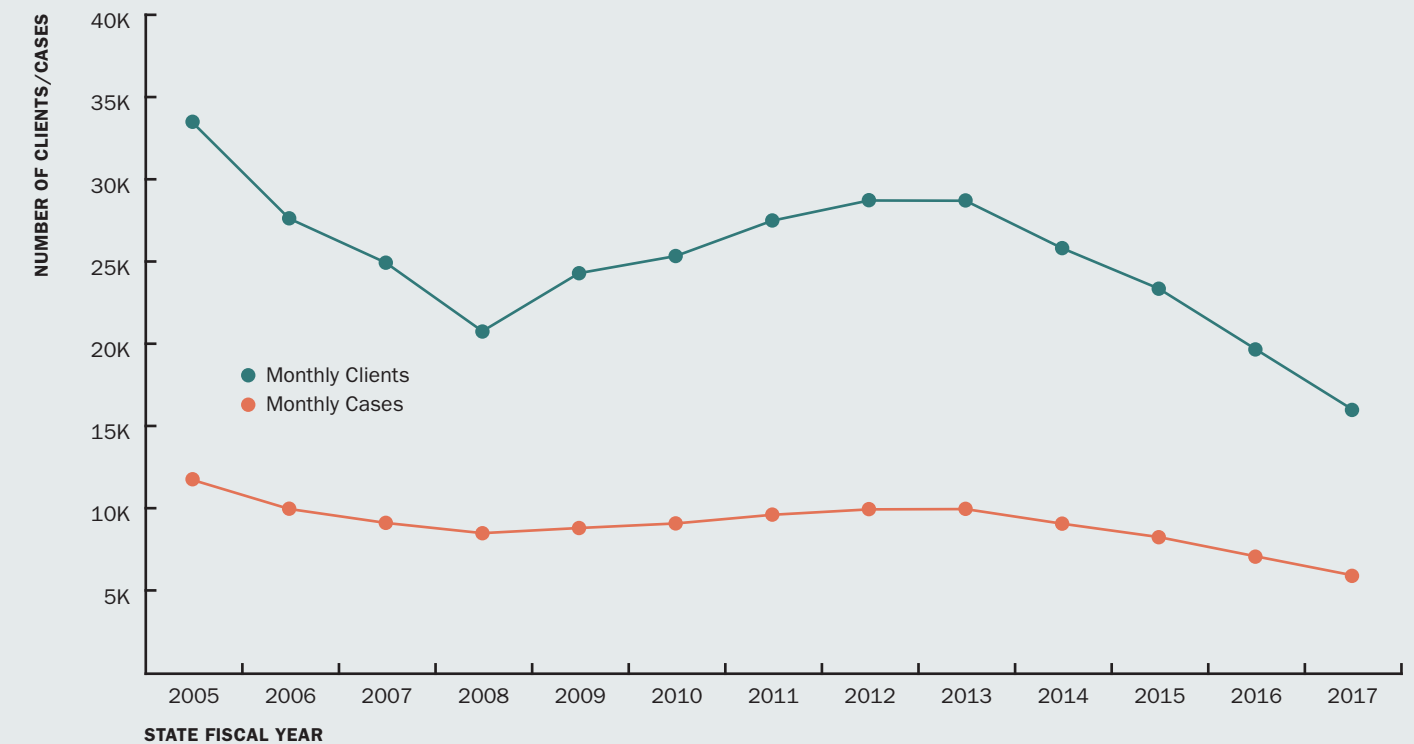
SFY	Average Monthly Clients	Average Monthly Cases	Total Benefit
2005	33,382	11,629	\$71,501,188
2006	27,508	9,837	\$61,077,952
2007	24,808	8,976	\$55,068,101
2008	20,618	8,344	\$57,087,227
2009	24,167	8,661	\$58,873,544
2010	25,213	8,942	\$58,995,444
2011	27,377	9,477	\$63,035,544
2012	28,611	9,811	\$64,613,662
2013	28,596	9,829	\$64,544,991
2014	25,694	8,927	\$58,846,235
2015	23,224	8,102	\$53,582,165
2016	19,529	6,918	\$46,004,805
2017	15,848	5,750	\$39,076,248

June 2017

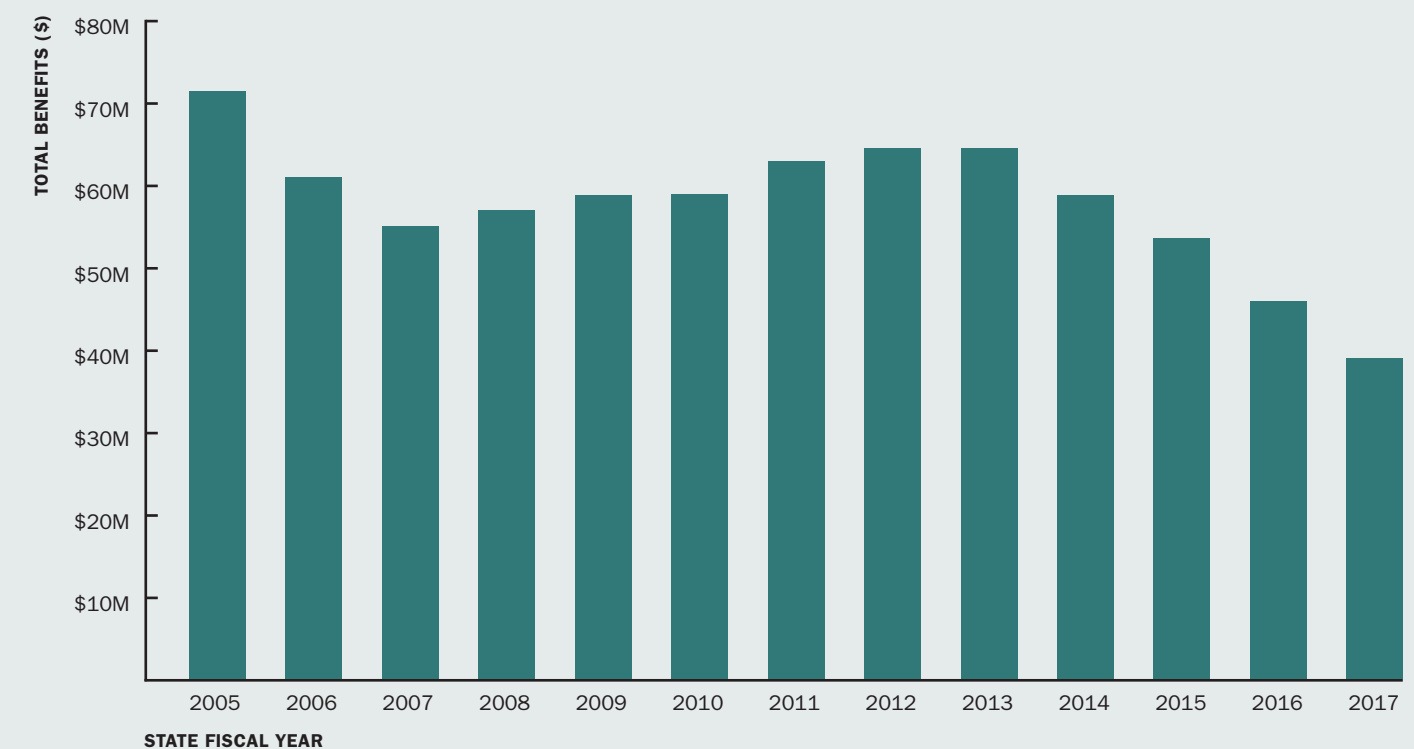
Race/Ethnicity		Sex	
Hawaiian/Part-Hawaiian	35.5%	Female	57.5%
Other Pacific Islander	24.3%	Male	42.5%
Caucasian	22.5%		
Filipino	9.2%		
Other Asian	5.5%		
Black	2.3%		
American Indian/Alaskan	0.6%		
Other/Unknown	0.1%		
Citizenship		Age	
US Citizen	90%	Below 18	66%
Compact of Free Association (COFA)	9%	18-29	15%
Non-US/Unspecified	1%	30-44	15%
		45+	4%

*Due to different selection criteria, figures in tables may not match exactly with other reports.

TANF/TAONF Monthly Clients & Cases



TANF/TAONF Total Benefits

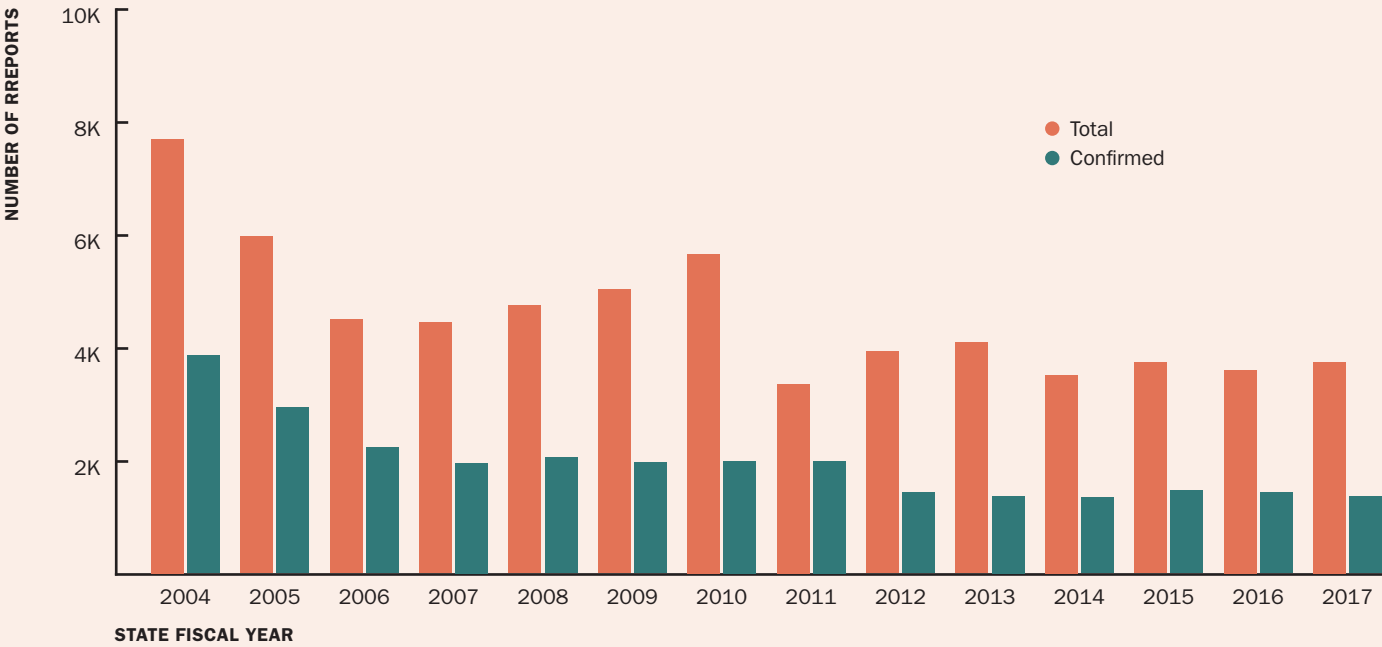


PROTECTION AND RESILIENCE DATA

Child Abuse and Neglect Reports - SFY 2004-2017

State Fiscal Year	Total	Confirmed	% Confirmed
2004	7,623	3,824	50%
2005	5,914	2,907	49%
2006	4,461	2,205	49%
2007	4,400	1,939	44%
2008	4,707	2,031	43%
2009	4,977	1,950	39%
2010	5,606	1,976	35%
2011	3,324	1,976	40%
2012	3,893	1,421	37%
2013	4,055	1,361	34%
2014	3,481	1,337	38%
2015	3,704	1,458	39%
2016	3,572	1,416	40%
2017	3,711	1,354	36%

Child Abuse and Neglect Report Child Pairs by SFY



*Source: DHS Child Protective Services Systems (CPSS) Extract File.

*A report in the table and graph represents a unique child client number and intake number data pair. One intake may involve more than one child. One child may be involved in more than one intake within a state fiscal year.

Child Abuse and Neglect Intakes and Victims - SFY 2017

Total Reported and Confirmed Intakes

Intakes are reports of child abuse or neglect incidents that have been accepted for investigation and a determination of the abuse/neglect have been made. An intake usually refers to a family unit and may involve the possible maltreatment of more than one child. A confirmed intake is one where at least one child in the intake had at least one abuse type confirmed or substantiated. A separate, unrelated incident may result in another intake for the same family or child.

Intakes	Confirmed	Not Confirmed	Total	% of Statewide Confirmed Intakes
Hawaii	193	260	453	43%
Oahu	368	661	1,029	36%
Kauai	58	114	172	34%
Maui	127	129	256	50%
Statewide	746	1,164	1,910	39%

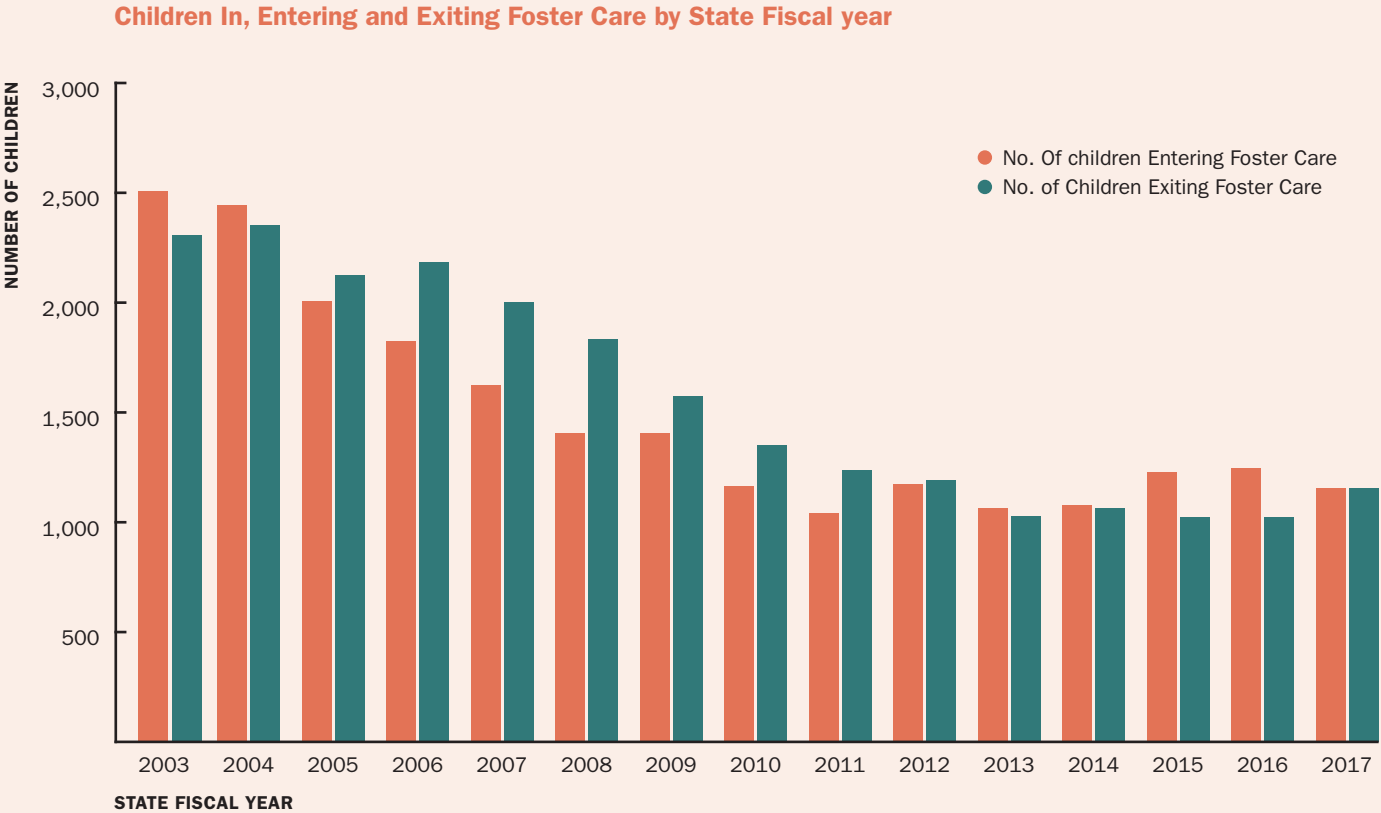
Total Reported and Confirmed Victims

A victim is a child in an intake identified as one being possibly maltreated. A confirmed victim is one that had at least one abuse type confirmed or substantiated.

Children	Confirmed	Not Confirmed	Total	% of Statewide Confirmed Intakes
Hawai'i	363	567	930	39%
O'ahu	663	1,337	2,000	33%
Kaua'i	105	216	321	33%
Maui	223	237	460	48%
Statewide	1,354	2,357	3,711	36%

*Source: DHS/MSO Child Protective Services System (CPSS) Extract Files; Monthly extract of selected data items for the child welfare services including child protection and foster care.

PROTECTION AND RESILIENCE DATA



Maltreatment Type of Confirmed Victims

Discharge Reason	Adoption	Emancipation	Guardianship	Placed w/ Relative	Reunification	Other	Total
2003	386	114	236	37	1,465	74	2,312
2004	386	133	252	34	1,493	62	2,360
2005	425	153	219	-	1,265	66	2,130
2006	451	157	224	2	1,304	52	2,188
2007	377	157	174	-	1,256	40	2,006
2008	392	155	154	-	1,106	31	1,838
2009	290	129	126	1	985	46	1,576
2010	236	125	102	-	866	26	1,356
2011	211	88	92	-	805	44	1,240
2012	195	90	92	-	796	21	1,194
2013	155	59	73	-	716	26	1,029
2014	141	65	102	-	725	35	1,068
2015	156	71	99	-	677	24	1,027
2016	160	66	100	-	676	24	1,026
2017	201	67	145	-	714	31	1,158

Age of Children in Foster Care - SFY 2003-2017

Age Group	0-5	6-11	12-18	Unknown	Total
2003	2,189	1,530	1,507	1	5,227
2004	2,246	1,560	1,546	1	5,353
2005	2,095	1,382	1,523	1	5,001
2006	1,934	1,247	1,515	-	4,969
2007	1,684	1,058	1,387	-	4,129
2008	1,389	894	1,239	-	3,522
2009	1,209	800	1,077	-	3,086
2010	1,095	694	883	-	2,672
2011	1,000	574	781	-	2,355
2012	985	611	719	-	2,315
2013	893	632	655	-	2,180
2014	962	644	624	1	2,231
2015	1,090	648	648	-	2,386
2016	1,146	741	709	1	2,597
2017	1,204	776	707	1	2,688

PROTECTION AND RESILIENCE DATA

Foster Care

Confirmed Victims Characteristics – SFY 2017

Reason for Children Exiting Foster Care

Discharge Reason	Age 0-5	Age 6-11	Age 12-18	Unknown	Total
Adoption	137	45	19	0	201
Emancipation	0	0	66	1	67
Guardianship	42	58	45	0	145
Other	4	11	16	0	31
Reunification	338	204	172	0	714
Total	521	318	318	1	1,158

Race of Children in Foster Care

Race	Children	%
Hawaiian/Part-Hawaiian	1,196	44.5%
Mixed	392	14.6%
White	418	15.6%
Filipino	180	6.7%
Black	83	3.1%
Samoaan	78	2.9%
Micronesian	68	2.5%
Hispanic/Spanish	59	2.2%
Uanble to Determine	38	1.4%
Other Pacific Islander	27	1.0%
American Indian	24	0.9%
Japanese	21	0.8%
Marshallese	16	0.6%
Chinese	13	0.5%
Tongan	7	0.3%
Korean	6	0.2%
Vietnamese	4	0.2%
Laotian	3	0.1%
Alaskan Native	2	0.1%
Missing	53	2%
Total	2,688	100%

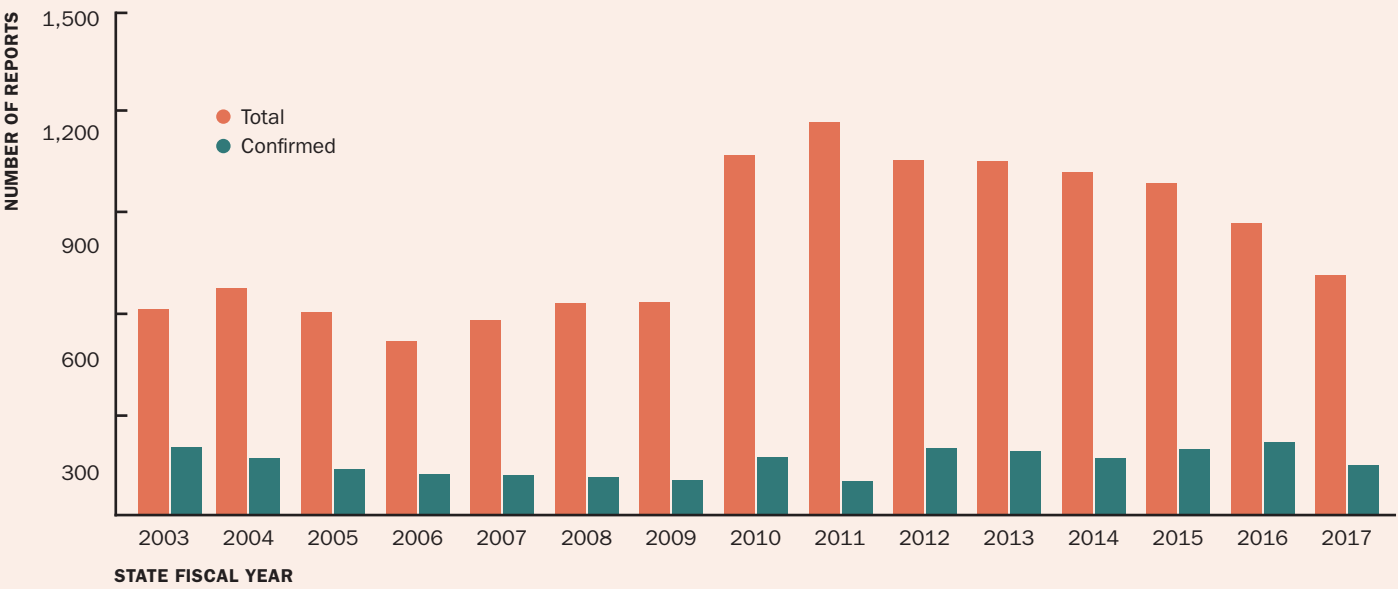
Sex of Children Foster Care

Sex	Children	%
Female	1,343	50%
Male	1,343	50%
Unknown	2	0.1%
Total	2,688	100%

ADULT PROTECTIVE SERVICES

Adult Abuse and Neglect Reports - SFY 2002-2017

Adult Abuse and Neglect Reports



Age of Children in Foster Care - SFY 2003-2017

SFY	Total	Confirmed	% of Confirmed Reports	% of Re-Abuse
2003	607	201	33%	8.9%
2004	671	168	25%	6.5%
2005	598	135	23%	5.1%
2006	514	120	23%	5.8%
2007	575	118	21%	4.2%
2008	625	110	18%	1.8%
2009	630	102	16%	3.9%
2010	1,065	170	16%	8.2%
2011	1,160	99	8.5%	6%
2012	1,048	197	18.7%	6%
2013	1,046	189	18%	3.6%
2014	1,014	168	16.5%	4.1%
2015	980	194	19.7%	5.6%
2016	861	214	24.9%	–
2017	709	147	20.7%	–

*Source: Adult Protective Services (APS) Annual Reports.

*Note: A significant increase in the number of abuse reports received was in response to the new APS law effective July 1, 2009, which redefined and broadened the identified target population from 'dependent adults' to 'vulnerable adults'. A vulnerable adult is defined as anyone 18 years or older with a mental, developmental or physical impairment who is also unable to: ❶ communicate or make responsible decisions to manage his or her own care or resources; ❷ carry out or arrange for essential activities of daily living; or ❸ protect oneself from abuse.

*Re-abuse is the number of victims with two or more CONFIRMED incidences of abuse within 12 months.

PROTECTION AND RESILIENCE DATA

Adult Abuse and Neglect Reports – SFY 2017

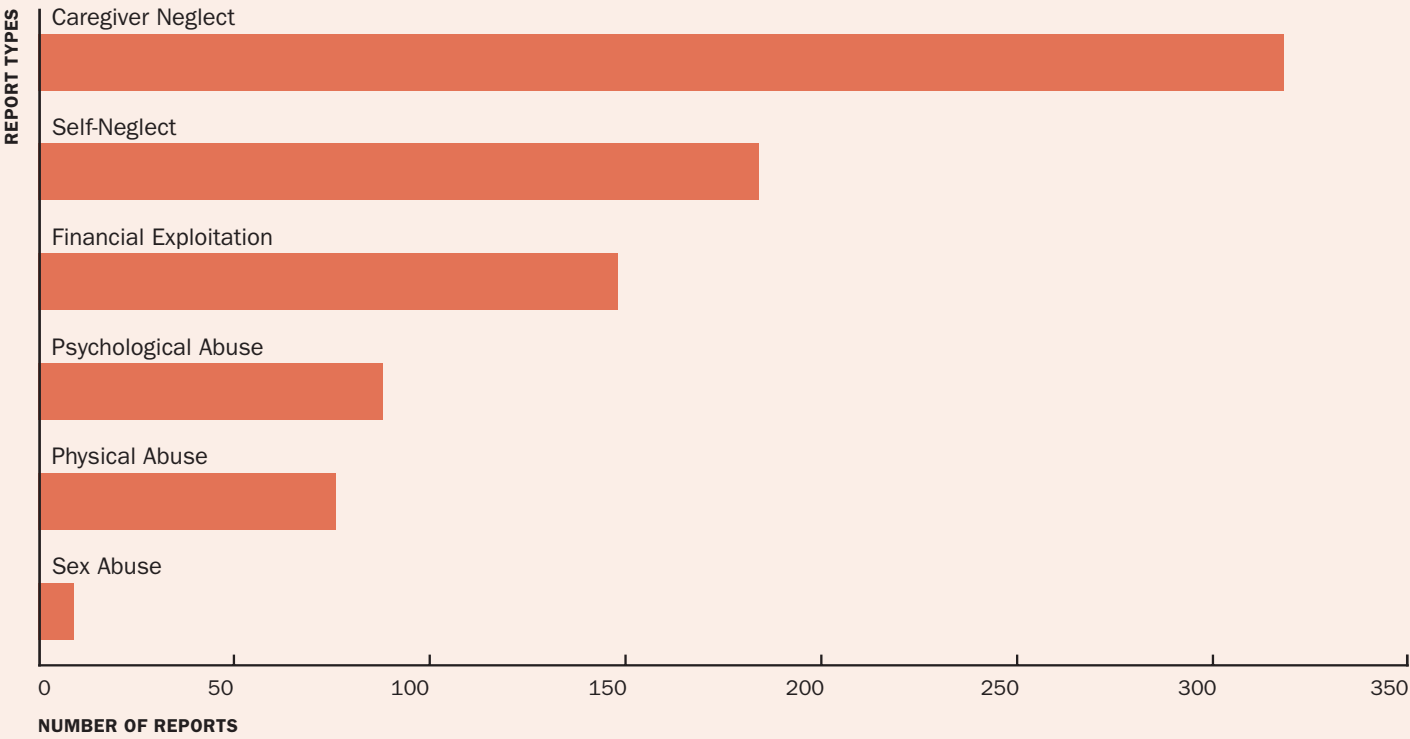
Adult Abuse Types	Frequency	%
Caregiver Neglect	318	45%
Self-Neglect	184	26%
Financial Exploitation	148	21%
Psychological Abuse	88	12%
Physical Abuse	76	11%
Sex Abuse	9	1%
Total	709	100%

Adult Abuse by Age Group	Male	Female	Total
Unknown	5	8	13
18-59	63	58	121
60+	221	354	575
Total	289	420	709

Status	Male	Female	Total
Alcohol/Drug Abuse	7	4	11
Developmentally Disabled	13	12	25
Mentally Ill	25	28	53
Mentally Retarded	18	8	26
Other	14	32	46
Other Mental Impairment	104	161	265
Physically Disabled	107	170	277
Unspecified	1	5	7
Total	289	420	709

*Source: APS Annual Reports; a report may have more than one abuse type, therefore, the figure for TOTAL REPORTS may be the number of TOTAL REPORTS investigated.

Adult Abuse Types of Reports



Age Group by Gender

