

DEPARTMENT OF HUMAN SERVICES

REPORT ON FISCAL YEAR 2010



State of Hawaii



DIRECTOR'S MESSAGE FOR DHS 2010 ANNUAL REPORT

Aloha!

I am proud to release this annual report on activities of the State of Hawaii Department of Human Services (DHS) during the 2010 fiscal year. This report provides an in-depth understanding of how DHS serves vulnerable and needy adults and children across the Islands.

As the second-largest State department, DHS manages an annual budget of nearly \$2 billion. Our employees work hard to provide timely, efficient and effective programs, benefits and services that empower clients to achieve self-sufficiency, self-determination, independence, healthy lifestyles and personal dignity.

DHS has four divisions: Benefit, Employment and Support Services Division; Med-QUEST Division; Social Services Division; and Vocational Rehabilitation and Services for the Blind Division. Together, these divisions:

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

It has been an honor and privilege serving as Human Services Director for the entire eight years of the Lingle-Aiona Administration. And I want to personally thank all our DHS staff members who worked diligently during my tenure to reach the high goals we set for ourselves.

Mahalo,

A handwritten signature in black ink, appearing to read 'Lillian B. Koller', written in a cursive style.

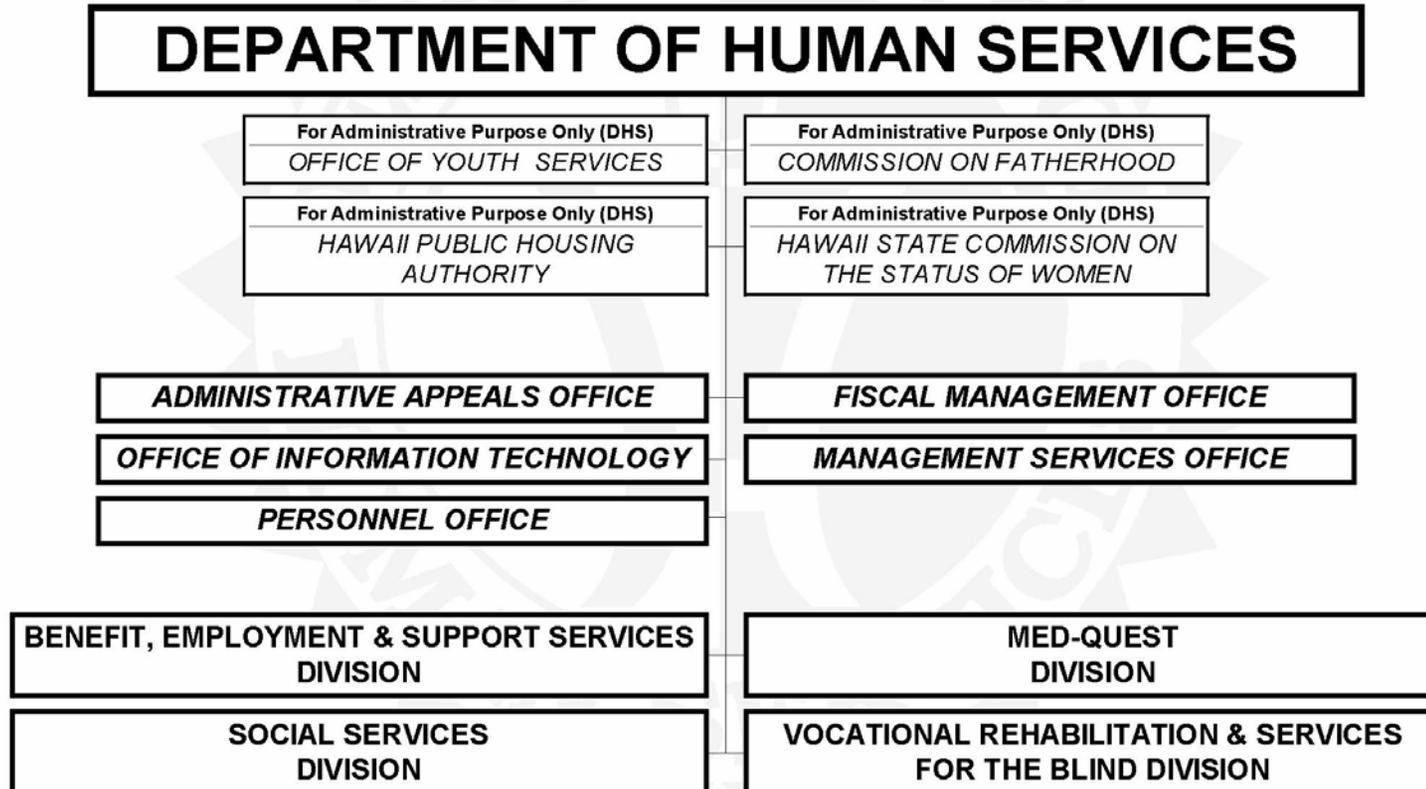
Lillian B. Koller
DHS Director

TABLE OF CONTENTS

ORGANIZATION CHART	1
CHAPTER	
ONE: INTRODUCTION	2
TWO: DHS ACHIEVEMENTS	4
THREE: SELF-SUFFICIENCY	9
A. Benefit, Employment & Support Services Division (BESSD): Programs, Services, Achievements, and Looking Ahead	9
1) Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF)	9
2) First-To-Work Program (FTW)	16
3) Employment and Training (E&T)	20
4) Child Care Connection Hawaii (CCCH)	22
5) Head Start Collaboration Project	23
6) General Assistance (GA)	25
7) Aid to the Aged, Blind, and Disabled (AABD)	28
8) Supplemental Nutrition Assistance Program (SNAP)	31
B. Vocational Rehabilitation and Services for the Blind Division (VRSBD): Programs, Services, Achievements, and Looking Ahead	35
1) Vocational Rehabilitation Program	35
2) Ho'opono Services for the Blind Program	37
3) Disability Determination Program	39
FOUR: PROTECTION	41
A. Social Services Division (SSD): Programs, Services, Achievements, and Looking Ahead	41
1) Child Welfare Services (CWS)	42
2) Adult Protective Services (APS) in the Adult and Community Care Services Branch (ACCSB)	57

FIVE: HEALTH	59
A. Med-QUEST Division (MQD): Programs, Services, Achievements, and Looking Ahead	60
1) Hawaii QUEST Managed Care (QUEST)	61
2) Hawaii QUEST Expanded Access (QExA)	62
3) Medicaid Fee-For-Service	62
4) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	62
5) QUEST-Net	63
6) QUEST Spenddown	63
7) QUEST-ACE (Adult Coverage Expansion)	63
8) Transitional Medical Insurance	64
9) State Children’s Health Insurance Program (S-CHIP)	64
10) Immigrant Children’s Program	65
11) Medical Assistance for Pregnant Legal Immigrant Women Program	65
12) Breast and Cervical Cancer Program	66
13) Funeral Payments Program	66
14) Third Party Liability Program	67
15) Medicare Modernization Act – Medicare Part D	67
16) State Pharmacy Assistance Program (SPAP)	67
17) Hawaii Rx Plus Program	68
18) Medicaid Waiver Program	68
19) Health Insurance Portability and Accountability Act (HIPAA)	68
B. Social Services Division Adult and Community Care Services Branch (ACCSB): Programs, Services, Achievements, and Looking Ahead	69
SIX: ADMINISTRATION AND SUPPORT SERVICES	73
A. DHS Administration and Support Services	73
B. Investigation and Recovery Office	74

SEVEN: ATTACHED AGENCIES	76
A. OFFICE OF YOUTH SERVICES (OYS): Programs, Services, Achievements, and Looking Ahead	76
1) Positive Youth Development	76
2) Youth Gang Prevention and Intervention	76
3) Truancy Prevention and In-School Suspension	76
4) Adolescent Diversion – Ho’okala	77
5) Community-based Outreach and Advocacy	77
6) Community-based Residential Services	77
7) Hawaii Youth Correctional Facility (HYCF)	78
8) Federal Grant Programs	78
B. HAWAII PUBLIC HOUSING AUTHORITY (HPHA)	81
C. HAWAII STATE COMMISSION ON THE STATUS OF WOMEN	82
D. HAWAII COMMISSION ON FATHERHOOD	84
APPENDIX	
I BUDGET FOR FISCAL YEAR 2010	85
II ELIGIBILITY AND BENEFIT CRITERION	86





The Queen Liliuokalani Building on 1390 Miller Street in downtown Honolulu houses the administrative offices of the Department of Human Services.

CHAPTER ONE: INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) by the State Legislature in 1959 after statehood. In 1988, the Department was again reorganized and redesignated as the Department of Human Services (DHS). Currently, DHS has almost 2,500 permanent positions and a budget of over \$1.85 billion annually.

Our committed staff strives, day-in and day-out, to provide timely, efficient, and effective programs, services, and benefits, for the purpose of achieving the outcome of empowering 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.

DHS has four divisions that provide different kinds of assistance.

- The Benefit, Employment and Support Services Division (BESSD) provides financial assistance, employment support and dependency diversion and prevention services, and child care licensing.
- The Med-QUEST Division (MQD) provides health insurance to low-income families, children and individuals.
- The Social Services Division (SSD) provides protective services for abused adults and children, family strengthening, child abuse and neglect prevention services, and licensing certain long-term care home and community-based providers.
- The Vocational Rehabilitation and Services for the Blind Division (VRSBD) helps persons with disabilities and the blind become employed, start their own businesses and live independently.

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

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

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

CHAPTER TWO: DHS ACHIEVEMENTS

The State of Hawaii Department of Human Services (DHS) continues to improve the lives of our clients by finding innovative and cost-effective ways of helping these individuals achieve self-sufficiency, independence, health and well-being.

Under the Lingle-Aiona Administration's strong leadership since December 2002, DHS helped low-income residents gain access to quality health care, provided additional work opportunities for people on government assistance, and funded prevention programs that help youth achieve academic success and prepare for rewarding careers.

Here is a chronological list of notable DHS accomplishments during 2010:

State Exceeds Federal Work Participation Requirements for Families Receiving TANF

In March 2010, DHS Director Lillian Koller announced that Hawai'i has exceeded federal requirements for work participation in the Temporary Assistance for Needy Families (TANF) program. Hawai'i's 34.4 percent work participation rate among low-income parents receiving TANF cash benefits is significantly better than the national average of 29.9 percent.

One of the ways DHS helps clients obtain jobs is through the SEE Hawai'i Work (Supporting Employment Empowerment) program. Launched by DHS in 2005, SEE connects private sector companies with welfare clients so they can develop job skills needed in the workplace. Many of these clients are eventually hired by the companies that trained them, or obtain jobs elsewhere because of the skills they acquired through SEE.

As part of the Lingle-Aiona Administration's job creation initiative, DHS used federal stimulus funds to expand SEE so it could include clients drawing unemployment insurance.

DHS Meets All Six National Standards in Federal Child and Family Services Review

In April 2010, Director Koller announced that by aggressively overhauling Hawaii's child welfare system since 2003, DHS and its community partners met or exceeded all six federal standards required by the nationwide Child and Family Services Review. These standards help protect America's children from abuse and neglect.

In a congratulatory letter, Acting Associate Commissioner Joseph J. Bock of the U.S. Administration for Children and Families praised DHS for its commitment to "systems change."

When federal officials conducted their first onsite review of Hawaii's child welfare system in July 2003, the state met only two of the six national standards. Those results prompted Koller to begin investing Temporary Assistance for Needy Families (TANF) federal funds in a wide range of preventative social services provided by community-based organizations statewide.

This was the first time DHS spent TANF federal funds for such services, which fight poverty, prevent child abuse and neglect, strengthen families and help at-risk youth succeed in school and avoid crime, substance abuse and unwanted pregnancies.

When federal officials returned to Hawaii for their second onsite review in June 2009, they found "significant changes in practice," Bock wrote, which enabled DHS to meet four of the national standards. A subsequent data analysis determined that Hawaii had met all six standards.

These standards pertain to child re-abuse by family members, maltreatment in foster care, reunifying foster children with their families, stability of foster care, achieving permanent placements for children in long-term foster care, and timeliness of adoptions.

The extensive reforms brought about by DHS and its community partners safely reduced the number of children in foster care from 3,000 in 2005 to less than 1,400 in 2010, eliminated the disproportionate representation of Native Hawaiian children in foster care, achieved one of the lowest rates of child re-abuse in the nation, and gained America's number-one ranking in terms of timely adoptions for foster children.

Hawaii Premium Plus Uses Federal Funds to Pay Health Insurance of New Hires

In May 2010, DHS launched Hawaii Premium Plus, the latest jobs creation initiative by the Lingle-Aiona Administration, which encourages employers to increase staffing by using federal funds to help pay the health insurance premiums of people who are newly hired for full-time positions.

DHS reimburses employers \$140 per month for the first of two years of employment for each qualified person hired through this initiative. This reimbursement represents roughly half of what it costs a private sector company to provide health insurance each month for a full-time employee.

Governor Linda Lingle discussed her proposal to create Hawaii Premium Plus when she met with President Barack Obama last February at the National Governors Association meeting in Washington, D.C. President Obama recognized the value of this initiative and asked U.S. Health and Human Services Secretary Kathleen Sebelius to expedite federal approval.

DHS Uses Federal Stimulus Funds to Create Summer Jobs for Youth

In May 2010, Lt. Governor James R. "Duke" Aiona, Jr. and Director Koller announced the opportunity for young people to earn wages while gaining valuable work experience through the 2010 Summer Youth Employment Program.

These six-week summer jobs were open to young people, ages 14 through 23. The jobs paid \$8 or more per hour and were offered at government offices, private companies and non-profit organizations statewide.

By partnering with the Department of Labor and Industrial Relations and the Department of Defense, DHS made sure that every young person who wanted a summer job got a summer job. More than 5,000 youth obtained employment.

Basic Health Hawai'i Provides Free Health Insurance for Legal Aliens

In July 2010, DHS launched Basic Health Hawai'i (BHH), a fully State-funded program that provides free medical insurance for adult, non-pregnant legal aliens who do not qualify for the federally funded Medicaid program.

Among those eligible to enroll in BHH were more than 7,500 low-income adults who migrated to Hawaii from Micronesia, the Marshall Islands and Palau under the Compacts of Free Association (COFA) with the U.S. government.

Also eligible to enroll in BHH are low-income legal alien adults from non-COFA nations who have lived in America for less than five years. These individuals are not eligible for Medicaid and the State previously provided no health insurance for them.

BHH will save State taxpayers an estimated \$8 million annually because COFA migrants will transfer from Medicaid-like coverage to less comprehensive coverage.

BHH covers four medications monthly – including brand-name chemotherapy drugs – along with 12 outpatient doctor visits, ten hospital days, six mental health visits, three procedures and emergency medical and dental care. Clients who require kidney dialysis will also receive these treatments for free as part of emergency service coverage.

Congress in 1996 changed federal law to make most non-U.S. citizens – including COFA migrants – ineligible for Medicaid and other federally funded services, except for emergency services. Because there was no longer any federally funded services for these non-U.S. citizens, Hawaii has shouldered the cost of providing Medicaid-like coverage to COFA migrants since the mid-1990s using only State tax dollars.

\$145 Million Given to Hospitals for Charity Care Since 2005

In September 2010, Lt. Governor Aiona and Director Koller distributed more than \$8.1 million in new federal funding to 16 private hospitals statewide to help defray the cost of providing charity care to uninsured and under-insured patients.

DHS obtained the money through the Congressional Disproportionate Share Hospital (DSH) program – which resumed in 2007 after being discontinued for 13 years – thanks to the support of Senator Daniel Akaka.

To draw down DSH federal funds, Hawai‘i is required to provide a state share, also called “matching state funds.” Previously, the State appropriated and released matching state funds to satisfy this requirement. However, due to Hawai‘i’s economic situation, releasing matching state funds this year would not have been fiscally prudent.

That is why DHS found a creative way to satisfy the state share requirement. To bring in as much federal money as possible, DHS was able to count state funding for uncompensated care at public hospitals through the Hawai‘i Health Systems Corporation (HHSC).

With that latest check presentation, private hospitals have received \$39 million in federal and matching state funds since 2007 through the DSH program.

Private and public hospitals have also received nearly \$84 million in federal-only funds since 2005 through a waiver the DHS Director obtained from the U.S. Centers for Medicare & Medicaid Services. Additionally, for public hospitals, DHS provided HHSC with \$21.9 million in supplemental funding last year.

This brings the total to \$145 million in federal and state support for charity care at hospitals over the past five years. DHS will also provide public hospitals with another \$21.9 million in supplemental funding later this year.

Prior to 2005, Hawai‘i hospitals had not received federal funds for charity care since 1994.

DHS Helps Safely Reduce Number of Native Alaskan Children in Foster Care

In July 2010, a team of DHS officials and community partners shared their expertise to help the State of Alaska and numerous tribal organizations safely reduce the number of Native Alaskan children in foster care. The visit to Alaska came at the request of the Western and Pacific Implementation Center, a project funded by the federal government.

DHS was asked to assist Alaska in developing and implementing its version of a Differential Response System. This online and computerized system, which Hawai'i launched in 2005, carefully weighs risk and safety factors in a family's home to determine the most appropriate response when investigating reports of child abuse or neglect.

Responses range from offering voluntary family strengthening services to immediately placing children in protective care.

Prior to implementing the new system, nearly 3,000 Hawai'i children were in foster care. By 2010, the number of children in foster care was safely reduced to less than 1,400. Also, Hawai'i's child re-abuse rate dropped from 6 percent in 2003 to just 2.8 percent in 2010, which is far better than the national tolerance standard of 6.1 percent.

Along with safely reducing the number of foster children, the Differential Response System helped eliminate the disproportionate representation of Native Hawaiian children in foster care.

Efforts by DHS and its community partners to improve the lives of children since 2005 have drawn praise from federal officials, *Governing* magazine (www.governing.com/poy/Lillian-Koller.html) and the Casey Family Programs 2010 annual report, "How are the Children?" (www.casey.org/resources/publications/children/images/2010_Casey_Report.pdf).

Clients with Disabilities Among Nation's Top Earners

In August 2010, Director Koller announced that DHS is among the most successful government agencies in America in terms of helping clients with disabilities obtain good-paying jobs, according to a new federal report.

According to a report from the U.S. Rehabilitation Services Administration, DHS clients with disabilities earned an average of \$41,067 in annual wages during 2009. That amounts to nearly 67 percent of the average wage in Hawai'i's workforce – which is one of the highest ratios in the nation. Only six states had a better performance last year.

In 2006, Koller named Joe Cordova as VRSBD administrator. Cordova, a blind rehabilitant himself, previously served as Regional Commissioner for the U.S. Department of Education's Office of Special Education and Rehabilitative Services.

During Cordova's tenure at VRSBD, the average wages of clients have increased every year. In 2005, before Cordova joined DHS, clients with disabilities earned less than 57 percent of the average wage in Hawai'i. By the 2009 fiscal year, DHS clients were earning nearly 67 percent of the average wage.

DHS Expands Eligibility for SNAP to Federal Maximum

In October 2010, DHS expanded eligibility for the Supplemental Nutrition Assistance Program (SNAP) to the maximum allowed by the federal government.

By raising the limit, an additional 22,000 residents became eligible for SNAP, formerly known as food stamps, and the State will draw down an estimated \$60 million in additional federal dollars each year. Studies show that every \$5 in new SNAP funding stimulates the local economy by \$9.20.

This change hiked the income eligibility limit from 130 percent of the Federal Poverty Level to 200 percent for the majority of qualifying SNAP applicants.

SNAP benefits are entirely paid by the U.S. Food and Nutrition Service (FNS), while administrative costs of operating the program are shared equally by federal and state governments.

In addition to expanding eligibility, DHS on October 1 began providing five months of transitional SNAP benefits to residents when they exit the welfare rolls. This boost helps former welfare clients stabilize their household budgets and maintain self-sufficiency.

DHS also eliminated the assets test, which is especially beneficial for seniors who often have low incomes but previously had too many assets to qualify for SNAP. Eliminating the assets test also further simplified applications processing for DHS staff.

To efficiently manage the expected surge in SNAP activity, DHS is implementing “best practices” from other state governments, such as streamlining workflows and interviewing applicants by phone whenever possible.

With the assistance of the federal government, DHS officials traveled to New Mexico in July 2010 to receive peer-to-peer training from their counterparts. DHS asked to visit New Mexico because it won national acclaim for successfully changing the way it processes SNAP applications during a time of mounting caseloads, low staffing levels and rising error rates.

As a result of these improvements, New Mexico reduced the average wait time for receiving SNAP benefits from 20 days to just 6.2 days.

Recovering Over \$82 Million from Drug Companies that Inflated Medicaid Drug Prices

In November 2010, DHS and the State Attorney General announced settlements totaling more than \$82 million from a “False Claims Act” lawsuit filed in 2006 against over 40 pharmaceutical drug companies. The lawsuit alleged that the companies gouged the State’s Medicaid program with inflated prices for prescription drugs.

DHS Launched Web Site to Simplify Applications for Public Health Insurance

In November 2010, DHS launched the Kokua Online Application, which enables Hawai‘i residents to submit online applications for Medicaid and other forms of public health insurance.

The new application, available at <http://kokua.dhshawaii.net>, enables low-income residents and their advocates to enter and submit information electronically and then monitor each stage of the approval process to determine if additional information is required.

Kokua is the first interactive online application available for DHS public benefits. It is part of the Lingle-Aiona Administration’s efforts to provide more online services to increase convenience to the public and make government operations more efficient.

CHAPTER THREE: SELF-SUFFICIENCY

A critical goal of the Department of Human Services (DHS) is to help people to become as self-sufficient as possible, thereby decreasing or eliminating the need for our services. Key to this goal is our ability to help people get employment, keep employment, and increase their wages. Two divisions of the DHS, the Benefit, Employment and Support Services Division (BESSD) and the Vocational Rehabilitation and Services for the Blind Division (VRSBD), provide an effective array of education, training and work activities, as well as support services, to assist clients in achieving this goal. In addition, BESSD provides basic support, such as financial, food stamp benefits (now called “SNAP”), and child care assistance while clients are moving toward self-sufficiency.

A. BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD): Programs, Services, Achievements, and Looking Ahead

The BESSD is the largest division in the DHS. BESSD employees provide a continuum of services, through nine programs that serve different populations, aimed at providing clients with monthly benefits to assist them with such essentials as food, shelter, and child care, as well as employment support and work-training and dependency diversion and prevention.

1) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) and TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF)

Program Description

TANF and TAONF are the time-limited welfare reform programs for adults with dependent children. These programs are designed to support those with work challenges and to require those who are able to work to do so. Unlike the old welfare program, which fostered dependence and low self-esteem, the TANF and TAONF programs require work and promote self-reliance, responsibility, and family stability. Both TANF and TAONF offer a package of strong incentives and penalties, child care support for working parents, and restructured welfare benefits so that it “pays to work.”

TANF and TAONF provide monthly cash benefits to families for food, clothing, shelter, and other essentials. To qualify, a family must include dependent children under the age of 19 and the family’s total gross income must be under 185% of the 2006 Federal Poverty Level (FPL). For a household of three persons, this means that the monthly gross income must be less than \$2,941 and the net income must be under 38% of the 2006 FPL or under \$610 if the household includes an employable adult. All TANF/TAONF households are permitted to acquire resources or assets, but the combined total must be under \$5,000. Vehicles and the home in which a household resides are exempt from consideration as an asset or resource.

Whether a family participates in TANF or TAONF depends on the household composition. Effective October 2009, families in which all members are U. S. citizens and the child has one or two legal parents residing in the home, the family is eligible for federally-funded welfare under TANF. Families which include at least one non-citizen or at least one citizen from the Compact of Free Association nations (COFAs) are eligible for state-funded welfare under TAONF. Non-citizens are legal immigrants residing for less than 5 years in the U.S. or permanent resident aliens residing in the U.S. for more than 5 years. Other than these different funding sources, the TANF/TAONF programs are identical.

In July 2007, payment standards were increased for the first time since 1994. Payment standards went from 62.5 % of the 1993 FPL to 50% of the 2006 FPL when the Hawaii State Legislature

passed S.B. 475 that was introduced by the Administration and signed into law by Governor Linda Lingle as Act 287, Session Laws of Hawaii 2006. Effective July 1, 2009, the payment standards were reduced to 48% of the 2006 FPL as a costs savings measure for the State. These reduced amounts were still more than the 1994 payment amounts which were still in effect when Director Koller took office in mid-January 2003.

Beginning in FY 2004, the Department began implementing and continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare or keeping people off welfare.

Positive Youth Development and Family Strengthening programs have been established since 2004 at nearly 300 sites around the State. The Department continues to support these programs to improve the lives of needy keiki, teens and their parents through programs that reduce truancy, crime, out-of-wedlock pregnancies, substance abuse and child abuse. These programs are offered in a variety of different venues including the Department of Education through the UPLINK program, the Department of Defense through their About Face! and Healthy Lifestyles programs, the DHS' Office of Youth Services through contracts at youth centers statewide, and through contracts with private agencies such as Read Aloud America, the Girls Scouts, PACT, Goodwill Industries, the Salvation Army, Susannah Wesley, and Catholic Charities.

These programs help to get youth engaged in positive activities during times of the day when they may be at risk of engaging in behavior leading to negative outcomes such as pregnancy, substance abuse and crime. Youth are exposed to positive information on making healthy decisions in their lives and the opportunity for a better life. National studies establish that positive youth development programs reduce teen pregnancy, school drop-outs, substance abuse and other risky behaviors leading to dependence on government aid.. It is important to continue investing in family poverty prevention.

By providing a variety of positive youth development programs, including teen pregnancy prevention programs and family strengthening services, there has been a 7% reduction from 2009 to 2010 of single parent households on welfare in Hawaii.

In FY 2005, the Department implemented a new diversion pilot program called the Up-Front Universal Engagement (UFUE) program meant to divert families from entering into the welfare system by supporting employment and the issuance of a lump sum benefit. The lump sum benefit was issued to divert families from financial assistance for four months without impacting the lifetime eligibility of 60 months. UFUE has since been modified at various times.

By FY 2006, the UFUE program was implemented statewide as a permanent family poverty diversion program and expanded to include families applying for not just TANF but TAONF as well. This program also diverts families from ongoing financial assistance for four months. During the initial four months after application, families receive “non-assistance” benefits that do not impact the lifetime welfare eligibility of 60 months. Participants are immediately referred to a work program and the focus is on getting these individuals employed within the grant diversion period to prevent loss of their lifetime welfare eligibility and to support self-sufficiency efforts by the household.

To comply with changes in the federal welfare law, all adults who meet the federal definition of a “work-eligible individual,” are now required to participate in some activity, whether it is training, counseling, or work to maintain eligibility. Accordingly, in January of FY 2008, the UFUE program was modified to require that families applying for TANF or TAONF must participate in a work-related UFUE program for four months before the family could receive their regular TANF or TAONF assistance payments. Effective October 2008, UFUE became a pay-after-performance TANF assistance program. Once the pay-after-performance system was fully implemented, in State FY 2010, 55% of households were diverted away from the TANF program and into the job market.

DHS also expanded its employment service program to help businesses meet their labor demands and provide additional work opportunities for individuals on government assistance. SEE Hawaii Work (Supporting Employment Empowerment) began in February 2005 on Oahu and expanded statewide by June 2006. This program provides pre-screened candidates to companies for private sector employment. Employers have the opportunity to train individuals to meet their business needs with candidates who either have had previous job experience or possess basic employment skills. The employer sets and pays the wage to the SEE employee (welfare recipient) and the State reimburses the employer 100% of the State's hourly minimum wage plus 50% of every dollar paid in wages over minimum wage. The employer is also reimbursed 14% of the wages to cover employer expenses and overhead. In addition, the State provides transportation and child care assistance.

In 2006, DHS began offering new financial incentives that encourage clients to seek and maintain employment. This "Reward Work" initiative includes a number of incentive programs.

So far, 13,225 employed welfare recipients have received work incentive subsidies and/or Reward Work payments along with their employment wages. These payments total \$24,741,094.

Reward Work allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance while they work during the first two years on welfare. Previously, welfare checks were reduced when clients began working, which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.

Our Reward Work initiatives include an Employment Subsidy program that allows families who have used up their 60 months of welfare eligibility to receive an additional work support of \$200 per month as long as they remain employed and increase their hours of employment. Eligibility for this program was expanded from 24 months to 60 months.

Another Reward Work initiative is a job exit/job retention program that pays bonuses for up to 24 months to families who leave assistance in less than 25 months and remain off assistance and remain employed.

The combination of these initiatives to provide TANF benefits where work-able individuals participate in self-sufficiency activities, and to reward their efforts to become and remain employed, have produced significant results. First, 55% were diverted away from the TANF program and into the job market. Second, 75% of those who participate in UFUE obtain unsubsidized or subsidized jobs and 18% of these are so successful that they are able to leave TANF during the initial UFUE period.

Program Goal

Families will achieve financial self-sufficiency.

Objective	Measurements
The total economic well-being of the client will improve.	<ol style="list-style-type: none"> 1. Average earnings per case will increase. 2. The proportion of individuals working will increase. 3. Total income will increase. 4. Hours worked will increase.
Family stability will improve.	The percentage of intact (two-parent) households will increase.
Recidivism will be reduced.	Fewer cases will return to welfare once off.
Financial assistance program savings will increase.	Financial assistance program costs will decrease.

TANF/TAONF Program Achievements

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

- The cost of assistance per TANF household has decreased from a high of \$611 in 1997 to \$546 in fiscal year 2010. The cost of assistance per TAONF household has decreased from \$689 per household in 1997 to \$503 in 2010.
- The average length of time on assistance decreased from 30 months in 1997 to 14.1 months in 2009. However, due to the recent economic recession, there was a slight increase of 1.1 months from FY 2009 when the average length of time on assistance in FY 2010 was 15.2 months.
- Since the implementation of our welfare reform waiver in December 1996, the number of families receiving assistance has decreased from 22,785 cases to 8,661 cases in June 2009. Due to economic recession, the caseload increased to 9,448 in June 2010.

Most of the 8.3% increase in the TANF/TAONF caseload from 8,661 families per month in FY 2009 to 9,448 families per month in FY 2010 can be attributed to an increase in the number of COFA families being assisted in the TAONF program. The COFA cases increased 17%. COFAs made up 54.7% of the total TAONF caseload.

The TANF caseload increased and TAONF decreased because approximately 1,000+ two-parent cases were shifted from TAONF to TANF effective 10/1/09.

- In 2010, 2,096 households were employed, earning a gross income of \$1.9 million per month and representing a monthly cost savings of \$674,791.

TANF/TAONF Caseload

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

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

**Welfare Costs
(By Selected Months)**

	Sept 1997	July 2006	July 2007	July 2008	July 2009	July 2010
Number of Households Assisted	23,573	9,837	8,381	8,358	8,661	9,448
Monthly Benefits Paid to Households	\$12.92 million	\$5.09 million	\$4.6 million	\$4.75 million*	\$3.46 million	\$5.29 million
Gross Earned Income Reported	\$3.7 million \$568/mo \$6,816/yr	\$1.7 million \$736/mo \$8,832/yr	\$1.5 million \$903/mo \$10,836/yr	\$1.6 million \$930/mo \$11,160/yr	\$1.8 million \$933/mo \$11,196/yr	\$1.9 million \$951/mo \$11,412/yr

* Standard of assistance was raised from 62.5% of the 1993 FPL to 50% of 2006 FPL effective July 1, 2007 which explains the higher welfare expenditure a year for July 2008; the standard of assistance decreased from 50% to 48% of the 2006 FPL effective July 1, 2009.

- Contracts with community agencies to provide statewide employment support for two-parent households have been increased.
- There continues to be a focus on expanding training and skill-building programs for our clients who have work challenges due to some kind of disability or other significant barrier. We have contracted for services for victims of domestic violence (DV), substance abusers, and individuals with physical or mental disabilities. While DV work requirements may be suspended, as appropriate, to permit program participation for up to six months with a possible extension of six months, assessments are made on an individual basis to keep the focus on getting these parents engaged in work as soon as it is safe to do so. Compliance with substance abuse programs, medical treatment and skill-building programs are conditions of eligibility for those who need these services. The focus is on helping families achieve self-sufficiency through the contracting of case management services for recovery activities, employment and skill development. These programs and services are intended to improve the self-sufficiency skills of all our families to comply with changes to the federal welfare laws. All adults are now required to participate in some activity, whether it is training, counseling, or work to maintain eligibility.
- SEE Hawaii Work (Supporting Employment Empowerment) is an employer-friendly program that provides pre-screened candidates, who have either previous job experience or possess basic employment skills, to companies in the private sector for employment. Employers are reimbursed for the salaries of our clients whom they hire and train to meet their business needs. The employer sets and pays the wage to the SEE employee (welfare recipient) and the State reimburses the employer 100% of the State's hourly minimum wage plus 50% of every dollar paid in wages over minimum wage. The employer is also reimbursed 14% of the wages to cover employer expenses and overhead. In addition, the State provides transportation and child care assistance. This business-friendly program is a win-win-win for welfare clients, employers and State taxpayers because:
 - SEE transforms lives by helping welfare moms and dads break multi-generational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment.
 - SEE stimulates the economy by helping companies meet their labor demands with minimal cost and effort. Prior to SEE, most of these companies had not hired from the welfare rolls.

- SEE saves taxpayer dollars by reducing our welfare rolls. Most of the SEE clients are eventually hired by the companies that trained them or obtain employment with other businesses.
- As of August 31, 2010, a total of 2,333 welfare recipients have participated in the SEE program.
- The Bridge to Hope program continues to allow individuals to earn a college degree while they work.
- The Supplemental Security Income (SSI) advocacy program, through contracts with the Legal Aid Society of Hawaii greatly enhanced in February 2001, continues to assist disabled individuals receiving federal TANF assistance, and eligible State-funded individuals in the TAONF, General Assistance, and Aid to the Aged, Blind, and Disabled programs, to qualify to receive SSI federal benefits, which are higher than our State benefits, and are not time-limited.

Through the enhanced LASH advocacy contract, 64% of the total TANF/TAONF referrals were approved for SSI/SSDI. 81% of the approvals were for TANF applicants/recipients and 18% of the approvals were for TAONF applicants/recipients.

- The Department continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare and keeping people off welfare.
- The medical review process for GA, TANF and TAONF disabled recipients, performed by contracted physicians and psychiatrists, standardizes the determination of disability to focus more on ability to work and compliance to treatment to ameliorate the disability and enable these recipients to work. We have also implemented a new medical review panel to review all medical findings and to more consistently plan for appropriate support services. These physician and psychiatrist determinations will be utilized by vocational rehabilitation contractors to determine the amount and type of activity the TANF applicant or recipient may perform to better service the applicants and recipients.
- The definition of “temporarily absent and eligible households” was statutorily changed to maintain family assistance while parents are receiving substance abuse and domestic violence services and to allow these services to be funded with federal dollars.
- A simplified reporting system was implemented to decrease the reporting requirements and simplify access to our systems.
- The Reward Work initiatives, which offer further incentives to employment, will continue to be implemented. Early exit and job retention bonuses continue to be offered to those who exit the payment program in less than 25 months and retain employment.
- We are continuing the 21-day pay-after-performance requirement for applicant families, except those with children under the age of six months, those without an adult in the household, and those with one adult caring for a disabled household member.

Future Planned Improvements

- We are continuing to expedite our application process to allow individuals to enter the work program more quickly.

- A memorandum of agreement will be implemented with the Social Security Administration's disability determination contractor to expedite disability determinations for disabled TANF recipients. New procedures are being developed so that a more complete application for Social Security disability benefits is prepared to enable expedited processing.

People Served by the TANF/TAONF Programs

Each family that receives financial assistance, whether funded through the TANF or TAONF programs, is different. However, we can identify characteristics that are common. The average case size was 2.22 people for TANF and 4.87 people for TAONF in FY 2010.

Composition of TANF/TAONF Households

Household Composition	TANF	TAONF
No Eligible Adult and 1 Child	17%	7%
No Eligible Adult and 2 Children	6%	2%
No Eligible Adult and 3 or More Children	4%	<1%
1 Adult and 0 Children	6%	7%
1 Adult and 1 Child	24%	18%
1 Adult and 2 Children	14%	11%
1 Adult and 3 Children	7%	5%
1 Adult and 4 or More Children	5%	4%
2 Adults and 1 Child	3%	9%
2 Adults and 2 Children	5%	9%
2 Adults and 3 Children	4%	11%
2 Adults and 4 or More Children	3%	9%

(Note: Percentages may not total exactly 100% due to rounding.)

Ethnicity of Individuals Served by TANF/TAONF Programs

Ethnicity	TANF	TAONF
Other Pacific Islander	3%	80%
Hawaiian/Part-Hawaiian	41%	1%
Caucasian	28%	2%
Filipino	12%	7%
Samoaan	7%	2%
Asian	6%	6%
Other	3%	2%

Heads of Households of TANF/TAONF Families

Heads of Households	TANF	TAONF
Female	76%	65%
Male	24%	35%
Under 35 Years Old	70%	60%
Never Married	55%	39%
Married	22%	41%
Common Law	6%	8%
Separated or Divorced	16%	41%
Widowed	4%	1%
Head of Household Disabled	15%	12%
Head of Household with Grade 12 or Higher Education	64%	22%

Households that include an adult who is without work barriers are allowed to receive TANF or TAONF cash benefits for a maximum of five years (60 months) in their lifetime. In fiscal year 2003, 1,251 cases were closed due to time-limits. In fiscal year 2004, 852 cases were closed due to time-limits and this figure decreased, in keeping with the caseload reductions, to 708 cases in fiscal year 2005, 517 cases in 2006, 477 in 2007, 434 in 2008, 415 in 2009 and 228 in 2010. The Department continues to expand its outreach activities to ensure that families that are approaching the five-year limit are prepared and have a self-sufficiency plan. Job preparation services, job search skills, training and education are available. We have also expanded our supportive services for those with barriers to employment. Our intent is to assist families towards self-sufficiency as expeditiously as possible.

2) **FIRST-TO-WORK (FTW)**

Program Description

The First-to-Work (FTW) program, implemented in FY 1997, is a work program designed to assist able-bodied adults to become attached to the workforce. FTW serves TANF recipients and puts emphasis on: employment, skill-building, training, on-the-job training and job search activities. FTW also provides supportive services such as child care, transportation reimbursement and work-related expenses.

Under FTW, the Department offers several work-incentive and job-readiness programs to TANF recipients through partnerships and contracts with public and private agencies:

SEE Hawai`i Work (Supporting Employment Empowerment)

SEE Hawai`i Work (Supporting Employment Empowerment) gives generous wage subsidies to a wide variety of companies to hire welfare clients and train them on the job, where they learn

valuable work skills. Most of the SEE clients are eventually hired by the companies that trained them or obtain employment with other businesses. Prior to SEE, most of these companies had not hired from the welfare rolls.

SEE Hawaii Work provides subsidized employment opportunities, primarily in the private, for-profit employment sector, for our FTW participants. Employers are reimbursed 100% of the minimum wages plus 50% of every dollar paid in wages over minimum wage plus 14% of all wages to cover employee-related costs to the employer.

This business-friendly program is a win-win-win for welfare clients, employers and State taxpayers because:

- SEE transforms lives by helping welfare moms and dads break multigenerational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment.
- SEE stimulates the economy by helping companies meet their labor demands with minimal cost and effort.
- SEE saves taxpayer dollars by reducing our welfare rolls.

As of August 31, 2010, a total of 2,333 welfare recipients have participated in SEE, of which 369 are currently in active SEE placements. Of the 1,122 SEE participants who have successfully completed their SEE assignments, 909 (81%) have already transitioned into unsubsidized employment – many of them for the first time in their life – and have exited TANF.

As of August 31, 2010, a total of 1,097 employers have participated in the SEE program and 612 of those employers or 56% hired welfare recipients.

Up-Front Universal Engagement (UFUE)

To divert clients away from welfare and into the workforce, DHS in 2005 launched Up-Front Universal Engagement (UFUE). This program connects people with the job market at the time they apply for government assistance. From July 1, 2009 to June 30, 2010, about 12,095 households applied for government assistance and were referred to the UFUE program.

Of these 12,025 households, 6,613 (55%) were diverted away from the TANF program and into the job market.

Reward Work

In 2006 DHS began offering new financial incentives that encourage clients to seek and maintain employment. This “Reward Work” initiative allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance while they work during the first two years on welfare. Previously, welfare checks were reduced when clients began working, which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.

Since its inception, 24,917 employed welfare, and former welfare, recipients have received work incentive subsidies and/or these Reward Work payments along with their employment wages.

Program Goal

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

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

Island	FY 06	FY 07	FY 08	FY 09	FY 10
Oahu	4,417	4,398	4,239	5,171	5,542
Hawaii	1,676	1,576	1,624	2,553	2,762
Maui/Molokai	458	528	608	950	985
Kauai	276	240	269	377	382
Total	6,827	6,742	6,740	9,051	9,671

* People served by the FTW Program are all applicants for TANF/TAONF benefits who are monitored for their 21-days of work activity compliance as well as all TANF/TAONF benefits recipients who are Work Eligible Individuals as defined by federal regulations, including UFUE and SEE Hawaii Work participants.

Age Distribution of FTW Clients

Age	FY 2009		FY 2010	
	Count	Percent of Total	Count	Percent of Total
<16	0	0%	0	0%
16 to 24	2,421	26.8%	2,588	26.8%
25 to 34	3,862	42.7%	4,066	42%
35 to 44	1,943	21.4%	2,111	21.8%
45 to 55	690	7.6%	758	7.8%
55+	135	1.5%	148	1.6%
Total	9,051	100%	9,671	100%

Ethnic Distribution of FTW Clients

Ethnicity	FY 2009		FY 2010	
	Number	Percentage	Number	Percentage
Part Hawaiian	2,773	30.6%	2,915	30.1%
Caucasian	1,756	19.4%	1,879	19.4%
Filipino	932	10.3%	968	10.1%
Samoaan	516	5.7%	554	5.7%
Asian	562	6.2%	566	5.9%
Black, Hispanic	718	8.0%	815	8.4%
Other	1,794	19.8%	1,974	20.4%
Total	9,051	100%	9,671	100%

Highlights of the First-to-Work Program in FY 2009 and FY 2010

- Success in Meeting Desired Outcomes and Work Participation Rates:** The mandatory work participation requirement to be met for the subject Federal Fiscal Year (FFY) 2010 is 50% of all mandatory adults adjusted by the State's earned caseload reduction credit. Hawaii's caseload reduction credit for FFY 2010 is estimated to be 62.5%. The adjusted work participation requirement to be met is -12.5% (50% - 62.5% = -12.5%). As of the third quarter of FFY 2010, 40.4% of mandatory households were meeting the work participation requirements. **Therefore, Hawaii is currently exceeding the required participation, 40.4% compared to -12.5%.**

The percentage of TANF recipients in work programs exiting due to employment fell below our planned outcome level. We believe that this outcome is due to the success that we have been having with our new "Up-Front Universal Engagement (UFUE)" program (aka "Grant Diversion" program). UFUE is successfully diverting new applicants to

TANF into the job market, instead of welfare, within the first four months of their applications. As a result, those who need more than four months of assistance, job readiness and job placement are transferred to our First-To-Work units, resulting in “harder to serve” clients who require more protracted help from us to exit welfare through employment. However, we will retain our planned ambitious outcome goal in this coming year and are encouraged that our overall federal work participation rate has continued to incrementally improve.

- There were 6,816 intakes into the First-to-Work Program in FY 2009 and 7,383 in FY 2010.
- 4,907 participants were enrolled in Job Readiness in FY 2009 and 6,006 participants enrolled in FY 2010.
- The Work Experience program served 2,158 participants in FY 2009 and 3,209 participants in FY 2010, a 67% increase in participants.
- The SEE Hawaii Work (Supporting Employment Empowerment) program placed 717 participants in subsidized employment in FY 2009 and placed 743 participants in FY 2010.

As of August 31, 2010, a total of 2,333 welfare recipients have participated in SEE, of which 369 are currently in active SEE placements. Of the 1,122 SEE participants who have successfully completed their SEE assignments, 909 (81%) have already transitioned into unsubsidized employment – many of them for the first time in their life – and have exited TANF.

As of August 31, 2010, a total of 1,097 employers have participated in the SEE program and 612 or 56% of those employers hired welfare recipients.

- 238 FTW participants were placed in adult education in FY 2009 and 164 participants in FY 2010.
- 549 FTW participants were placed in vocational training during FY 2009 and 878 participants in FY 2010.

Progress on Program Outcomes

- During FY 2009, there were 5,907 participants working while in the FTW program. During FY 2010, there were 6,454 participants, or 9% more participants working while in the FTW program.
- A total of 2,150 TANF/TAONF participants exited these welfare programs due to employment during FY 2009 with 2,258 exiting in FY 2010, a 5% increase.
- The average wage during FY 2010 for clients working while on welfare was \$9.16 per hour, up from \$8.99 in FY 2009, or a 2% increase. The median wage for FY 2010 was \$8.00 per hour.
- Following the TANF Five-Year Strategic Plan, DHS uses its TANF annual block grant to both provide TANF benefits for needy families and to fund poverty prevention contracts with a wide variety of community-based social service agencies statewide.

To determine the effectiveness of these initiatives, DHS commissioned a study by The Lewin Group, a nationally respected human services consulting firm. These experts

determined that our TANF-funded anti-poverty community-based programs use research-based approaches proven to reduce teen pregnancies, improve school performance and completion rates, discourage drug and alcohol abuse, build character, develop life skills and promote work preparedness. A copy of the analysis is available online at www.hawaii.gov/dhs/main/reports.

Future Performance Targets

Performance Targets for the First-to-Work Program for FFY 2011 will be:

- To have 55% of the TANF mandatory population meeting the 30-hour work participation by September 30, 2011. This target compares to the Federal expectation that 50% of the population be in compliance with this requirement by that time.
- To have 6,500 TANF/TAONF able-bodied adults working for pay by September 30, 2011.
- To have 2,300 TANF/TAONF participants exiting these programs due to employment by September 30, 2011.
- To have 750 TANF/TAONF participants in SEE placements by September 30, 2011.

3) EMPLOYMENT AND TRAINING (E&T)

Program Description

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

Program Goal

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

Achievements and Highlights of the Employment and Training Program in FY 2009 and FY 2010

- There were 1,135 intakes into the E&T program in FY 2009 and 1,172 intakes in FY 2010.
- 1,628 clients were served in FY 2009 and 1,739 were served in FY 2010.
- A total of 924 clients were employed in FY 2009 and 1,007 were employed in FY 2010.
- A total of 683 clients were in job readiness components in FY 2009 and 898 clients were in job readiness components in FY 2010, a 31% increase.
- A total of 115 clients were in an Adult Education component in FY 2009 and 112 clients in FY 2010 in FY 2010.

- A total of 120 clients were in a vocational training component in FY 2009 and 132 clients in FY 2010.
- A total of 490 clients were involved in work experience in FY 2009 and 667 clients in FY 2010.
- There were a total of 185 exits due to employment in FY 2009 and 179 exits in FY 2010.
- In FY 2009, the average wage at exit was \$11.35 per hour and the median wage was \$8.00 per hour.
- In FY 2010, the average wage at exit was \$9.66 per hour and the median wage was \$8.00 per hour the same as 2009.

Future Performance Targets

- To have 1,000 E&T clients employed by June 30, 2011.
- To have 650 E&T clients exit due to employment by June 30, 2011.
- To have 500 E&T clients involved in work experience programs by June 30, 2011.

Persons Served by the E&T Program

Employment and Training Clients Served By County

Island	FY 06	FY 07	FY 08	FY 09	FY 10
Oahu	1,213	1,331	1,195	1,114	1,056
Hawaii	54	93	93	134	177
Maui	112	190	182	266	351
Kauai	74	79	64	114	155
Total	1,453	1,693	1,534	1,628	1,739

Age Distribution of Employment and Training Clients

Age	FY 2009		FY 2010	
	Number of Clients	Number of Clients	Number of Clients	Percent of Total
<16	0	0	0	0%
16 to 24	388	388	446	25.6%
25 to 34	376	376	461	26.5%
35 to 44	392	392	429	24.7%
45 to 55	358	358	353	20.3%
55+	114	114	50	2.9%
Total	1,628	1,628	1,739	100%

Ethnic Distribution of Employment and Training Clients

Ethnicity	FY 2009		FY 2010	
	Number of Clients	Number of Clients	Number of Clients	Percent of Total
Part Hawaiian	541	541	527	30.3%
Caucasian	448	448	546	31.4%
Filipino	203	203	217	12.5%
Samoan	70	70	82	4.7%
Asian	156	156	156	9.0%
Black	49	49	52	3.0%
Hispanic	118	118	112	6.4%
Other	43	43	47	2.7%
Total	1,628	1,628	1,739	100%

4) CHILD CARE CONNECTION HAWAII

Program Description

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

Program Goal

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

Program Highlights - Child Care Connection Hawaii in FY 2009 and FY 2010

- There were 24,465 active families receiving Child Care payment assistance for 32,199 children in FY 2009.
There were 21,296 active families receiving Child Care payment assistance for 29,271 children in FY 2010.

The lower number of families and children receiving child care subsidies was due to a backlog in application processing in issuing timely payments to families with the transition to a new contracted provider.

Currently, most of the applications are processed timely. The most significant factor in eliminating the backlog was the DHS development of a unique web-based electronic tool to accurately and quickly calculate the appropriate amount of child care subsidy for each child in the family which typically varies greatly.

- Payments totaling \$56,891,952 were made to families in FY 2009.
Payments totaling \$52,802,409 were made to families in FY 2010.
- Number of Family Child Care Homes Licensed in FY 2009: 675
Number of Family Child Care Homes Licensed in FY 2010: 674

- Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2009: 626
Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2010: 633
- Licensed Child Care Slots Available in FY 2009: 35,874.
Licensed Child Care Slots Available in FY 2010: 36,001

Future Performance Targets

Performance targets for the Child Care Connection Hawaii Program for FY 2011 are:

- To have 680 Family Child Care Homes licensed by June 30, 2011.
- To have 640 Group Care Centers licensed by June 30, 2011.
- To have additional 200+ Child Care Slots available by June 30, 2011.
- To provide child care payments for additional 800+ children by June 30, 2011.

Ethnic Distribution of Children Receiving Child Care: FY 2009 & FY 2010

Ethnicity	FY 2009	FY 2010
Part Hawaiian	28.61%	29.13%
Caucasian	18.11%	18.97%
Filipino	17.01%	17.06%
Samoan	3.65%	3.64%
Asian, Black, Hispanic	13.29%	18.04%
Other	19.33%	13.16%

5) HAWAII HEAD START STATE COLLABORATION PROJECT

Program Description

The Hawaii Head Start State Collaboration Office (HHSSCO) is funded by a federal grant through the Department of Health and Human Services, Administration for Children and Families, to ensure state and local level collaboration, coordination and delivery of comprehensive services to children and families of low-income in ten national priority areas: health care, welfare, child welfare (safety), child care, education, community services, family literacy, services relating to children with disabilities, services for homeless children, and staff professional development.

The HHSSCO works to enhance the capacity of Head Start and other early care and education programs and entities to improve the outcomes and opportunities for low-income children and families in Hawaii through collaborative partnerships, systems-building, and state and local level planning and policy development efforts. The HHSSCO serves as a resource and support to the six Early Head Start/Head Start grantees in Hawaii, and is a liaison between the federal Office of Head Start and the State of Hawaii.

Program Goals

With the reauthorization of Head Start (“Improving Head Start for School Readiness Act of 2007”, signed on December 12, 2007), the role of the HSSCO is to further enhance coordination and collaboration among early childhood programs to create a more coherent early childhood delivery system that ensures children and families in need obtain the “full array of services for which they qualify and from which they could benefit.”

Head Start Collaboration Project Achievements

- Submitted a re-funding application and received a grant award for FY 2011.
- Completed an updated needs assessment of Head Start grantees to identify priorities for support.
- Participated on the Keiki First Steps Early Learning Council, established by the 2008 State Legislature to develop a comprehensive, integrated and sustainable early learning system. Co-chaired the Direct Services and Framework sub-committees of this Council, and participated on several other sub-committees.
- Participated on various State advisory groups to support planning and systems-building efforts: Department of Health (DOH) Early Childhood Comprehensive Systems (ECCS) Strategic Management Team, P-3 (Provisions for Early Learning through Grade Three) Advisory, DHS Child Care Advisory, Sequenced Transition to Education in the Public Schools (STEPS) State Team, Early Childhood Positive Behavior Support State Team, Child Safety Coalition, Hawaii Children’s Trust Fund Advisory, Interagency Council on Homelessness, Aloha United Way Early Childhood Impact Council, Expanding Interagency Inclusion Opportunities State Team, Hawaii Early Intervention Coordinating Council, and the Hawaii Careers with Young Children (HCYC) Core Team.
- Facilitated Early Head Start/Head Start representation in early care and education systems-building planning efforts: Early Learning Council sub-committees, HCYC work groups, Good Beginnings Alliance Board and Community Councils, and STEPS community teams.
- Developed an action plan related to the American Academy of Pediatric Dentistry (AAPD)/Office of Head Start “Dental Home Initiative” launched in May 2009, and secured grant awards from the AAPD and Hawaii Dental Services Foundation to promote activities to ensure dental homes for every Early Head Start/Head Start enrollee in Hawaii.
- Published a “2010 Hawaii Head Start Fact Sheet” (focused on services provided to homeless children and families), and distributed to key stakeholders through a variety of venues.
- Conducted a “Homeless Summit on Young Children” that involved cross-sector involvement of over 100 participants representing 45 agencies, and convened smaller venues for continued discussions to address the health and safety needs of young children, both sheltered and unsheltered.
- Revised existing state-level inter-agency agreements between Hawaii Head Start and the Department of Education/Special Education and Department of Health/WIC for enhanced service coordination and clearer role expectations.

Looking Ahead

- Improve the capacity of the HHSSCO to fulfill its functions effectively.
- In partnership with Hawaii Careers with Young Children (HCYC), the State Early Learning Council (ELC), the Head Start Association of Hawaii (HSAH), and the Head Start Training and Technical Assistance Office, create a cohesive and comprehensive system of professional development and support for early learning professionals in all communities.
- Increase availability and access to resources to improve health, oral health and mental health outcomes for children.
- Increase coordination and communication between DOE, DOH and Head Start agencies re services to children with disabilities.
- Improve developmental outcomes and more successful transitions for young children, birth to five, who are homeless.
- Expand service delivery options to address needs of Head Start families; assess child/family outcomes based on length and types of child care services provided.

6) GENERAL ASSISTANCE (GA)

Program Description

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. To be eligible, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS medical board to be unable to engage in any substantial employment of at least thirty hours per week for a period of at least sixty days.

The GA program is funded by a block-grant appropriated by the State Legislature each year. This means that to stay within the block-grant appropriation, adjustments to the monthly benefit amount may need to be made throughout the year based on the number of individuals who are participating in the program. Although the standard of assistance was increased effective July 2007 for the first time since 1994, due to budget constraints, the benefit was reduced to \$234 for April 2009 through June 2009. With the start of FY 2010 in July 2009, the benefit was increased to \$450. However, the caseload increased in FY 2010 while the authorized appropriation remained the same. Therefore, effective November 2009, the payment was reduced to \$300 a month. With the start of FY 2011 in July 2010, the payment was increased to \$353 a month. Assets may not exceed \$2,000 for a single person and \$3,000 for a couple to maintain eligibility.

Program Goal

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

Objective	Measurements
Eligibility based on disability will be standardized.	All applicants will be referred to a medical provider contracted by the Department and 100% of disability statements will be reviewed by a Departmental board.
Supplemental Security Income (SSI) referrals and approvals will increase.	Based on Departmental board review and recommendation, clients will be referred to the Legal Aid Society of Hawaii for SSI advocacy.

GA Program Achievements

- We continue to have all individuals who claim a disability examined by a contracted medical provider. All medical examinations are then reviewed by a Departmental board. This process is implemented statewide and has standardized the definition being used to determine if a person is disabled and eligible for this program. All those needing assistance are now being assessed through the use of a consistent standard.

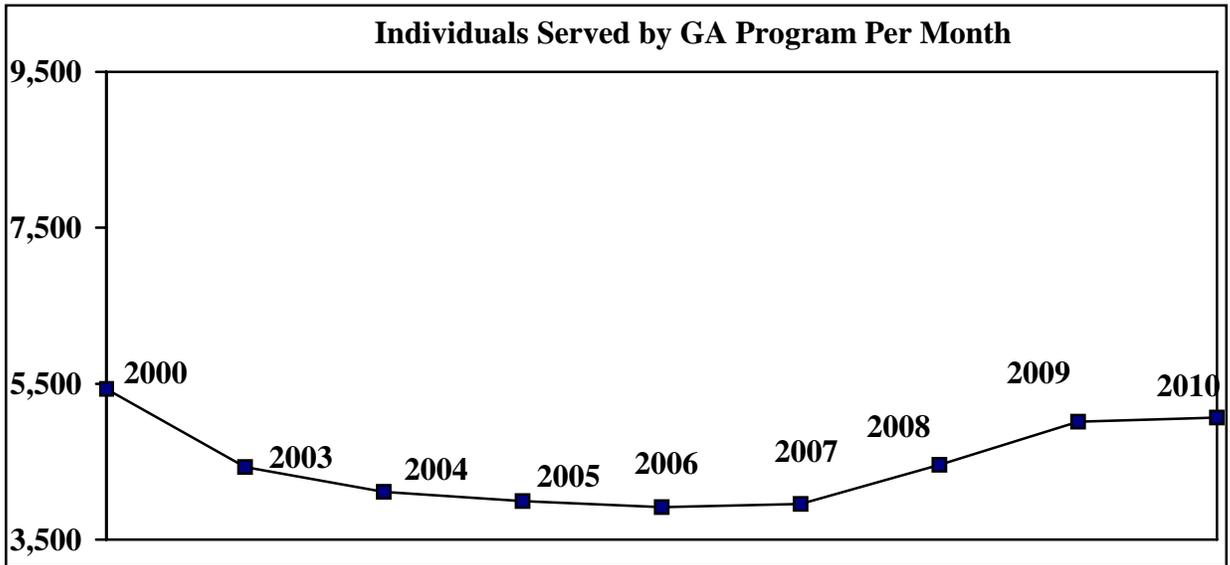
1,594 medical evaluations were completed, of which 20% were determined not disabled. 60% were determined psychiatrically disabled and 21.6% were physically disabled. 3.6% of the evaluator's determinations were reversed by the medical review board.

- We continue to contract for Social Security advocacy services to maximize the number of people eligible for federal assistance. 76.5% of the referrals were approved for SSI/SSDI. Of this amount 83% of the approvals were for GA applicants or recipients.
- These two procedures above have been instrumental in decreasing the average length of time on State assistance from 10 months to 8 months in 2008 and have remained the same in 2009 and 2010. These procedures have also enabled the transfer of persons with long-term disabilities to the federally-funded Social Security program.
- The case alert process continues and helps to maximize the referral for federal benefits.
- The medical review process continues to diagnose and service individuals with dual disabilities. 2% of the individuals have dual disabilities.
- A Memorandum of Understanding (MOU) with Public Safety Department and the Hawaii State Hospital was developed and continues to be implemented. This allows us to process in advance, people with serious mental illness being released from these facilities. The MOUs allow these individuals to receive continuous support and services.
- Medical review forms and processes were further modified to better service our customers with dual disabilities.
- Procedures were modified to allow applicants additional time to provide verification of disabilities before denying assistance.

Future Challenges

- Monitor the Social Security advocacy contract to provide an effective advocacy program.

- Monitor the medical evaluation contract to ensure the definition of disability is focused more on ability to work and compliance to treatment and to ensure the contracted physicians and psychiatrists coordinate with a vocational rehabilitation contractor or a substance abuse counselor to determine the amount and type of activity the GA applicant or recipient may perform to better service the applicants and recipients. For recipients with a diagnosis of substance abuse, monthly compliance to treatment will continue to be monitored by the substance abuse and vocational rehabilitation contractors.



GA Caseload

Year	Individuals per Month
1996	12,510
1997	9,273
1998	6,373
1999	5,718
2000	5,434
2001	5,108
2002	4,867
2003	4,432
2004	4,112
2005	3,994
2006	3,917
2007	3,955
2008	4,458
2009	5,014
2010	5,068

Typical Characteristics of Individuals Served by GA Program

Characteristics of Individuals	Percentage*
<i>Age of Head of Household</i>	
29 Years or Younger	21%
Between 30 and 39 Years	21%
Between 40 and 49 Years	30%
Between 50 and 59 Years	24%
60 Years and Older	4%
<i>Marital Status of Head of Household</i>	
Single	62%
<i>Gender of Head of Household</i>	
Male	62%
Female	38%
<i>Length of Time on Welfare</i>	8 months

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

Citizenship of Individuals Served by GA Program

United States Citizens	92%
Non-citizens	8%

Ethnicity of Individuals Served by GA Program

Ethnicity	Percentage FY 10
Caucasian	39%
Hawaiian/Part-Hawaiian	30%
Chinese	1%
Filipino	10%
Japanese	5%
Black	3%
Other Asian	2%
Samoan	3%
Korean	1%
Other Pacific Islanders	6%
Others	0%

7) AID TO THE AGED, BLIND, AND DISABLED (AABD)

Program Description

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) or who meet the Social Security Administration (SSA) definition of disabled. To qualify, individuals must have

countable income that is below 34% of the 2006 Federal Poverty Level and may not have resources in excess of \$2,000 for a single person and \$3,000 for a couple.

Program Goal

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

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

AABD Program Achievements

- The Department is current in its reimbursements of SSA warrants and is meeting the federally imposed timeframe.
- The Social Security advocacy contract was extended to maximize the number of people eligible for federal assistance. This service has been made available to families as well as single people. As a result of this contract, 603 individuals were converted from State assistance to Federal Social Security in FY 2010. 76.5% of the referrals were approved.

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

Fiscal Year	Reimbursement from the SSA	Cost of Contract with LASH for Reimbursement Activities	Reimbursement to State (Net)
2000	\$2,030,878	\$150,760	\$1,880,118
2001	\$1,636,071	\$171,050	\$2,711,270
2002	\$1,743,904	\$217,950	\$1,525,954
2003	\$3,115,720	\$404,450	\$3,071,270
2004	\$3,516,908	\$297,850	\$3,219,058
2005	\$2,980,710	\$521,900	\$2,458,810
2006	\$2,778,254	\$442,075	\$2,336,179
2007	\$2,065,731	\$478,900	\$1,586,831
2008	\$1,095,092	\$348,900	\$1,053,377
2009	\$1,021,894	\$490,175	\$997,890
2010	\$1,050,416	*\$678,200	\$372,216

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

- We are continuing to implement the system change to create alerts for staff when potentially eligible individuals are not referred to the SSA.
- Reviews of our non-citizen cases to identify those potentially eligible for Social Security Benefits and referrals to our contracted Social Security advocate are done periodically.
- The supplemental SSI advocacy contract is up for renewal in 2012.
- We continue to monitor procedures to increase the referrals to the SSI Advocacy contractor. In FY 2010, the number of referrals approved for SSI/SSDI increased by 22%.

The People Served by the Aid to the Aged, Blind, and Disabled (AABD) Program

AABD Caseload

Year	Individuals per Month
1998	3,213
1999	3,227
2000	3,198
2001	2,982
2002	2,803
2003	2,614
2004	2,175
2005	2,156
2006	1,568
2007	1,334
2008	1,492
2009	1,451
2010	1,375

Household Characteristics of Individuals Served by AABD Program

Characteristics of Individuals	Percentage
<i>Age of Head of Household</i>	
Age 65 and Older	66%
Younger than Age 65	34%
<i>Marital Status of Head of Household</i>	
Married	27%
Widowed	33%
Single	22%
Separated	10%
Divorced	7%
Common Law	1%
<i>Gender of Head of Household</i>	
Female	60%
Male	40%

(Note: Percentages may not total exactly 100% due to rounding.)

Ethnicity of Individuals Served by AABD Program

Ethnicity	Percentage
Filipino	22%
Chinese	8%
Other Asian and Pacific Islanders	46%
Caucasian	8%
Hawaiian/Part-Hawaiian	5%
Korean	6%
Japanese	3%
Samoaan	1%
Black	1%
Others	0%

Citizenship of Individuals Served by AABD Program

	Percentage FY 08
United States citizens	29%
Non-citizens	71%

Other Data Pertaining to AABD Program

	FY 08
Length Of Time On Assistance	33 months
One-Member Households	90%
Two-Member Households	10%

Future Challenges

- We continue to monitor and improve our SSI referrals and re-referrals.
- The Memorandum of Agreement that is being developed with the office that completes disability determinations for the Social Security Administration will allow us to expedite approvals of Social Security benefits.

**8) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP),
(formerly the FOOD STAMP PROGRAM)**

Program Description

Effective October 1, 2008, the Food Stamp program was renamed the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program funded through the U.S. Department of Agriculture that helped put food on the table for approximately 66,885 Hawaii families each day

in FY 2010, which was a 21.78% increase from the average monthly number of families receiving SNAP benefits in FY 2009. The SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores to purchase food and maintain a healthy diet. The SNAP provides crucial support to Hawaii's needy households and to those making the transition from welfare to work.

The Electronic Benefits Transfer (EBT) card system was implemented in Hawaii in 1998 for disbursement of not only nutrition assistance benefits, but also financial assistance benefits.



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

To participate in the Supplement Nutrition Assistance Program:

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

The following chart lists the current gross and net income eligibility standards effective October 1, 2010.

Household Size	(\$ Monthly Gross Income 200% FPL	(\$ Monthly Gross Income 130% FPL	(\$ Monthly Net Income 100% FPL
1	2,078	1,350	1,039
2	2,794	1,816	1,397
3	3,510	2,282	1,755
4	4,228	2,748	2,114
5	4,944	3,214	2,472
6	5,660	3,679	2,830
7	6,378	4,145	3,189
8	7,094	4,611	3,547
9	7,812	5,077	3,906
10	8,530	5,543	4,265
11	9,248	6,009	4,624
12	9,966	6,475	4,983
13	10,684	6,941	5,342
14	11,402	7,407	5,701
15	12,120	7,873	6,060
+15	+718	+466	+359

Program Goal

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

Program Objective

To meet Federal compliance standards.

SNAP Achievements in FY 2010

- Hawaii achieved a payment accuracy rate of 96.5% for FY 2009, exceeding the national accuracy average of 94.9%. Hawaii had a program access rate (participation) of 70.2% in FY 2009 ranking Hawaii 20th in the nation in SNAP program access.
- On October 1, 2010, SNAP implemented broad-based categorical eligibility whereby the majority of SNAP applicants can qualify if their gross monthly income is at or below 200% of the federal poverty level (FPL), their net monthly income is at or below 100% FPL and there is no asset limit. This expansion is intended to primarily reach low-income seniors who failed the asset limit and the working poor who have high dependent care costs.
- On October 1, 2010, SNAP implemented the Transitional Benefits Alternative (TBA) program which allows the Department to provide SNAP benefits for up to five months to households that leave the TANF program at an amount that is equal to what they were receiving prior to TANF termination. This will help support families moving off TANF by providing a stable food benefit for five months while transitioning from welfare to work.
- DHS is implementing “best practices” from other state governments, such as streamlining workflows and interviewing applicants by phone whenever possible.

Since 11/13/09, staff were directed that all initial application and recertification interviews could be conducted by telephone. There are still situations where office interviews may be needed, including client requests, homelessness, no phone, questionable eligibility, or interpreter services needed. Currently, about 90% of the interviews are being conducted by telephone interview.

- On August 23, 2010, BESSD formally embarked on the Business Process Re-Engineering Project (BPRP) to establish and implement streamlined, consistent and cost effective service delivery model to achieve reduced complexity of BESSD processes, increased client satisfaction, improved working environment, timely issuance of benefits and increased access to services. All levels of staffing in BESSD, the Staff Offices (FMO, MSO, OIT and PERS), and other stakeholders (Hawaii government Employees Association) are engaged in this process.
- With the assistance of the federal government, DHS officials traveled to New Mexico in July 2010 to receive peer-to-peer training from their counterparts. DHS asked to visit New Mexico because it won national acclaim for successfully changing the way it processes SNAP applications during a time of mounting caseloads, low staffing levels and rising error rates. As a result of these improvements, New Mexico reduced the average wait time for receiving SNAP benefits from 20 days to just 6.2 days.

Future Planned Improvements/Goals

- Due to the weakened economy, the increased caseload and the initiatives mentioned which are intended to serve even more needy families in Hawaii, it will be critical for SNAP to continue to streamline and simplify policy and procedures whenever possible to be able to better manage the casework. To do that, SNAP will work with BESSD administration to re-engineer our business practices to transform the way we deliver services to families from one of case management to process management and will allow us to provide services timely and efficiently.

The Business Process Re-Engineering Project, started on August 23, 2010 will continue to analyze and review processes and operations, including policies, procedures, system needs and make recommendations. Key steps have already been taken to design a long-term strategy and pilot projects are set to be implemented in early 2011 on the Islands of Maui, Hilo and Oahu. Pilot projects will focus on increased customer access, on request interviews and processing, restructuring lobbies to facilitate better customer service and, a process to effectively monitor each stage of processing to ensure that cases are handled timely and correctly. Other internal operations support the re-engineering design such as technological improvements and policy changes are also being reviewed.

B. VOCATIONAL REHABILITATION AND SERVICES FOR THE BLIND DIVISION (VRSBD): Programs, Services, Achievements, and Looking Ahead

The Vocational Rehabilitation and Services for the Blind Division (VRSBD) administers three programs: 1) the Vocational Rehabilitation Program; 2) the Services for the Blind Program (Ho‘opono); and 3) Disability Determination Program. Although each program operates independently, their mission remains singular: 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 the VRSBD is that through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society.

1) VOCATIONAL REHABILITATION PROGRAM (VR)

VR provides vocational rehabilitation services to assist persons with disabilities to prepare for and enter employment. The economic benefits of VR are significant. They include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance. As persons with disabilities achieve the employment outcome of choice intended by the program, they become tax-paying citizens and more than pay back the costs of the program.

VR is a cost effective program that pays for itself. Within the first two years of employment, the average rehabilitated individual will have repaid the full cost for their vocational rehabilitation services. This means that from then on, the rehabilitated individual will add to the State’s economy.

FY 2010 VR Program Achievements:

- VR served 6,670 individuals with disabilities.
- VR received 958 new referrals.
- 370 individuals achieved successful employment outcomes.
- 87% individuals placed were individuals with significant disabilities.
- 25% individuals received public assistance prior to their rehabilitation.
- 26% were individuals from the Special Education-Vocational Rehabilitation (SEVR)/Transition Program, an increase of 5% from the previous fiscal year.
- The VR program is cost effective. The average cost per individual rehabilitated in FY 2009 was \$5,518.
- The average annual earnings per individual before receiving VR services were \$4,143. The average annual earnings per rehabilitated individual after receiving VR services were \$19,967.
- Average annual taxes paid per rehabilitated individual was \$1,321.*
(*All figures are estimates based on an individual filing as a single household income with an annual earning of \$19,967)

2010 Summer Transition Programs

VRSD implemented seven unique Summer Programs for Transition Aged Youths with federal funding from the American Reinvestment and Recovery Act. The goal of the Summer Youth Programs is to increase transitional employment opportunities for students and young adults with disabilities. Transitional employment is defined as competitive employment with a minimum of 12 hours per week over a minimum duration of 30 days. Approximately 68 students (statewide) participated in the Summer Youth Programs. These students were provided paid on-the-job training opportunities, internships, seasonal employment, and permanent employment. Occupational groups for the participants include: Grounds Maintenance, Kitchen Helper, Food Servers, Grocery and Stock Clerks, Cashier, Coffee Farm Helper, Administrative Assistant, Activities Assistant, Preschool Aide, Welding Apprentice, Theatrical Production Assistants and Landfill Workers.

Kauai Branch VR 2010 Rehabilitant of the Year

For two decades, Koren Refamonte was a hard working employee with the Painter's Union. Demonstrating skill and dedication, she was promoted to Foreman in this non-traditional field for women, painting, hanging wall covering, and supervising a crew. In 1990's, she was diagnosed with multi-organ dysfunction and thyrotoxicosis resulting from chemical exposures. She spent a year at the Environmental Health Center in Texas undergoing evaluation and treatment. She tried returning to her former vocation, but stamina and strength were lacking, and most distressing was her cognitive difficulties. It was time to switch careers.

Koren had done floral arrangements and decorations for family and friends as a hobby and she had a knack for it. She volunteered with a florist on Oahu in 2007 and in 2009 she was hired by Martin Roberts Design. Koren brings construction knowledge and "connections" to her work, so that she is now in charge of doing structures and other props in addition to her floral design. Koren loves this job where she can be creative and productive. She says she has never smiled so much or laughed as hard when working at Martin Roberts Design. Her employer Dode's comment about Koren is, "We make a good team." And isn't that what it's really all about.

Kauai Branch VR 2010 Employer of the Year

The YWCA Kauai's mission statement reflects an unwavering commitment and "dedication to eliminating racism, empowering women and promoting peace, justice, freedom, and dignity for all". But beyond that, the YWCA has also provided a tremendous service to other agencies on Kauai, providing support for those in need of vocational or social rehabilitation.

Under the guidance of Executive Director Renae Hamilton, several internship opportunities were provided to persons with physical and psychological impediments. Ms. Hamilton and her staff believe in giving everyone a chance to prove themselves. Clients have blossomed with self-confidence and gained valuable job skills under the direction and care of Program Manager Jennifer Ire, Director of Operations KipuKai Kualii, and Administrative Assistant Nani Bandmann. Time and again, the YWCA Kauai has exceeded all expectations across the board, and should be commended for their efforts on behalf of persons with disabilities. Congratulations to the YWCA.

Maui Branch VR 2010 Rehabilitant of the Year

Persevere – To persist (as in an undertaking) in spite of difficulties. This quality describes Maui VR's Rehabilitant of the Year - Bobbijo Vida. Her journey spans the course of 11 years. In 1999, Bobbijo was diagnosed with lupus. With her immune system down, Bobbijo was susceptible to infections. She contracted meningitis and became blind. As the years passed, her kidneys eventually shut down and she was put on dialysis.

In 2004, Bobbijo received a kidney transplant – and her world changed. Her health improved and she could think about returning to work. She sought out resources available to her, and the door opened to a volunteer position at Hawaii Centers for Independent Living (HCIL). With support from the staff at HCIL, Bobbijo partnered with VR to develop a part-time position as the office receptionist. Bobbijo taught herself to type using a software tutorial and she was provided with technology that allowed her to access the computer and other equipment in the office. Today, her cheerful voice and ever-ready smile greets all who call or enter HCIL for services.

Maui Branch VR 2010 Employer of the Year

Sheraton Maui is located in Kaanapali and employs approximately 350 people. Their mission is to represent the finest in the hospitality industry by providing an experience which truly reflects the Aloha spirit. This Aloha spirit transcends to their employees as well. They are an equal opportunity employer and hire people with disabilities.

Recently, a Vocational Rehabilitation (VR) consumer was looking for work experience for his culinary arts degree from UH-Maui College. He applied at many places and although he would pass his interview and the written tests, he was told that there wasn't enough room in the kitchen for his wheelchair. His VR counselor called Eileen Caldwell, Director of Human Resources at Sheraton Maui, and asked if there were openings for a cook. The VR counselor also mentioned that the applicant was in a wheelchair. Eileen said that she would talk to the Chef but she didn't see any problems with hiring a cook in a wheelchair. The consumer applied for the job on-line and got the job. Executive Chef Brian Ashlock worked with the VR consumer to make necessary accommodations, which included job modifications and job sharing, as well as lowering the stainless steel table for him to prep foods.

Sheraton Maui is a five-star resort when it comes to including all people in their workforce. In a time when the economy is not doing well, it is good to know that there still are employers who understand that disability doesn't diminish quality if you are willing to make accommodations. Accommodations are easy if you work with the person with the disability and be willing to look outside the box

Hawai'i Branch VR 2010 Rehabilitant of the Year

Lucille Mossman came to VR for services in October 2006 diagnosed with Bi-Polar disorder. Lucy was always a high achiever growing up. She came to VR with a real estate license and a public notary certification. Looking to utilize these tools, Lucy pursued the real estate market. With the turn of the bad economy, Lucy then decided to concentrate on the public notary business.

In October 2009, Hawaii Fast Signing was born. With VR's support, Lucy was able to obtain the tools and supplies to start her business. The uniqueness of Lucy's business is that she is a mobile agent. Being able to provide the service of meeting clients at a convenient place creates outstanding customer service in one's busy schedule. Lucy has now regained balance in her life, while helping others.

2) SERVICES FOR THE BLIND PROGRAM (HO'OPONO)

At Ho'opono, the Services for the Blind program's goal is to enable blind and visually impaired adults to attain maximum vocational and functional independence with its team of skilled professionals providing varied services to meet the participant's individual needs.

Ho‘opono Program Achievements

- New Visions Program retains National Blindness Certification Board (NPBCB) certification as a Training Center of Excellence, one of only three state-run Blind Rehabilitation Training Centers in the country to receive such recognition. The program served a total of 27 individuals, eight of whom were from the Neighbor Islands and two students getting their Masters in Rehabilitation Counseling did their internships at Ho‘opono.
- The Low Vision Clinic served a total of 194 individuals, 46 of whom were from the Neighbor Islands. The Low Vision Clinic continues to provide assistance for participants to maximize use of their residual vision for reading and distance viewing.
- VR Counselors placed ten individuals with severe visual impairments into employment. Nine individuals were placed in competitive employment with average hourly earnings of \$28.78.
- Home Rehabilitation Teachers provided services that equipped 291 persons who are older blind (48 from the Neighbor Islands) with personal, leisure, and home management activities to enable them to live as independently as possible.
- Ho‘opono’s outreach/education staff conducted :
 - 30 Public Education/Community presentations on blindness.
 - Four public service events: Lions World Service Day, Volunteer Income Tax Assistance, Blind Person of the Year Award , 62nd Annual Picnic for the Blind.
 - 25 Community service projects were performed, valued at \$19,557.
 - 49 active volunteers worked a total of over 610 hours in FY2009 at an estimated value of \$5,498.
 - Donations were received in the amount of \$55,625 cash and \$4,940 materials; total value of \$60,565.
- 3,438 individuals are registered on the Blind Register.
- New Visions students and graduates are going to Lanakila Elementary School every Tuesday to read books in Braille to elementary school students. This project is designed to outreach and educate the community of the importance of Braille literacy for the blind and give our consumers an opportunity to use and share their blind skills.
- October 15, 2010 was proclaimed by Governor Lingle as White Cane Safety Awareness Day. Approximately 254 individuals attended the walk including Senator Suzanne Chun Oakland, Representative Corinne Ching and Representative John Mizuno.
- Ho‘opono conducted its 2nd Summer Transition Program. Eleven youth participated, learning job seeking skills (via Ho‘ala), alternative skills of blindness, job shadowing and work experience. Worksites included Assistive Technology Resource Center, Windward Community College, Senator Suzanne Chun-Oakland’s office, and Ho‘opono.

Business Enterprise Program (Randolph-Sheppard Vending Facility Program)

The Business Enterprise (Vending Facility) program ranks in the top five in the nation in terms of benefits paid out, average net earnings, and number of vendors per capita.

- Total gross sales: \$24,450,399
- The average vendor earnings in Hawaii is at \$80,272
- The average median income for Hawaii’s blind vendors is at \$48,805

3) DISABILITY DETERMINATION PROGRAM

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

Title II provides for payment of disability benefits to individuals who are “insured” under the Act based on contributions to the Social Security trust fund through Social Security tax on earnings, as well as to certain dependents of insured individuals. Title XVI provides for SSI payments to individuals (including children under the age of 18) who are disabled and have limited income and resources. Program responsibilities are administered under the regulations, guidelines, and quality standards established by SSA. The Hawaii DDB is one of 54 DDBs among the 50 states, Puerto Rico, Guam, the Virgin Islands, and the District of Columbia. DDB is funded 100% by the federal SSA.

DDB Program Accomplishments

- Amy Tagawa, Support Services Unit Supervisor, received Social Security Administration (SSA) Associate Commissioner's Citation “in recognition of 42 years of outstanding service and professionalism to the Social Security Administration and the citizens of Hawaii.”
- Hawaii DDB also received a Deputy Commissioner Citation Quality Service Award for “In recognition of extraordinary accomplishments in providing accurate and timely service to Hawaii applicants for Social Security Disability benefits and Supplemental Security Income.”

Indicators	FY 2007	FY 2008	FY 2009	FY 2010
Claims Processed	9,125	9,008	10,430	10,918
Favorable Determinations	4,353	4,558	4,464	4,738
Accuracy Rate	94.2%	95.8%	97.8%	98%
Payments made to Hawaii’s residents	\$446,284,709	\$391,051,712	\$400,975,224	*\$463,608,000

* Estimated payments for FY 2010. FY 2010 data from the Federal government not yet available.

Future Goals

We will continue to work as a team so participants can achieve their hopes and aspirations for meaningful employment through timely and individualized vocational rehabilitation services.

We are committed to:

- Provide quality vocational rehabilitation services to all participants applying for services.
- Increase the placement of participants with disabilities into competitive high paying employment.
- Expand services for transition-age youths to prepare for and obtain employment.
- Expand services for individuals with significant mental illness to prepare for and obtain employment.

CHAPTER FOUR: PROTECTION

The Department of Human Services provides protection and security from abuse and neglect for children and vulnerable adults. While ensuring safety, our programs also endeavor to minimize disruption for clients and provide for safe living arrangements with the goal of preventing and reducing the recurrence of abuse, neglect, and maltreatment.

A. SOCIAL SERVICES DIVISION (SSD): Programs, Services, Achievements and Looking Ahead

The SSD consists of the Child Welfare Services Branch and the Adult and Community Care Services Branch. Both branches aid vulnerable members of society and are community-based and neighborhood-focused, with partnerships and collaborations between the public and private sectors.

The Department has developed and implemented many new programs and improvements in both child welfare and adult services.

In child welfare services, these achievements include:

- Expansion of ‘Ohana Conferencing, which has become a nationally recognized model of family decision-making used to develop and implement safety and permanency plans for children.
- Project Visitation, a sibling visitation project in partnership with the Family Court to help siblings separated in different foster care homes to get together regularly with the help of volunteers.
- An innovative Differential Response System that carefully weighs the risk factors in a family’s home was implemented, replacing the former “one size fits all” approach, when investigating reports of child abuse or neglect.
- DHS joined the Family Court and nonprofit community groups in November 2007 to conduct the State’s first mass adoption of children from foster care. The event was part of “National Adoption Day” ceremonies held across the country. Hawaii’s second mass adoption ceremony was conducted in November 2008.

In adult services, Hawaii’s growing elderly and disabled populations now have many more alternatives to costly institutional nursing home care. They include:

- Significant expansion of the Nursing Home Without Walls program by doubling in size.
- The frail elderly can remain in their homes longer through chore services and the respite and senior companion programs.
- Passage of Act 154, SLH 2008, expanded the Department of Human Services’ authority to intervene and investigate reports of suspected abuse, neglect, or financial exploitation of vulnerable adults. This Act went into effect on July 1, 2009.

CHILD WELFARE SERVICES (CWS)

The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency (stability) and well-being of children in their own homes. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living, along with licensing of resource family homes, group homes and child placing organizations. Services are available on the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai.

When it becomes necessary to remove a child from the family home, family connections are preserved through regular visits with parents and siblings. When a child cannot be safely returned to the family within a reasonable timeframe, CWSB seeks Family Court approval of a permanent placement through adoption, legal guardianship or other long-term substitute care.

Additional information is available in “A Guide to Child Welfare Services” on the Department’s Web site at www.hawaii.gov/dhs.

CWSB has developed interventions to help ensure successful outcomes. These interventions are:

- Tailored to the individual needs of each child and family, while fully utilizing the strengths, problem-solving abilities and unique capacities of each family and local community.
- Culturally sensitive and respectful of family lifestyles, dynamics and choices for themselves and their children.
- Undertaken in a spirit of partnership and collaboration with all parties interested in and committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children.
- Developed in a manner that nurtures, enhances and sustains the natural support system for families in the community.

Strategies for CWSB focus on:

- Multidisciplinary/teamwork approach that takes input from others in a respectful way.
- Outcome-driven creativity in addressing individual problems.
- Transparency and openness when working with others.
- Non-adversarial and respectful of differences with the goal of finding win-win solutions.
- Tenacity of purpose while continually demonstrating compassion and caring.
- Strengthening the capacity of families and communities to care for children safely.

We envision a Hawaii where:

- All children grow up and thrive in safe, supportive and stable home environments.
- Family connections are preserved through regular visits with parents and siblings, when it becomes necessary to remove a child from home.

Caseload

At the end of SFY 2009 there were 2,318 cases assigned to CWS social workers for CWS services such as assessment, case management, foster care and permanency services. There were an additional 3,241 cases assigned to support staff for adoption and permanency subsidies and other payment services. By the end of SFY 2010, the number of active cases assigned to CWS social workers had dropped to 2,165 while the number assigned to support staff had risen to 3,378. In SFY 2009, there were 253 cases assigned for voluntary case management [VCM] services. This number rose to 355 at the end of SFY 2010.

The increase in the number of cases assigned to support staff reflects the Department’s continued commitment to providing permanent homes through adoption and legal guardianship for children who cannot be reunited with their birth family. This increase is due to the increase in the number

of families receiving continued subsidy to support the new adoptive/permanency family. The increase in the number of cases assigned to the VCM services reflects the Department's commitment to provide families with the appropriate level of services based on their needs. The situations for these families are so severe that Child Protective Services are needed, but they could benefit from supportive and family strengthening services. The decrease in cases assigned to CWS social worker is related to the increase in both permanency subsidy and VCM cases and reflects the success of Department's efforts to support stability and permanency for families and children with appropriate services.

Note: Gross statewide average caseload for CWS social workers is approximately 17 cases per worker which compares favorable to the Child Welfare League of America's workload standard for on-going services of 17 active cases per worker.

More significantly, the average number of children in foster care during a month has decreased from a monthly average of 2,936 children in SFY 2004 to only 1,332 children in SFY 2010.

Numerous factors contribute to child maltreatment, such as parental substance abuse, family violence and mental illness. CWSB addresses these factors with interventions that involve strong collaboration with the police, State agencies such as the Family Court and Departments of Health and Education, and private agencies, community groups, and advocacy groups that play a crucial role in the safety and health of children.

Reporting and Intake

Child abuse and neglect reports submitted to CWSB are assessed using Hawaii's DRS, an intake assessment protocol developed by the Department in collaboration with the National Resource Center on Child Protection. This DRS determines the least intensive and most effective intervention that will protect the safety of the child. The implementation of the DRS has resulted in significant improvements in key data indicators such as recurrence of maltreatment, rates of placement, and disproportional placement of Native Hawaiian children.

The number of reports assigned for investigation has decreased from 5,216 in SFY 2005 to 2,768 in SFY 2009. For SFY 2010, the number of reports increased to 2,935. The increase in reports in SFY 2010 can largely be attributed to increased referrals from the Family Court related to domestic violence cases and requests for temporary restraining orders. Even with increased communication and collaboration with Family Court regarding domestic violence cases, there has been a dramatic increase in these reports. There was an increase of 629 reports from SFY 2009 to SFY 2010. However, the rate of confirmation has been decreasing from 47% of the Family Court reports being confirmed in SFY 2006 to 35% in SFY 2010.

Family Court	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010
Reports	191	251	310	544	1,042
Confirmation	89	106	133	218	361
Confirmation Rate	47%	42%	43%	40%	35%

The 2,935 reports for SFY 2010 include a total of 5,606 children, of which 1,976 were confirmed as victims of child maltreatment. In the majority of cases, children with confirmed reports had been threatened with harm to their safety and suffered no actual harm.

Due to the implementation of the DRS in 2005, the Department is experiencing a decrease in the number of cases confirmed for abuse or neglect. This decrease in confirmed cases has resulted in a corresponding decrease of approximately 56% of children in foster care. Significantly, this decrease in numbers of cases confirmed and children in foster care has occurred at the same time that Hawaii's recurrence of abuse has dropped from 6% in FY 2003 to 3.9% in FY 2009, and further to 2.8% in FY 2010 which is far better than the national tolerance standard of 6.1%.

**Number of children for whom maltreatment reports were confirmed,
listed by types of maltreatment**

TYPES	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010
Medical Neglect	27	22	21	18	17
Neglect	320	237	268	272	221
Physical Abuse	261	207	230	174	210
Psychological Abuse	17	10	18	13	11
Sexual Abuse	100	103	119	96	84
Threatened Harm	1,480	1,360	1,375	1,377	1,433
Total	2,205	1,939	2,031	1,950	1,976

Percentage of confirmed maltreatment types of report

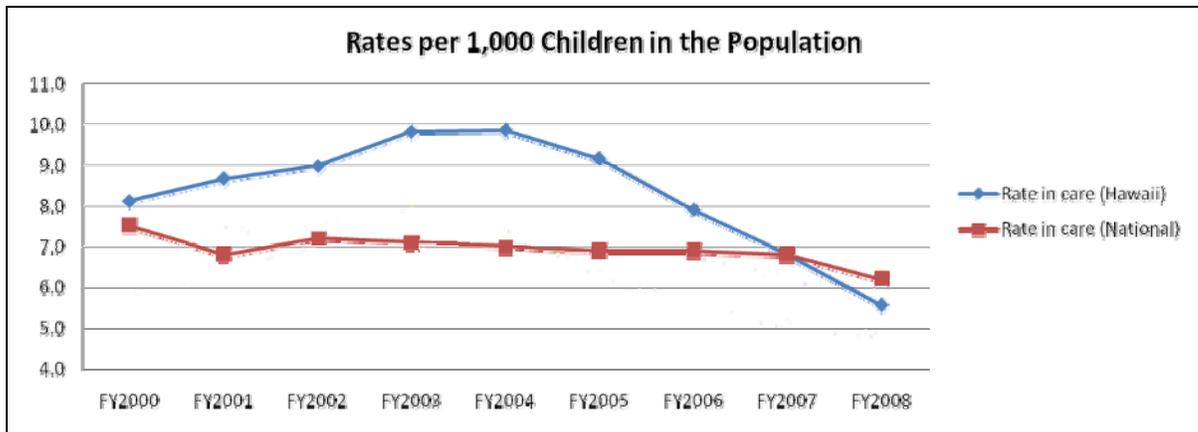
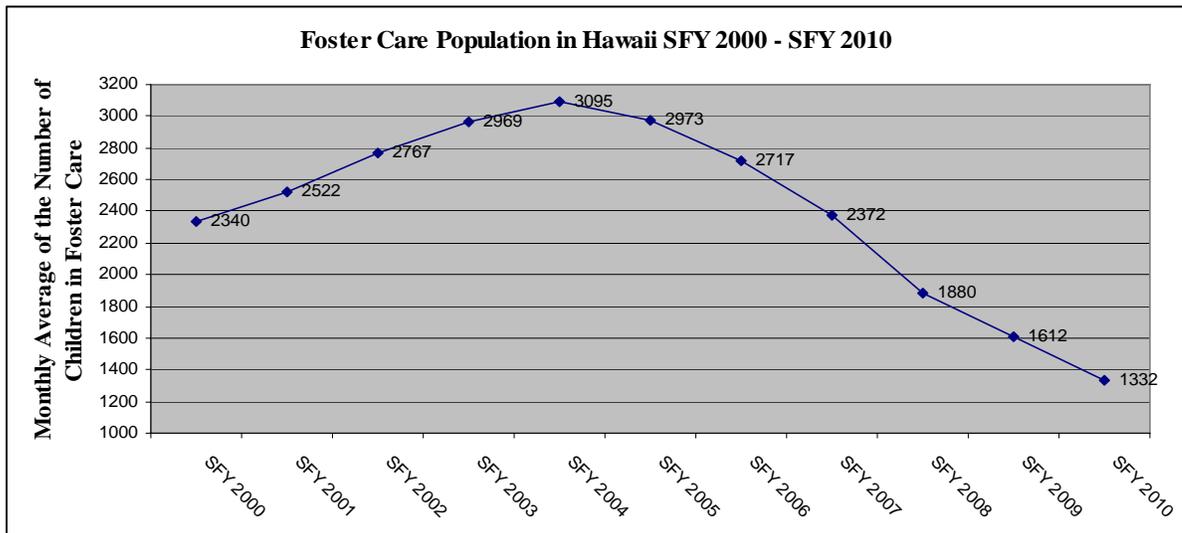
TYPES	SFY2006	SFY2007	SFY2008	SFY2009	SFY2010
Medical Neglect	1.2%	1.1%	1.0%	0.9%	0.9%
Neglect	14.5%	12.2%	13.2%	13.9%	11.2%
Physical Abuse	11.8%	10.7%	11.3%	8.9%	10.6%
Psychological Abuse	0.8%	0.5%	0.9%	0.7%	0.6%
Sexual Abuse	4.5%	5.3%	5.9%	4.9%	4.3%
Threatened Harm	67.1%	70.1%	67.7%	70.6%	72.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

The Department is assessing the high percentage of confirmed threatened harm cases and developing new assessment tools and training that will help our workers better assess and appropriately respond to reports of threatened harm.

Foster Care

The number of children in foster care during a month has significantly decreased from a monthly average of over 3,000 children in SFY 2004 to 1,612 children in SFY 2009 to only 1,332 children in SFY 2010. This is the lowest number since 1993 and represents a 56% decrease in children in foster care monthly since SFY 2004.

DHS continues with on-going efforts to increase services to strengthen families and allow children to remain safely in the family home without CPS intervention. Success in this endeavor is evidenced by the subsequent decrease in the number of children requiring foster care services to ensure their safety.



Total Number of Children in Foster Care During the Year

Age/	SFY2006		SFY2007		SFY2008		SFY2009		SFY2010	
Years	No.	%								
0 to 5	1,535	35%	1,492	38%	1,201	38%	1,055	35%	957	36%
6 to 11	1,184	28%	1,023	26%	887	26%	777	26%	704	26%
12 to 18	1,666	33%	1,467	36%	1,280	36%	1,180	39%	1,005	38%
Total	4,385		3,982		3,368		3,012		2,666	
Monthly Average	2,717		2,372		1,880		1,612		1,332	

Children aged five and younger constituted approximately 36% of all children in foster care for SFY 2010. Children ages 6 years to 11 years were approximately 26% of the children in foster care and children ages 12 to 18 constituted approximately 38% of the children in foster care. Of the 1,381 children who exited foster care in SFY 2010, 871 (63%) were reunified with their families, 234 (17%) were adopted, 104 (8%) left care to a legal guardianship, and 135 (10%) left to another permanent arrangement, such as emancipation.

Licensed Foster Homes Statewide

	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10
Monthly Average # of Children in Foster Care	2,827	2,571	2,226	1,763	1,612	1,332
Number of Licensed Resource Families at end of SFY2009	1,891	1,689	1,487	1,378	1,206	1,172
Ratio of Resource Families to Foster Children	0.67	0.66	0.67	0.78	0.75	0.97

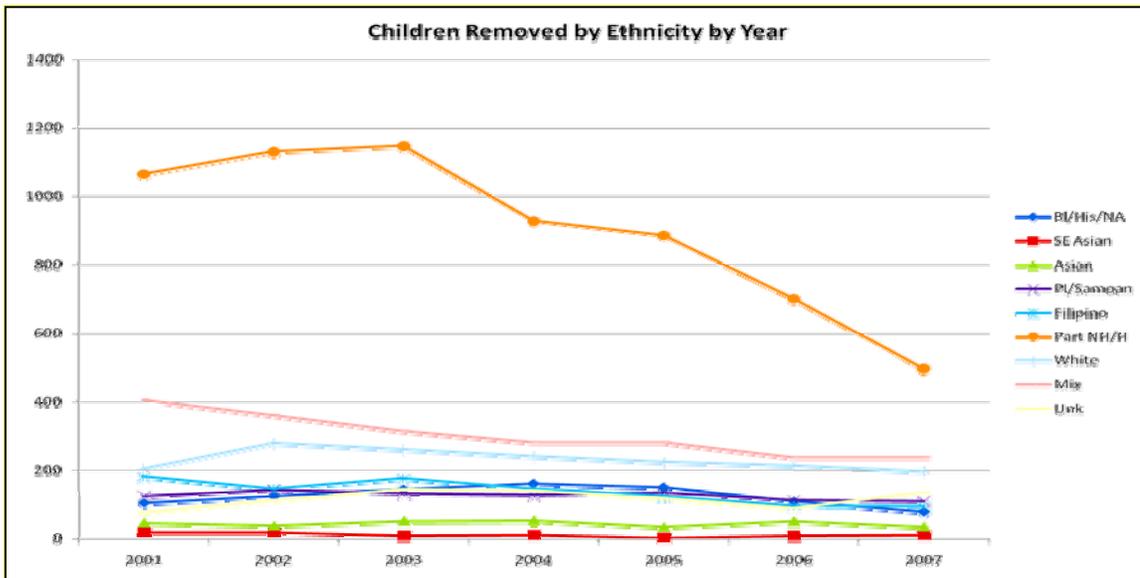
There has been a decrease in both the number of licensed resource family homes and the number of children in foster care since SFY 2005. **Importantly, the number of licensed resource family homes has decreased at a lower rate than the number of children in foster care. This difference in rate has contributed to an increase in the ratio of licensed resource families to children in foster care from 0.66 licensed resource families per foster child in SFY 2005 to 0.97 licensed resource families per foster child in SFY 2010.**

The Department continues to contract services with Hui Ho’omaluu (a partnership of Partners In Development Foundation, Catholic Charities of Hawaii, Family Program and Kokua `Ohana) to integrate the recruitment, training, home studies and support services for resource families for foster children. Individuals interested in becoming resource families may call 1-808-441-1117 for more information.

In contrast to the past practice of recruiting and licensing a large number of non-related resource (foster) families that would accept any child, over the last four years, the Department has concentrated on placing children with relatives in “child-specific” homes on an “as needed” basis. Child-specific resource families are relatives or individuals who become licensed to care for a specific child. Home studies and training of these prospective child-specific resource families are provided by Catholic Charities of Hawaii as part of the larger Hui Ho’omaluu contract. Interested individuals may call 1-808-527-4945 for more information.

In August 2004, a Federal grant from the Administration for Native Americans was awarded to the Partners In Development Foundation, a Native Hawaiian community-based organization, in partnership with the Department, to encourage statewide recruitment of Native Hawaiian resource families for children. This partnership, along with aggressive efforts to recruit, train, and license Native Hawaiian resource families, has resulted in an exponentially higher percentage of Native Hawaiian children placed in Native Hawaiian foster homes. As a result of these efforts, the majority of Native Hawaiian children who need foster placement are able to be placed with Native Hawaiian resource families. In SFY 2010, a total of 307 out of 586 (52.4%) of Native Hawaiian children who were in resource families were placed with Native Hawaiian resource families.

One of the most significant gains accomplished is the improvement in decreasing the over-representation (disparity) of Native Hawaiian children placed in foster care by DHS. See data below. The data show a significant trend from SFY 2005 when a Native Hawaiian child was 2.07 times more likely to enter foster care to SFY 2008 when the likelihood was only 0.47 – now actually less likely to enter foster care than a Caucasian child.



*2008 Casey Family Programs Report

Disparity Index of Native Hawaiian to Caucasians*

SFY 2005	SFY 2006	SFY 2007	SFY 2008
2.07	1.02	0.80	0.47

(*likelihood that a Native Hawaiian child enters out-of-home care compared to Caucasian child – based on Casey Family Programs analysis of DHS data)

The reasons for this decrease are: 1) the implementation of the DRS; 2) an increased array of community-based family strengthening and child abuse and family poverty prevention services; 3) the increased engagement of the Native Hawaiian community; and 4) an increased collaboration with key stakeholders, including birth families, and their relatives/`ohana, current and former foster youth, and resource caregivers.

The Department has aggressively pursued a policy of looking within a child's `ohana for resources when a child has to be removed from the family home for safety reasons. Increased family strengthening services and involvement of the Native Hawaiian community has helped to dramatically decrease the number of Native Hawaiian children entering care.

Child Fatalities

Each death case was reviewed by the Child Protection Multi-Disciplinary Team for case planning and also by the CWSB Program Development Office to determine if any rules or child welfare services procedures require modification as a result of the deaths. There were 2 deaths in SFY 2009 in active CWSB cases or cases closed within 90 days, compared to 2 deaths in SFY 2010. The review team determined that both instances were accidental and there are no changes to CWS that could have prevented them.

Child Welfare Goals and Outcomes

CWSB has adopted a federal set of outcomes and related measures to assess performance in achieving safety, permanency and well-being for children within required time limits. The Child and Family Services Review (CFSR) is a federally-mandated review of states' child welfare systems. As a result of this review, and in collaboration with the federal Administration for

Children and Families, DHS adopted the following priorities in an aggressive reform of the CWSB program to enhance outcomes for children and families:

- CWSB will ensure child safety by a timely response to all reports of child abuse and neglect accepted for investigation by CWSB.
- CWSB workers will conduct on-going safety, risk and needs assessments on all children and families in cases active with CWSB.
- CWSB will ensure that every family and every child, as appropriate, are actively involved in developing their case plan.
- CWSB will ensure that every child in our care, every family and every foster family are visited at least once a month by the assigned caseworker and afforded the opportunity of a face-to-face interview in cases active with CWSB.

The Department's goals are to:

- Reduce the recurrence of child abuse and neglect.
- Reduce incidences of child abuse and neglect in foster care.
- Reduce the time in foster care by achieving reunification without increasing re-entry into foster care.
- Reduce the time in foster care by finding adoptive parents.
- Increase placement stability.

SFY 2010 Summary

The Department has adopted federal child welfare outcomes for performance monitoring. The outcomes listed below are for the reporting period July 2009 through June 2010.

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

Measure: Of all children who were victims of confirmed child maltreatment during the reporting period, what percentage had another confirmed report within a 6-month period?

For FY 2010, only 2.8% or 51 children had another confirmed report within six months, far surpassing the national tolerance standard of 6.1% and **continuing a trend that has resulted in Hawaii having one of the lowest child re-abuse rates in the country.**

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

Measure: Of all children who were in foster care during FY 2010, what percentage were the subjects of confirmed maltreatment by a foster parent or facility staff?

In FY 2010, only 0.4% or 10 children in foster care were subject to confirmed maltreatment by a foster parent or facility staff. This is significantly lower than the national standard of 0.57%.

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

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

In FY 2010, 82.4% or 654 children were reunified with their parents or caregivers within 12 months from their entry into foster care, **exceeding the national standard of 76.2%**.

Goal 4: Reduce foster care re-entries

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

In FY 2010, 9.9% or 109 children who were reunified with their parents or caregivers re-entered foster care within 12 months of a prior foster care episode. This figure is slightly above the national standard of 8.6%, but a significant improvement over the FY 2007 13.9% re-entry rate. Although the 109 children who re-entered care in FY 2010 were fewer than the 122 re-entries in FY 2009, the re-entry percentage is higher for FY 2010 because there were fewer children in foster care in 2010.

Goal 5: Reduce time in foster care to adoption

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

In FY 2010, 27.5% or 64 children in out-of-home placements care exited to adoption within 24 months from their latest removal from the home compared to the national standard of 32.0%. This lower rate of adoptions is lower than in previous years and can be attributed to fewer children coming into the system, the DRS and increased emphasis on reunification with families.

Goal 6: Increase placement stability

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

In FY 2010, 88.2% or 1,088 children experienced two or fewer placements within their first 12 months of care - **better than the national standard** of 86.7%. Hawaii has been demonstrating significant improvement in this area shown by an increase in the percent of children with placement stability. Note the rate increases for the past five years: FY 06 – 82.2%, FY 07 – 85.4%, FY 08 – 87.8%, FY 09 - 87.9%, FY 10 – 88.2%.

Accomplishments

New strategies for strengthening at-risk families and assessing the safety of their homes have resulted in a sharp decrease in the number of children in Hawaii’s foster care system over the past five years. At the same time, the safety of children from at-risk families has improved dramatically.

- DHS formerly used a “one-size-fits-all” approach when investigating reports of child abuse or neglect. Now DHS uses an innovative and federally acclaimed DRS that carefully weighs the risk factors in a family’s home. The system was developed in conjunction with the National Resource Center for Child Protective Services in New Mexico, and with the help of information technology faculty and students at Maui Community College.

This online and computerized system, which Hawai‘i launched in 2005, carefully weighs risk and safety factors in a family’s home to determine the most appropriate response when investigating reports of child abuse or neglect.

- At the request of the Western and Pacific Implementation Center, a project funded by the federal government, DHS assisted Alaska in developing and implementing its version of

our DRS to help the State of Alaska and numerous tribal organizations safely reduce the number of Native Alaskan children in foster care.

DHS and representatives from nonprofit groups that partner with DHS shared advice about implementing family strengthening services, building community support for a DRS, and making culturally appropriate foster care placements.

- DHS has also lowered foster care numbers and increased child safety by investing Temporary Assistance for Needy Families (TANF) federal funds in poverty prevention programs. These community-based services use proven methods for helping parents find and retain employment and helping young people succeed in school and avoid drug abuse, crime and out-of-wedlock pregnancies.
- In November 2009, DHS brought together Native Hawaiian community leaders from across the State to discuss ways of keeping at-risk keiki connected with their biological and hanai families and with their Hawaiian culture. Among the speakers at this one-day event on Oahu were Lt. Governor James R. “Duke” Aiona, Jr., Human Services Director Lillian Koller, Scott Seto (DHS – Maui), and Billy Kenoi (Mayor – Big Island). In addition, various community partners and stakeholders served as panel discussion facilitators including: Venus Rosete-Hill (Neighborhood Place of Wailuku – Maui), Kyle Nakanelua (Hale Mua – Maui), and Dr. Kimo Alamedo (DOH – Big Island).
- The Department participated in the second round of the Child and Family Services Review during the week of June 1, 2009. Prior to the 2009 CFSR, **the Department was in substantial conformity or had met its goals for all of the outcome measures by the end of the first Program Improvement Plan (PIP1) implementation period.**

The CFSR reviews specific outcomes for children in the areas of Safety, Permanency, and Well-Being. The CFSR also reviews systemic factors relevant to the child welfare agency’s ability to achieve positive outcomes for children. Systemic factors include: a) statewide information system; b) case review system; c) quality assurance system; d) staff and provider training; e) service array and resource development; f) agency responsiveness to the community; and g) foster adoptive parent licensing, recruitment, and retention. The period under review during the on-site case review process was from April 1, 2008 to June 5, 2009. The findings were compiled following the review of documents and the following data collection procedures:

- The Statewide Assessment, prepared by the Hawaii Department of Human Services.
- The State Data Profile, prepared by the Children’s Bureau, which provides the State’s child welfare data for the 12-month CFSR target period ending March 31, 2008.
- Reviews of 65 cases (40 foster care and 25 in-home services cases) at three sites: 17 cases in Kauai County, 17 cases in Maui County, and 31 cases in Oahu County.
- Interview and focus groups (conducted at all three sites and at the State level) with stakeholders including, but not limited to, children, youth, parents, foster and adoptive parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, child advocates, Native Hawaiian representatives, and attorneys.

The Department, in collaboration with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Children’s Bureau, have been

working on the development of the Program Improvement Plan Number 2 (PIP2). The goals for PIP2 are as follows:

1. Ensure safety of all children in their homes and in foster care.
2. Enhance engagement in case planning with parents, children/youth, and relatives through the life of the case.
3. Improve permanency outcomes and family connections for children.
4. Improve the family court review system.

Mass Adoption Ceremonies

DHS joined the Family Court and nonprofit community groups in November 2007 to conduct the State’s first mass adoption of children from foster care. The event was part of “National Adoption Day” ceremonies held across the country. Hawaii’s second mass adoption ceremony was conducted in November 2008. The National Adoption Day mass adoption celebrations for 2009 and 2010 have been postponed due to the State budget crisis.

- National Adoption Day is a collective effort to raise awareness about America’s children in foster care awaiting adoption. Each year, more than 20,000 foster youth across the country turn 18 and thus “age-out” of child welfare systems without being adopted.

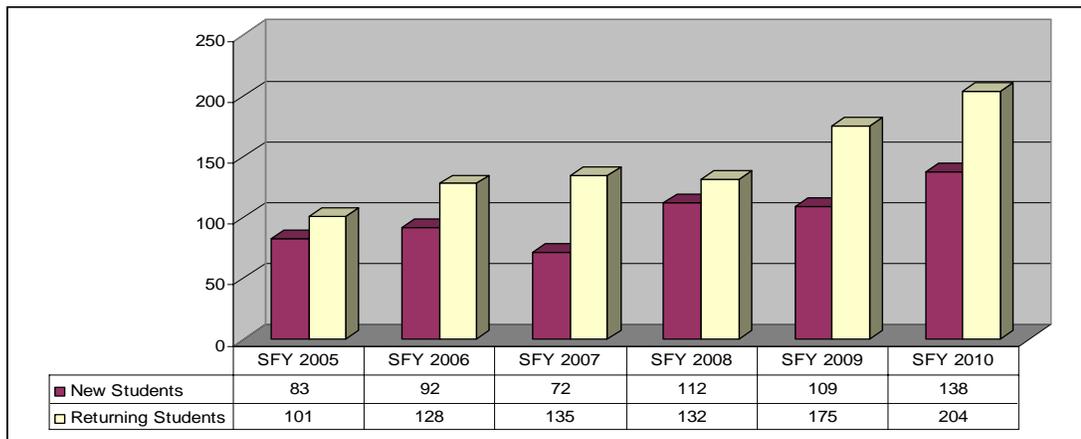
For the November 2007 National Adoption Day, 11 families adopted 16 children. For the November 2008 National Adoption Day, 24 families adopted 28 children. For the November 2009 National Adoption Day, Hawaii Adoption and Permanency Alliance held a training for families, workers and community.

Support For Resource Families

Governor Linda Lingle signed two bills into law in June 2008 that DHS supported. These new laws help foster youth maintain relationships with their relatives and hanai families, as well as assisting the youth in meeting their higher education goals and removing a financial disincentive to adoption. Both new laws took effect on July1, 2008.

- Under Act 198, former foster youth, including those adopted, are given additional time to apply for and receive higher education benefits. The new law, introduced by DHS, provides for the following: 1) the initial length of time the youth has to apply for the benefit application period was increased from one year after graduation to before the youth’s 22nd birthday; 2) the youth now has a total of 60 months to use the benefits up to age 26. This allowance of \$529 per month helps pay for living expenses while attending school or taking part in vocational training. This new law removes the financial disincentive to adoption because this educational assistance is now available to all former foster children, even those who are adopted.

Higher Education	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10
New Students	83	92	72	112	109	138
Returning Students	101	128	135	132	175	204
Total Students Per SFY	184	220	207	244	284	342



- Under Act 199, DHS/CWS must demonstrate a preference for placing children who are under DHS foster custody with appropriate relatives who are willing and able to provide safe and nurturing home environments. This law, sponsored by the Office of Hawaiian Affairs, expands the definition of a relative to include hanai family members or “an adult other than a blood relative who performs or has performed a substantial role in the upbringing or material support of a child.”

To carry out Act 199, Project First Care (PFC), an Oahu multi-agency partnership with DHS/CWS, the Office of Hawaiian Affairs, Partners In Development Foundation, Hui Hoomalu, Kokua Ohana, the Na Kupuna Tribunal and EPIC Ohana Conferencing was created. PFC resource homes began accepting DHS/CWS infants and toddlers on Oahu on May 26, 2009. The purpose of the PFC homes are to support the mission of DHS/CWS and Act 199 by facilitating timely placement of infants and toddlers with relatives, while making aggressive efforts to reunify the infant and toddlers in a safe family home with their parents. PFC Caregivers are specifically recruited and trained to provide time-limited temporary (one to sixty days) foster care, support to birth parents and families, and supervised visitations.

PFC Teen started on Oahu and Maui on April 1, 2010, with essentially the same purpose with a focus on teens.

Strengths-Oriented Practice

- DHS has implemented strategies to frontload family strengthening and voluntary case management services and to provide families in crisis access to community-based early response alternatives. These strategies are working in terms of keeping families intact, keeping children safe and engaging families through less restrictive/intrusive approaches.

Approximately 1,500 families are participating in Family Strengthening and Voluntary Case Management services statewide at any point in time. This is a tribute to the Department’s intake staff and service providers, who have clearly demonstrated that our interventions can be provided based on the least intensive and most effective means for each family. This strategy has resulted in fewer children in foster care and one of the lowest recurrences of abuse rates in the country.

DHS and our community-based Voluntary Case Management (VCM) and Family Strengthening Services (FSS) partners also utilize the services of Enhanced Healthy Start. Referrals by CWS staff and providers of VCM and FSS services are mandatory for

families with children up to one year of age and optional for families with children one year to 30 months of age. CWS staff report that support, mediation, and guidance provided by Enhanced Healthy Start has resulted in a lessening and, in many cases, elimination of safety concerns. Additionally, Enhanced Healthy Start interventions and regular in-home support have enabled several parents to regain custody of their children and have taught parents how to handle their children’s behavior in a positive, age-appropriate manner.

- The placement stability of children in care continues to improve. This is due, in great part, to the Department’s Family Finding efforts at the inception of a case and recruitment of extended family as resource (foster) families for children in out-of-home care. Stability also continues to improve because of community-based response alternatives that keep families intact and children safe, and because of increased funding for recruitment and retention of foster homes.
- **‘Ohana Conferencing** is a family decision-making practice that develops and implements safety and permanency plans agreed upon by family members. The ‘Ohana Conferencing process enlists the support of key family members and others to work with the Department in addressing and resolving child safety issues. First started as a pilot project in 1995, ‘Ohana Conferencing has been greatly expanded over the past several years. We have expanded the availability of ‘Ohana Conferencing to all parties in a CWSB case, funded outreach into the community to provide information on ‘Ohana conferences to potential participants, and increased the number of ‘Ohana conferences available. .

Since 1996, ‘ohana conferencing has provided 6,561 families with 11,242 conferences. The fewer number of ‘Ohana Conferences in FY 2010 primarily due to fewer active cases.

Ohana Conferences	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10
# of families	648	914	695	727	781	705
# of ‘Ohana Conferences	990	1,445	1,424	1,488	1,485	1,220

- The Department also added Youth Circle conferences for youth who are exiting the foster care system, to reconnect them with members of their extended family who can offer support and encouragement. The Youth Circle program serves current and former foster youth in Hawaii. The program provides a group process for youth to celebrate their emancipation from foster care and to assist them in planning for their independence.

The youth determines who is invited to the Circle and how the Circle will be opened. The Circle will develop options for housing, education, finances, employment, transportation and physical and emotional health for the youth. The youth chooses the plan to pursue and who will help them with implementing the plan. Since its beginning in 2004, the program has provided 776 youth with 1,471 youth circles.

Youth Circles	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10
# of youth w/ Youth Circles	75	111	145	130	177	131
# of Youth Circles	87	171	296	294	351	265

Partnerships

- The Department partnered with the nationally renowned Casey Family Programs to establish a strategic planning committee to re-assess social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision, and (4) client engagement. The committee is also developing a CWSB Partnership Practice Model to align agency written policies and procedures with the Department's mission, guiding principles, practice strategies and activities.

This Practice Model includes outcomes-based contracting for relevant and culturally appropriate community-oriented / community-based services. One of the highlights of the Casey/DHS collaboration was the 2008 *Aha*, or Native Hawaiian gathering, to “*kuka kuka*” or discuss Native Hawaiian involvement in the child welfare system. The *Aha* brought participants together from all of the islands in a single meeting to help the Department develop strategies to work together for the sake of the children. Participants also discussed strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit, retain and support foster and adoptive families.

CWS is currently planning the next statewide ‘aha to be held during November 2010 in Waianae.

- The Department has partnered with the Consuelo Foundation to create the Attachment and Biobehavioral Catch Up (ABC) Pilot Project to address the special emotional and relationship needs of very young children in child welfare services to help them develop secure attachments with their caregivers.
- CWSB and the Department of Health's Children and Adolescent Mental Health Division have implemented a streamlined process for referral and treatment of children. This process accommodates referrals of children with potential problems that would require intensive mental health treatment, expedites treatment and increases access to mental health services, including therapeutic foster homes for children with severe emotional and behavioral needs.
- CWSB continues to collaborate with the Family Court, Volunteer Legal Services of Hawaii and the Family Programs Hawaii to support Project Visitation. This project recruits and trains volunteers to provide transportation and facilitate visits with siblings living in different foster homes on Oahu.
- The Family Drug Court is an on-going successful partnership with CWSB, the Family Court and the Department of Health's Alcohol and Drug Abuse and Public Health Nursing Divisions to assist child welfare families that have substance abuse problems.
- CWSB continues to support and expand the involvement of the Hawaii Foster Youth Coalition, a youth-led organization that advocates for youth in foster care. The coalition also helps foster youth develop leadership skills, and provides a mechanism for youth feedback on CWSB to help youth transition from foster care to independent living.
- CWS also works with the Kapiolani Mentoring Program – Survivors Offering Support, its program goal is to “offer the foster youth of Hawaii support, stability, and enriched social experiences to help them overcome their past traumas, take control of their lives, and prevent the cycle of abuse and neglect.”
- The Department continues to contract and collaborate with HOPE I.N.C., Inc. to assist the Department in finding permanency for youth who have high special needs. The youth generally are teens or older children with multiple challenges. HOPE recruits and

supports adoptive placement for these youth who are unable to return home to birth parents or to be placed with relatives. HOPE seeks and supports adoptive families who will maintain birth family connection, even after adoption.

- The Department also collaborated with community leaders and stakeholders to bring the Heart Gallery to Hawaii. The Heart Gallery enlists professional photographers who donate their time to take portraits of children in care who are in need of permanent homes. The program is well-established and has demonstrated its effectiveness in other states.
- The federally-funded Kokua ‘Ohana Project strives to increase recruitment and retention of Native Hawaiian foster and adoptive families. This builds on the targeted recruitment plan in West Hawaii, with on-site consultation from AdoptUSKids, the National Resource Center on Adoption, and Harvest Family Life Ministry on faith-based recruitment.
- The Department collaborated with the National Resource Center for Adoption, AdoptUSKids and local organizations to provide training and technical assistance for faith- and community-based organizations to help them recruit and support foster parents.
- The Department enlisted the participation and coordination with our community stakeholders during the first Federal CFR’s PIP for child welfare services. **Over 200 trainings, community meetings, informational sessions, meetings and workgroups were held over the course of the PIP. This means there was one event held approximately every 3 days during the PIP.**
- CWSB continues to work with the State Continuous Quality Improvement (CQI) Council to review/analyze supervisory review data, case review findings and data gathered on specific cases.
- CWSB expanded funding and the scope of services for comprehensive service contracts to allow access by resource (foster) families.
- CWSB expanded efforts to locate, recruit and place children with extended family and kin. These efforts help to ensure permanency for children, increasing the identification of connections and placement resources within their own family.
- The Department participates in on-going collaborative groups, including the Child Welfare Services Advisory Council, and the Court Improvement Project.

Initiatives and Programs

- **Family Journal**: The Department will soon be implementing the use of a “family journal” which is a planning tool designed to assist the CWS worker in their engagement with families and to assist families identify and document the activities and services that they need to complete in order to reach the goal of reunification with their children.
- **Ma’ili Receiving Home-Ho’omalua O Na Kamali’li**: The Ma’ili Receiving Home opened on March 22, 2009. It is an on-call residential assessment center for abused or neglected children and families in the Waianae area. Its purpose is to keep siblings together, keep children in the same schools and neighborhood, conduct comprehensive medical and mental health assessments and facilitate accessible visits for the children and their families. Support services include support from elders and foster youth mentors in the community, family finding and ‘Ohana conferencing services provided by EPIC ‘Ohana.

Hawaii Self Storage Owner and Family Programs Hawaii Board Member Mike Wood donated \$1 million to the State in August 2007 to kick-start development of Ho‘omalau O Na Kamali‘i. The State provided the land, adjacent to the State’s Ulu Ke Kukui temporary housing development that offers transitional housing for the Leeward Coast homeless. The Michael B. Wood family donated another \$200,000 for furnishings, fixtures and equipment in summer 2008 and will donate another \$8 million over the next 20 years, at \$400,000 a year, to assist in the operating costs of Ho‘omalau O Na Kamali‘i.

In addition, many individuals, businesses and even a middle school have donated substantial gifts to sponsor rooms and a playground and sports court. Stanford Carr Development donated the construction at cost. Others donated \$200 to a Brick Campaign to purchase an inscribed brick to be installed in the patio of the home.

184 children were admitted to this program, including 38 sibling groups, between April 22, 2009 and August 27, 2010. Of these children, 32% were reunified with their parents, 32% were placed with other relatives or kin, while 36% were discharged or placed with other resources families or longer term programs. During this time, 72% of the children were discharged within 30 days: 25% were reunified with parents and 47% moved to other placements.

- **Pohai Ke Aloha (Permanency Roundtables):** Modeled after the Georgia Permanency Project to accelerate permanency for youth in foster care. A series of Roundtable discussions are taking place throughout the year to talk about innovative ways of finding permanent homes for foster children. The discussion teams include CWS staff, a master permanency practitioner from CWS, a Casey consultant, a Cultural Consultant as applicable and available, a Community Consultant with expertise in permanency, and a former foster youth and `ohana.
- **Early Permanency Round Table:** began in the Fall of 2010 with a similar focus and scheduled to occur earlier in the life of the case.
- **Rapid Assessment Instruments (RAI):** The RAI is a standardized and validated tool from the Casey Family Programs which will assist CWS workers in engaging families, through an objective process, to complete timely and accurate assessments. The RAI helps identify the needs of families and children in CWS cases and assists in case planning. Tools are currently being used in East Hawaii, Kauai, Maui and two units on Oahu.
- **SHAKA-State of Hawaii Automated Keiki Assistance System:** SHAKA is a user-friendly data system being developed for CWS by Maui Community College designed to capture and manage case information to support safety, permanency and well-being outcomes. The system includes screens for intake screening, investigation, assessment, eligibility determination, service plans, case review/evaluation, monitoring case plans, court processing, financial management, linkage between CWS and other systems, and quality assurance project details.
- **Hawaii Youth Opportunities Initiative:** The Hawaii Youth Opportunities Initiative (HYOI) is a youth-adult partnership to improve outcomes for youth who transition from foster care to adulthood. The HYOI partnership includes leaders from child welfare, Family Court, former and current foster youth, post-secondary education, business, communications, housing and health care. Current and former foster youth may enroll in the Opportunity Passport™, complete financial literacy training, and set up a personal savings account and a matched savings account to purchase approved assets. HYOI and the national Jim Casey Youth Opportunity Initiative are committed to a data-driven

approach that measures outcomes in permanence, education, employment, housing, physical and mental health, and personal and community engagement for foster youth transitioning to adulthood.

Looking Ahead

The CWSB will be striving to:

- Maintain the progress made as a result of the first federal CFSR's PIP.
- Ensure a stable and professional workforce.
- Sustain our ability to respond to emerging needs.
- Secure sufficient funding to ensure compliance with federal mandates and requirements.
- Strengthen our collaboration and partnerships between State and community stakeholders.
- Maintain our ability to access and utilize federal funding.

Future Planned Improvements

- To provide appropriate initial and on-going trainings to staff (e.g. domestic violence, how to engage with families, how to do a home visit) so that they will have the knowledge to conduct and analyze initial and on-going safety assessments. This is necessary so that appropriate individualized services are provided to meet the specific children and families.
- To make modifications on how the Department procures and contracts with its contracted providers to maximize the use of any reduced funding amounts without compromising the quality and quantity of services to children and families.
- To forge new collaborative relationships with Federal, State, City, and government agencies as well as community stakeholders to meet PIP2 goals.

2) ADULT AND COMMUNITY CARE SERVICES (ACCS)

The Adult and Community Care Services Branch (ACCSB) provides Adult Protective Services to protect vulnerable adults by providing crisis intervention, including investigation and providing emergency services to vulnerable adults who are reported to be abused, neglected, or financially exploited by others or seriously endangered due to self-neglect.

Program Goals

Safety – Protection of Vulnerable Adults

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

ADULT PROTECTIVE SERVICES

	FY 06 Actual	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Actual
Reports investigated	514	575	625	630	1,065*
Confirmed abuse or neglect	120	118	110	96	170
% confirmed	23%	21%	18%	16%	16%
Re-abuse within 12 month period	5.8%	4.2%	1.8%	4.1%	8.2%

* The number of APS reports investigated during FY 2010 increased approximately 69% from the number of reports investigated in FY 2009. This increase was a direct result of statutory changes to the APS law that went into effect July 1, 2009 that expanded definition of a vulnerable adult to individuals who may also **be in danger** of abuse.

Adult Protective Services Outcomes

In FY 2010, adult protective service reports were received and investigated on 1,065 vulnerable adults: 80% of the reports involved individuals age 60 and older; 170, or about 16% of the reports investigated were confirmed for abuse, neglect, or financial exploitation.

The Medicaid Waiver programs were moved to the Med-QUEST Division in FY 2008.

Adult Protective Services Achievements

The ACCSB is continuing a contract with the Department of the Attorney General to implement the Case Management for Elderly Victims of Crime Project on Oahu to provide services to elderly victims, age 60 and over, of abuse or neglect who have unmet needs. The contract includes federal funds for two social workers and a social service assistant to assist clients with accessing needed services, including financial management services. Funding is provided through the federal Victims of Crime Act (VOCA).

Planning for the Future

The July 2009 implementation of the expansion of the Adult Protective Services Law, Act 154, SLH 2008, required the Department of Human Services to reorganize existing resources and ACCSB staff. On Oahu, Hawaii, Maui and Kauai, social work and nurse staff were trained to investigate and provide direct services to victims of vulnerable adult abuse and neglect. DHS has posted a fact sheet on the DHS Website to help the public to understand the requirements of the new law.

CHAPTER FIVE: HEALTH

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

Innovative home and community-based programs help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services (HCBS) and Medicaid HCBS waiver programs and reduced costs to taxpayers in lieu of costly institutional long-term care services.

A. MED-QUEST DIVISION (MQD): Programs, Services, Achievements, and Looking Ahead

The Med-QUEST Division administers the State's Medicaid and other health insurance programs. Medicaid, a federal program created by Congress in 1965, was designed to provide access to medical care for the low-income population. For FY 2010, the MQD had an annual budget of \$1,456,000,000 (including \$957,000,000 in federal funds) used for benefits and administration of the Medicaid program.

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

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

Application and Eligibility

There is a general application form for all Medical Assistance programs. A separate, simplified application form is used for pregnant women and children. All interested individuals are urged to apply, and the Department will place eligible persons in the appropriate program. There are basic eligibility requirements, including income and asset limits, which differ by "coverage groups", among which are children, pregnant women, the elderly, and the disabled.

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

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

The MQD Eligibility Branch (EB) staff processes MQD applications and also provides assistance to the Benefit, Employment and Support Services Division (BESSD) for their medical cases. Altogether, the MQD oversaw the provision of health care to more than 259,307 eligible residents. EB staff continues to actively work with community agencies and groups to ensure easy access to health insurance and swift problem resolution.

In FY 2008, there were 7,092 more residents receiving medical assistance than in FY 2007. In FY 2009, there were 22,714 more residents receiving medical assistance than in FY 2008. In FY 2010, there were 24,104 more residents receiving medical assistance than in FY 2009.

RECIPIENT GROWTH IN FY 2009 and FY 2010								
Enrollment	Jun-08	Jun-09	Growth	% Increase	Jun-09	Jun-10	Growth	% Increase
Oahu	138,730	150,425	11,695	8.43	150,425	162,602	12,177	8.1
Kauai	10,749	12,604	1,855	17.26	12,604	14,453	1,849	12.8
Hawaii	42,409	47,913	55,504	12.98	47,913	53,472	5,559	11.6
Maui	17,810	21,142	3,332	18.71	21,142	25,407	4,265	20.2
Molokai	2,406	2,645	239	9.93	2,645	3,800	155	5.9
Lanai	385	474	89	23.12	474	573	99	20.9
Statewide	212,489	235,203	22,714	10.69	235,203	259,307	24,104	10.2

The Federally Qualified Health Centers (FQHCs): DHS has funded an outreach program to assist families with children in the completion of applications and submission to the MQD for medical assistance eligibility determination.

Applications from FQHCs in FY 2008, FY 2009, FY 2010						
Date	East-HI	West-HI	Kauai	Maui	Oahu	Total
FY 2008	622	457	352	1,701	4,010	7,142
FY 2009	1,005	541	269	1,935	4,053	7,803
FY 2010	1,070	841	155	1,583	7,892	11,541

Pregnant Women and Children's Application: The MQD continued to expedite the application process for pregnant women and children, through the use of the Medical Assistance Application for Children and Pregnant Women Only Form (DHS 1108). Use of this simplified form (called the "Pinkie") assists the Department to achieve the goal of processing pregnant women applications within 5 working days of receipt of the completed application by the Department.

At the end of FY 09, the number of pregnant women receiving medical assistance was 8,837 compared to 8,104 at the end of FY 08. At the end of FY 2010, the number of pregnant women receiving medical assistance was 9,571.

1) HAWAII QUEST MANAGED CARE (QUEST)

The QUEST program serves eligible individuals who are under age 65 and are not blind or disabled. The income range for eligibility for adults and for children from ages 6 to under 21 is up to 100% of the Federal Poverty Level (FPL). For children ages 1 to under 6 years, the income range for eligibility is up to 133% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 185% of the FPL. QUEST participants may choose from among participating managed health plans throughout Hawaii, knowing that all plans offer the same required benefits as well as their own optional benefits. Beneficiaries choose their primary care provider from among the provider network of their respective medical plans. The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis.

QUEST enrollment was 191,575 at the end of FY 2009 and 213,853 at the end of FY 2010.

Benefits under QUEST include:

- Inpatient hospital care – medical, surgical, and rehabilitation care, inpatient psychiatric and detox, maternity and sub acute;
- Outpatient hospital care – emergency room, ambulatory surgical centers and outpatient psychiatric;
- Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- Laboratory, radiology, and diagnostic;
- Biological and medical supplies including medical equipment and appliances;
- Physician services;
- Podiatry;
- Whole blood;
- Eye examination, refraction, and eyeglasses;
- Prosthetic devices, including hearing aids;
- Transportation to, from, and between medical facilities, including inter-island or out-of-state air transportation, food and lodging when necessary;
- Nursing facility services and home health;
- Respiratory care services;
- Hospice care services; and
- Dental services – individuals under 21 have full dental benefits, adults have emergency care only.

2) HAWAII QUEST EXPANDED ACCESS MANAGED CARE (QExA)

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

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

The two health plans that contract with the MQD for the QExA program are Evercare QExA and 'Ohana Health Plan.

MQD continues to participate in numerous statewide meetings with a coalition of government and community agencies for input regarding the outcomes of implementation of the QExA program.

Choice for initial health plan enrollment was offered to FFS clients who were transitioning into the QExA program from October 1, 2008 through January 9, 2009. During initial enrollment, over 75% of the QExA eligible clients chose their health plan which is a very strong choice outcome for Medicaid programs nationwide.

A QExA Ombudsman program was established to help clients who were having difficulty with the QExA program. MQD works with the Hilopa'a Family to Family Health Information Center to help QExA clients resolve their issues. Hilopa'a's center is staffed with veteran moms and caregivers of individuals with a disability. In their role, they are uniquely qualified to help QExA clients address their concerns.

MQD is monitoring the outcomes of the QExA program as well as ensuring that the QExA health plans meet their contractual obligations. During the 2009 Legislative Session, MQD partnered with both the Senate's Health and Human Services Committees to develop a QExA Dashboard. This monthly Dashboard looks at areas such as client demographics, provider networking, call center statistics, and both client and provider complaints, to name a few. The Dashboard is one step that the MQD has taken towards public monitoring of health plan outcomes.

At the end of FY 2009, there were 40,733, clients enrolled in the QExA program and at the end of FY 2010, there were 42,243 enrollees.

3) MEDICAID FEE-FOR-SERVICE (FFS)

The FFS program is for individuals who meet the medical assistance eligibility requirements of QUEST or QExA but are not enrolled in a health plan. Typically this covers the period until a recipient selects or is assigned to a health plan as well as any retroactive coverage prior to health plan enrollment. Dental services are also provided on a FFS basis. In the FFS program, the State reimburses any participating Medicaid provider for covered services provided to eligible recipients.

At the end of FY 2008, there were 41,781 participants enrolled in the FFS program. At the end of FY 2009, with the transition of the Medicaid Waiver Aged, Blind and Disabled (ABD) population to the QExA managed care program, there were 2,895 enrolled in the FFS program due to most of the population being enrolled in QExA. At the end of FY 2010, there were 3,217 enrolled in FFS.

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

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

EPSDT provides coverage for:

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

Annual EPSDT Participation Report	FY 2005	FY 2006	FY 2007*	FY 2008	FY 2009
Total individuals eligible	125,902	126,344	146,659	132,459	145,702
Total screens performed	90,273	91,323	92,301	100,014	109,272

* Some data may be inflated due to positive enrollment that occurred in FY07. Positive enrollment led to greater flexibility between health plans. FY 2010 data not yet available.

5) QUEST-NET

The QUEST-Net program offers adult beneficiaries limited health care benefits, although children in QUEST-Net receive the same complete benefits as in the QUEST program including EPSDT. To be eligible for QUEST-Net, beneficiaries must first have been enrolled in the QUEST or FFS programs and subsequently lost coverage due to increasing income, assets, or other qualifying reasons. The income range for QUEST-Net can be up to 300% of the FPL and some members may have to pay a monthly premium share.

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

QUEST-Net enrollment was 1,107 at the end of FY 2009 and 1,180 at the end of FY 2010.

6) QUEST-SPENDDOWN

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

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

QUEST Spenddown enrollment as of June 2009 was 2,280. In June 2010, there were 2,408 enrollees.

7) QUEST-ACE (Adult Coverage Expansion)

The QUEST-ACE program, implemented in March 2007, provides the same limited health care benefits as the QUEST-Net program. Unlike QUEST-Net, to qualify for QUEST-ACE, an individual need not have been previously enrolled in either QUEST, QExA or FFS. QUEST-ACE provides medical coverage to adults between age 19 and older. DHS currently pays the premium for those individuals who qualify under the QUEST-ACE income and asset tests.

To receive QUEST-ACE benefits, an individual must be:

- An adult 19 years or older;
- In a household with countable income that does not exceed 200% FPL; and

- Without other insurance coverage, unless the individual is a financial assistance recipient who participates in the Department's Grant Diversion or Supporting Employment Empowerment (SEE Hawaii Work) programs.

The coverage package is not as comprehensive as the QUEST package, but includes physician visits, hospital stays, emergency room visits, surgery, diagnostic tests, limited dental, immunizations and a limited drug formulary.

For FY 2010, the QUEST-ACE program will continue to cover uninsured adults, which will result in the strengthening of the State's health safety net. QUEST-ACE coverage will lessen the amount of uncompensated care costs for health care providers. MQD will continue to expand public awareness of the QUEST-ACE program throughout FY 2010. The State of Hawaii was required to meet an enrollment benchmark of 3,500 enrollees by June 30, 2010 which has already been achieved in FY 2009.

QUEST – ACE enrollment was 8,089 in FY 2009 and 11,550 in FY 2010.

8) TRANSITIONAL MEDICAL ASSISTANCE (TMA)

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

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

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

At the end of FY 2008, TMA program enrollment was 4,493. At the end of FY 2009, TMA program enrollment was 4,619. At the end of FY 2010, TMA program enrollment was 3,994

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

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

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 300% of the FPL. In 2009, this was a monthly income of \$5,265 for a

three-person household and a monthly income of \$6,342 for a four-person household. For 2010, the monthly income requirements remain unchanged.

Enrollment in S-CHIP increased from 21,153 in FY 2009 to 24,248 in FY 2010. This significant increase in enrollment was due to the withdrawal of previously issued letters of August 17, 2007 and May 7, 2008 from the Centers for Medicare & Medicaid Services (CMS) that had limited enrollment in S-CHIP.

The withdrawal of both CMS letters by President Obama on February 4, 2009, allows Hawaii to claim enhanced federal funds for children with family incomes over 200% but not exceeding 300% of the FPL. Previously, State-only funds could be expended for that income group of children.

10) IMMIGRANT CHILDREN'S PROGRAM

Hawaii provides fully State-funded coverage for immigrant children who are barred from participating in the Medicaid program for the first five years of their U.S. residency. The program provides legal immigrant children under age 19 with family income not exceeding 300% of the FPL, the same services as provided under the Medicaid FFS and QUEST programs.

On February 4, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was signed into law by President Obama as Public Law No. 111-3. CHIPRA strengthens and extends the State Children's Health Insurance Program (S-CHIP) from April 1, 2009 to September 30, 2013.

As an option, CHIPRA allows states to implement the provisions of Section 214 that eliminates the five-year waiting period that prevents lawfully residing immigrant children under age 19 from receiving Federal medical assistance. CHIPRA also allows states the option to provide coverage to eligible citizens from a country that has a COFA agreement with the United States, including the Republic of the Marshall Islands, the Federated State of Micronesia, and the Republic of Palau.

Hawaii requested and CMS gave federal approval of Hawaii's request to implement Section 214 of CHIPRA effective April 1, 2009. As a result, these approximately 6,890 lawfully residing immigrant children will be treated the same as other lawful resident aliens who have resided in the United States for over five years.

At the end of FY 2008, there were 3,466 children enrolled in this program. At the end of FY 2009, there were 3,825 children enrolled in this program and 3,432 children who were from the Compact of Free Association (COFA) nations. As a result of Hawaii obtaining approval to implement Section 214 of CHIPRA in 2009, there were zero children in the program. All had been shifted to QUEST or QExA.

11) MEDICAL ASSISTANCE FOR PREGNANT LEGAL IMMIGRANT WOMEN

This fully State-funded program was implemented on July 1, 2004. This program makes medical assistance available to eligible pregnant legal aliens, aged 19 and older, from the onset of their pregnancy to the month in which the 60-day postpartum period ends. The eligibility requirements and coverage provisions are identical to those for pregnant women in the federally-funded medical assistance programs except for the age requirements and the non-applicability of the five-year waiting period for legal immigrants to receive Medicaid coverage. The income range for eligibility is up to 185% of the FPL.

There were 203 participants for FY 2008, 188 participants for FY 2009 and 200 participants for FY 2010.

As stated earlier, on February 4, 2009, the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) was signed into law by President Obama as Public Law No. 111-3. CHIPRA strengthens and extends the State Children’s Health Insurance Program (S-CHIP) from April 1, 2009 to September 30, 2013.

As options, CHIPRA also allows states to implement the provisions of Section 214 that eliminates the five-year waiting period that prevents lawfully residing immigrant pregnant women from receiving Federal medical assistance and allows states to provide coverage to eligible citizens from a COFA nation.

Hawaii requested and CMS gave federal approval of Hawaii’s request to implement Section 214 of CHIPRA effective April 1, 2009 to cover legal immigrant women.

12) BREAST AND CERVICAL CANCER PROGRAM

Medicaid FFS is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. These individuals must be screened and diagnosed by a physician approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health. In addition, they cannot have medical coverage that would pay for the treatment of their breast or cervical cancer, and their gross family income cannot exceed 250 % of the FPL. Assets are not considered in determining eligibility. In FY 2008, 16 individuals, in FY 2009, 31 individuals, and in FY 2010, 36 individuals, received coverage from this program.

Hawaii also provides the same coverage to women, who are legally admitted immigrants and are barred from any federally-funded medical assistance program or are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau, through a look-alike program funded entirely with State funds. The State companion program for individuals with breast and cervical cancer was established in 2001 by the Hawaii Legislature under Act 278. In FY 2008, only 2 individuals, in FY 2009, 4 individuals, and in FY 2010, 5 individuals received coverage from this program.

Breast and Cervical Cancer Program Recipients

Program	July 2008	July 2009	July 2010
Federal Breast Cancer	15	29	34
Federal Cervical Cancer	1	2	2
State Breast Cancer	2	4	5
State Cervical Cancer	0	0	1

13) FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial funeral expense payments to qualified applicants, up to a maximum of \$400 for mortuary expenses and \$400 for burial expenses. Any person may apply for the deceased. Applicants need to apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. The total program expenditure for FY 2010 was \$590,865.31.

The deceased person may be eligible if qualifying under one of the following two categories:

- Person who is eligible for medical or financial assistance from the State, or
- Unclaimed body, meaning the person died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (for example, the deceased did not have a spouse or legal guardian).

14) THIRD PARTY LIABILITY PROGRAM

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

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

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

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

15) MEDICARE MODERNIZATION ACT - MEDICARE PART D

Effective January 1, 2006, Medicare, instead of Medicaid, now provides prescription drug coverage for Medicaid recipients who also have Medicare insurance. Drug coverage is provided through Medicare Part D Prescription Drug Plans (PDPs). The PDPs are responsible for the prescription drugs for the Medicare eligible population much like commercial health plans are responsible for medical services of an enrolled membership. Medicaid will still provide prescription drug coverage for some drugs that are excluded for coverage by the MMA.

The Medicare Part D program affected approximately two-thirds of the Aged, Blind and Disabled (ABD) recipients in the Medicaid FFS program as they are dual-eligibles, having both Medicare and Medicaid eligibility. Under the Medicare Part D program, the dual eligible individuals were auto-assigned by CMS into Prescription Drug Plans (PDP). The Medicaid FFS program continues to provide coverage for medically necessary "excluded" drug classes, which Medicaid has covered in the past. So dual eligibles continue to have coverage for their medically necessary drugs with a combination of Medicare Part D and Medicaid coverage.

16) STATE PHARMACY ASSISTANCE PROGRAM (SPAP)

The State Pharmacy Assistance Program (SPAP) began on January 1, 2006, in response to the initiation of the Medicare Prescription Drug Benefit Program. The SPAP provides drug co-payment assistance to elderly or disabled individuals who have Medicare insurance and whose income does not exceed 150% of the FPL (earning no more than \$18,696 per year for one person and \$25,140 per year for a two-person family in FY 2009). This program is fully State funded.

The SPAP covers the cost of co-payments required under the various Medicare Part D drug plans: \$1.10 per script for generic drugs and \$3.20 per script for branded drugs for beneficiaries with incomes up to 100% FPL; and \$2.40 per script for generic drugs and \$6.30 per script for branded drugs for beneficiaries whose incomes exceeds 100% FPL but does not exceed 150% FPL.

From the previous State fiscal year, the number of participating residents (includes residents up to 150% FPL) increased from 39,514 to 43,554.

For FY 2010 (July 1, 2009 through June 30, 2010), the Department expended \$1,509,119 in State-only funds on eligible prescription drug co-payments for persons who are both Medicare and Medicaid eligible with incomes not exceeding 150% of the FPL. The increase in SPAP expenditures from \$1,294,716.90 in FY 2009 to \$1,509,117.52 in FY 2010, occurred when, beginning calendar year 2010, CMS allowed diabetes related supplies to be paid via Medicare Part D plans which significantly contributed to the increase in SPAP expenditures. At the same time, CMS authorized a 4% increase in the Part D co-pay amount for brand-name drugs, which the Part D prescription drug plans passed onto the SPAP programs.

17) HAWAII RX PLUS PROGRAM

The implementation of the Hawaii Rx Plus program in July 2004 enabled the State to offer a prescription drug discount program to all Hawaii residents with incomes equal to or less than 350% of the FPL and who have no prescription drug coverage or insufficient prescription drug coverage.

The program enabled the State to make prescription drugs more affordable for qualified lower-income Hawai'i residents. Since then, with the implementation of the federal Medicare Part D prescription drug program and the availability of free or more generous prescription discount programs to all residents of Hawaii without eligibility restrictions were introduced to Hawaii residents, has rendered the Hawai'i Rx Plus prescription discount program obsolete.

Accordingly, the State Department of Human Services (DHS) began making plans to discontinue the Hawai'i Rx Plus program effective FY 2011. Notices were issued to all program participants. Currently, the DHS Med-QUEST Customer Service Branch staff continues to assist callers to identify free pharmacy discount programs.

18) MEDICAID WAIVER PROGRAM

The Developmentally Disabled/Mentally Retarded Home and Community-Based Services (DD/MR HCB) Program, was established in 1983 to serve individuals with developmental disabilities and mental retardation living in the community who are Medicaid-eligible and certified as requiring ICF-MR (Intermediate Care Facility-Mental Retardation) level of care. The Departments of Human Services and Health collaborate to administer and implement this program and to maximize Federal Medicaid reimbursement.

A total of 2,531 individuals were served in FY 2008, 2,414 individuals were served in FY 2009 and 2,466 individuals were served in FY 2010.

19) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

During FY 2009, the U.S. Department of Health and Human Services issued new HIPAA guidance in the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new HIPAA rules increased compliance penalties for the legal entities covered by the HIPAA regulations. DHS

as a legal entity will need to review, and if necessary, update internal processes and policies to meet the new requirements.

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

LOOKING AHEAD

- **GOING HOME PLUS PROGRAM**

In May 2007, MQD received a \$10.3 million “Money Follows the Person” grant from CMS to transition MQD clients from an institution (i.e., nursing facility, acute care hospital or ICF-MR facility) into the community. The Going Home Plus program is the continuation of an already established Going Home program, which has successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). The planning for the Going Home Plus program started in the fall of 2007 through use of a stakeholders planning group which includes a coalition of community partners and government agencies. Members of the Going Home Plus program can transition from nursing facilities to either a RACCP home or to their own home with services. The Going Home Plus program had 39 admissions during FY2010. At the end of FY2010, this program had served 49 clients

- **PROGRAM FOR ALL CARE FOR THE ELDERLY-RURAL PACE**

In November 2007, the MQD, Hale Makua and Kaiser Hospital submitted a joint application to CMS to offer Rural PACE services on the Island of Maui. PACE is a comprehensive health and long-term managed care program that provides services for elders certified as requiring nursing facility care (minimum intermediate care facility or ICF) through a fixed per-person per-month rate. Individuals must voluntarily select PACE which includes primary medical care provided by a PACE physician. At the end of FY 2009, the Maui PACE program had six members. Maui PACE decided in April 2010 to end their program effective August 31, 2010. The majority of the Maui PACE clients had been transitioned into a QExA health plan by the end of July 31, 2010.

Information on the Med-QUEST Division and programs can be found at www.med-quest.us.

B. SOCIAL SERVICES DIVISION (SSD): Programs, Services, and Achievements

ADULT AND COMMUNITY CARE SERVICES (ACCS)

The Social Services Division's Adult and Community Care Services Branch (ACCSB) administers programs, described below, to help prevent premature institutionalization of vulnerable adults by providing a continuum of home and community-based services. ACCSB also licenses and certifies programs related to the care and wellbeing of the elderly and disabled.

Program Goals

Prevention of Premature Institutionalization by providing:

- A continuum of home and community-based services;
- Protection to vulnerable adults;
- Support the individual's ability to remain in and be part of the community as independently as possible in the least restrictive and home-like environment; and
- Respect the individual's right to self-determination.

The home and community-based services include:

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

Chore Services provides essential housekeeping services to enable eligible disabled clients to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department and not be eligible for services from Med-QUEST Division (MQD), Quest Expanded Access (QExA) program. Services may also be provided without regard to income in adult protective services cases.

Foster Grandparent Program enables low-income seniors to assist children with special and exceptional needs in schools, Head Start sites, and non-profit organizations.

Respite Companion Service Program is an employment program that provides low-income older adults the opportunity to learn job readiness skills at designated adult day care and day health facilities or within the homes of older adults, with the goal of preparing them for employment opportunities.

Senior Companion Program provides stipends to low income older adults who provide in-home companionship and limited personal care to frail elders and provide respite and relief for caregivers. The Senior Companion Programs provides low income older adults with volunteer opportunities through which they are able to assist frail homebound elderly and provide respite to their caregivers.

Retired and Senior Volunteer Program (RSVP) enhances the lives of older adults by recruiting and linking older adults with volunteer opportunities in the community. Program volunteers are able to utilize their experience, knowledge, and skills to help social service agencies meet important community needs.

The licensing and certification programs are:

Adult Day Care Centers provide supportive care to elderly and disabled adults for their health and welfare. Centers are licensed annually to ensure that the standards are met.

Community Care Case Management Agencies place and provide services to individuals requiring nursing facility level of care in Community Care Foster Family Homes, or Medicaid recipients in Expanded Adult Residential Care Homes or Assisted Living Facilities. Community Care Case Management Agencies are licensed every one or two years to ensure that standards are met.

Community Care Foster Family Homes (CCFFHs) provide 24 hour living accommodations and other services for individuals at a nursing facility level of care who are placed by Community

Care Case Management Agencies licensed by the Department. CCFFHs are certified every one or two years to ensure that standards are met.

Nurse Aide Training and Competency Evaluation Program establishes the curriculum requirements for state certification of nurse aide training programs and determines whether the program qualifies to be State certified. Requirements of the training are mandated by Federal and State laws. Certified Nurse Aide Training Programs provide training to individuals who will, upon graduation, have the knowledge and skills to perform nurse aide duties. Graduates are eligible to take the State certification examination. The Department certifies programs every two years and whenever there is a change in instructors, classroom or clinical sites.

ACCS Program Achievements in FY 2010

- **In FY 2010**, the Senior Companion Program enlisted 96 companions who provided 105,535 hours of service to 326 clients in their home environment.
- **In FY 2010**, the Respite Companion Service Program enlisted 43 individuals who and provided 35,715 hours of service work through community placements.
- **In FY 2010**, the RSVP Program enlisted 676 senior volunteers who provided 106,024 hours of service at various community organizations.
- **In FY 2010**, the Foster Grandparent Program enlisted 143 foster grandparents who worked with 581 children with special needs, with 121,000 hours of service (an average of 846 hours annually per foster grandparent).
- **In FY 2010**, a total of 31 Adult Day Care Centers were licensed statewide.
- **In FY 2010**, a total of 29 Community Care Case Management Agencies were licensed statewide.
- **In FY 2010**, a total of 944 Community Care Foster Family Homes were certified statewide.
- **In FY 2010**, the Nurse Aide Training and Competency Evaluation Program was transferred to the Adult and Community Care Services Branch from the Med-QUEST Division (MQD) effective July 1, 2009. A total of 15 schools statewide received certification during the fiscal year. Currently there are 38 certified nurse aide training programs statewide.

Looking Ahead

- The demand for Chore Services is expected to grow in FY 2011 since the MQD QExA program has instituted a cap on enrollment. ACCSB may also institute a cap on enrollment for the Chore Service Program when resources to fund services and to provide case management services to eligible clients are not available.
- Effective September 29, 2010, DHS terminated its four year sponsorship of the Retired and Senior Volunteer Program. On September 30, 2010 the City and County of Honolulu, Elderly Affairs Division, assumed responsibility for this program.
- Effective July 1, 2010, the licensure of Adult Day Care Centers (ADCC) was contracted to a private provider. Six new ADCCs were licensed in FY 2010.

- The number of individuals applying to open a Community Care Foster Family Home continues to grow with 154 new homes opened in FY 2010. In FY 2008, 103 new homes were opened and in FY 2009, 129 new homes were opened.

HOME AND COMMUNITY BASED SERVICES CLIENTS

PROGRAM	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Actual
Chore	1,339	1,155	1,600	60
Adult Foster Care	51	45	55	15
Senior Companion*	102 / 293	96 / 271	91/227	96/326
Respite Companion**	41 / 25,809	51 / 32,001	54/36,587	43/34,715
Foster Grandparent****	155 / 750	140 / 703	125/831	143/581
RSVP*****	N/A	676 / 106,024	614/ 95,271	676/106,024
Licensure of Adult Day Care Centers	N/A	N/A	N/A	31
Licensure of Case Management Agencies	N/A	N/A	N/A	29
Certification of Community Care Foster Family Homes	N/A	N/A	N/A	944
Approval and Certification of Nurse Aide Training Schools	N/A	N/A	N/A	15

*# of Senior Companions / # of clients served

of Respite Companions / *work is in group settings, e.g., day care and health care facilities and no longer with individual clients. Data represents number of Respite Companions and hours of service

****# of Foster Grandparents served / # of children with special needs served annually.

***** RSVP program was established in January 2007. # of senior volunteers / hours of service (data for FY07 represents the time period from January 07 – June 07)

CHAPTER SIX: DHS ADMINISTRATION AND SUPPORT SERVICES

A. DHS ADMINISTRATION

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

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

The Administrative Appeals Office (AAO) currently provides administrative due process hearings in contested cases for the Department. The AAO has contracts with 14 attorneys in private practice to conduct hearings through appointment by the Director of Human Services under Hawaii Revised Statutes §346-12. The AAO receives approximately 1,300 administrative hearing requests and referrals annually and it issues about 750 administrative hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of departmental rules.

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

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

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

The Personnel Office (PERS) oversees the personnel programs of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of personnel records.

B. INVESTIGATION AND RECOVERY OFFICE (INVO)

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

New Fraud Cases

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

HARI Claims

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

Referrals/Inquiries

Responded to 383 referrals/inquiries from clients, Eligibility Units, BESSD Program Office, FMO, etc.

Restitution Monitoring of Probationers

An average caseload of 499 individuals on probation for theft/welfare fraud convictions and deferral pleas were monitored for payments.

Locates

267 individuals with outstanding felony arrest warrants were located for the Sheriff's Office.
72 individuals were located for the social service programs.

Fleeing Felons

Fleeing Felons Project: 229 financial/food stamps HAWI cases with total yearly benefit of \$1,549,068 were closed.

Research conducted on 237 inquiries from current and past fleeing felon lists.
Research conducted for 633 inquiries from BESSD Units for names not on fleeing felon lists.

Parole/Probation Violators, Drug Convictions

Research conducted for 67 inquiries.

Federal Treasury Offset Program (TOP)

Completed reviews on or entered into repayment agreements in the 43 pre-tax referrals and completed reviews on the 97 tax intercept referrals received.

Bureau of Conveyances

17 criminal judgments were filed with the Bureau of Conveyances to secure restitution owed DHS.

Lump Sum Payments

Received overpayment payoffs totaling \$10,554 from 5 clients due to criminal judgment lien (1) and probation monitoring (4).

Bankruptcy

23 cases were processed for write-off due to bankruptcy discharge.

Deceased

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

Collections and Recoveries \$3,675,775.84 was recovered in Calendar Year 2009.

FY 2010	OAHU	MAUI	KAUAI	HILO	KONA	TOTAL
COMPLAINTS	619	162	46	164	72	1063
REFER TO ATG	42	11	5	6	4	68
INDICTED/PVC	56	10	4	7	3	80
CONVICTED	42	8	3	8	1	62
REFER ADH	96	2	0	0	0	98
ADH GUILTY	39	2	0	0	0	41
ADH WAIVERS	92	63	2	9	5	171
REFER TO ATG	\$	\$	\$	\$	\$	\$
FINANCIAL	230,408.00	22,297.00	4,187.00	90,451.00	7,935.00	355,278.00
FOOD STAMPS	186,166.00	39,055.00	11,790.00	40,048.00	12,816.00	289,875.00
MEDICAL	13,288.00	21,424.00	25,548.77	1,037.76		61,298.53
CHILD CARE	147,388.84	13,129.00		9,496.74	20,227.00	190,241.58
OTHER	736.48		65,930.80	4,923.06		71,590.34
TOTAL	577,987.32	95,905.00	107,456.57	145,956.56	40,978.00	968,283.45
INDICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	406,989.00	21,452.00	387.00	100,935.00		529,763.00
FOOD STAMPS	264,281.00	37,853.00	5,260.00	49,053.00	2,640.00	359,087.00
MEDICAL	77,242.90	20,899.00	20,672.77	1,037.76		119,852.43
CHILD CARE	126,304.84	17,102.00		9,496.74	20,227.00	173,130.58
OTHER	736.48			33,225.56		33,962.04
TOTAL	875,554.22	97,306.00	26,319.77	193,748.06	22,867.00	1,215,795.05
CONVICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	328,689.00	1,898.00	6,105.00	83,372.00		420,064.00
FOOD STAMPS	295,171.00	29,005.00	12,110.00	44,076.00		380,362.00
MEDICAL	109,928.12	14,888.00	3,493.00	40,822.39		169,131.51
CHILD CARE	144,635.20	24,027.00			20,227.00	188,889.20
OTHER	5,579.09			32,954.42		38,533.51
TOTAL	884,002.41	69,818.00	21,708.00	201,224.81	20,227.00	1,196,980.22
REFER ADH	\$	\$	\$	\$	\$	\$
FINANCIAL	20,908.00					20,908.00
FOOD STAMPS	51,394.00	1,710.00				53,104.00
MEDICAL						
CHILD CARE						
OTHER						
TOTAL	72,302.00	1,710.00				74,012.00
ADH & WAIVERS	\$	\$	\$	\$	\$	\$
FINANCIAL	64,348.00	23,935.00		14,465.00	13,503.00	116,251.00
FOOD STAMPS	96,670.00	69,678.00	2,801.00	7,776.00	2,781.00	179,706.00
MEDICAL		4,919.00				4,919.00
CHILD CARE		1,440.00				1,440.00
OTHER						
TOTAL	161,018.00	99,972.00	2,801.00	22,241.00	16,284.00	302,316.00

CHAPTER SEVEN ATTACHED AGENCIES

Two agencies, the Office of Youth Services (OYS) and the Housing and Community Development Corporation of Hawaii (HCDCH) and two commissions, the Hawaii State Commission on the Status of Women and the Commission on Fatherhood are attached to the DHS for administrative purposes.

A. OFFICE OF YOUTH SERVICES (OYS): Programs, Services, Achievements, and Looking Ahead

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

Programs & Service Areas

The OYS focuses on seven programs and service areas that address youth's needs from prevention to incarceration and aftercare. The following is a brief description of the programs and services the OYS provides.

1) Positive Youth Development (PYD)

The PYD programs offered by 22 private providers funded by the OYS served over 4,200 youth, including urban and rural youth. Targeted were youth who were homeless, truant, in foster care and group homes, pregnant and parenting youth, and youth at-risk who had contact with the police. Because these youth were at-risk for educational failure or involvement in the juvenile justice system, services and activities aim at helping these youth develop resiliencies so they can successfully transition to young adulthood.

2) Youth Gang Prevention and Intervention

The OYS funded youth gang prevention and intervention services that included development and implementation of community response teams and gang mediation services. Targeted were youth ages 11 to 18 who were engaging in either emergent or more serious gang behavior. Services were provided by Adult Friends for Youth and the City and County of Honolulu, and included community mobilization efforts, strategies for gang prevention and intervention, and formal mediation services for youth gang members.

3) Truancy Prevention and In-School Suspension

In collaboration with the Department of Education, the OYS offered services to enhance school engagement and performance in order to ensure educational success for at-risk youth and their families. Targeted were youth ages 7 to 18 who were at-risk for truancy and chronic absences. The three funded agencies provided service activities that promote attendance, attachment, and achievement to ensure educational success.

4) Attendant Care

Attendant Care provided arrested status offenders and non-violent law violators ages 10 to 17 with a safe, secure alternative to police lock-ups and 24-hour access to immediate crisis intervention services, assessment services, referral services, and short-term case management services. The program ranges from one-to-one supervision (attendant care) for youth whose parents cannot be contacted to short-term case management and/or access to emergency shelter services for youth needing longer stays. These services helped to divert juveniles from further involvement with the juvenile justice system and to provide immediate intervention at the point of arrest. In FY10, over 200 youth were served by four OYS-funded contracts.

5) Community-Based Outreach and Advocacy

The OYS provided intervention case advocacy services to youth whose unhealthy, risky behaviors placed them at-risk for initial or further penetration into the juvenile justice system. Four funded providers identified and engaged youth and family in order to provide intake and assessment, assist in creating a youth/family driven service plan, to support youth/family in accessing services, and to provide follow-up to ensure services were properly provided. In FY10, over 280 youth were served by the OYS-funded providers.

6) Community-Based Residential Services

Youth who cannot or will not remain at home were served by community-based residential programs that helped these youth prepare for return to community living by improving their decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Under the umbrella of 19 contracts, seven different providers offered a range of residential programs on all major islands, helping over 200 youth to remain on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10 to 18 who were recently arrested status offenders, non-violent law violators, or intoxicated youth, or troubled, abused, or neglected youth requiring short-term shelter and related services that addressed a present crisis.
- Independent Living Programs for youth ages 17 to 22 who were troubled, abused, neglected, or adjudicated, and lack the attitudes, skills, and resources for independent living.
- Level I Non-Intensive Programs for youth ages 12 to 18 who were troubled, abused, neglected, or adjudicated, and who had been identified as moderate risk in one or more areas of need.
- Level II Intensive Programs for youth ages 12 to 19 who were troubled, abused, neglected, or adjudicated, identified as high risk in one or more areas of need, unable to function in a pro-social manner without constant supervision and support, and assessed as high flight risk.
- Statewide Ke Kama Pono (“Children of Promise”) Safe Houses are community-based residential alternatives for troubled youth who are at-risk of penetrating into the juvenile justice system. A diversion from institutional settings, such as the Juvenile Detention Home and/or the Hawaii Youth Correctional Facility, at Ke Kama Pono troubled youths receive needed guidance and support through a highly structured, closely supervised residential program in a rehabilitative environment.

The initial Safe House opened its doors in Honoka'a on the Big Island in December 2005. In FY08 – 09, the Honoka'a Safe House successfully served 14 girls bringing the total to 49 girls served since its inception. During FY09 three additional Safe Houses were built in Kona, Wailuku, and Kalaeloa for boys.

The Ke Kama Pono Safe House program continues to help youth reintegrate back into their community, with most demonstrating improvements in mental health, physical health, educational achievement, civic responsibility, social skills, vocational skills, and the ability to resist substance abuse.

7) The Hawaii Youth Correctional Facility (HYCF)

The primary purpose of the HYCF is to provide care and custody of at risk youth committed to the State by the Family Courts. In a safe and secure setting, the HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth ward. The programs conducted within the facility are intended to be a part of this effort to provide guidance and opportunities for positive changes in the behavior of the youth.

8) Federal Grant Programs

In addition to the service areas, the OYS also oversees and manages a variety of federal grant programs that enable the State to improve the juvenile justice and education systems and/or implement local programs and services for youth. These federal grant programs are from:

The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP)

In 1974, Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act to improve the effectiveness of the juvenile justice system. The OYS is the State agency designated by the Governor to manage the OJJDP formula block grant programs and the State Advisory Group (SAG), appointed by the Governor, provides policy recommendations to the Governor, the Legislature, and the OYS, as well as overseeing the administration of the following JJDP Act programs:

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

In November 2009, Governor Lingle notified the OJJDP that due to the State's budget crisis and the subsequent reductions in OYS staff, she was transferring the administration of OJJDP funds to the State of Hawaii Department of Defense (DOD). OYS and DOD worked closely together for the remainder of the FY10 to ensure a smooth transition in the de-obligation and re-obligation of these federal funds and to maintain services for youth.

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

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

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

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

OYS Achievements in FY 2010

In-Community Programs

OYS continued funding for over 90 contracts to community-based agencies to enhance the continuum of services offered within geographic regions and to address the needs of at-risk youth and their families statewide. Over 12,000 children and youth were served under the umbrella of these contracts in FY10.

The OYS collaborated with the Benefits, Employment and Support Services Division to procure contracts for services funded by Temporary Assistance for Needy Families (TANF) federal funds relating to Teen Pregnancy Prevention (Purpose 3) through Non-School Hours and Positive Youth Development Programs for youth at-risk. Contracts were funded with 12 community agencies statewide to provide non-school hour program services, ranging from instructions in the creative arts to life-skills building through music therapy.

The OYS continued to partner with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to implement Juvenile Detention Alternatives Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of JDAI core strategies will 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.

The OYS staff continued to provide professional support to the Juvenile Justice State Advisory Council (JJSAC). Its members take an active role on both the state and national level in supporting juvenile justice reform and attention to juvenile justice issues.

Hawaii Youth Correctional Facility

In 2005, the Hawaii Youth Correctional Facility (HYCF) was sued under the Civil Rights of Institutionalized Persons Act (CRIPA) filed by the U.S. Department of Justice (DOJ) on behalf of the incarcerated youth wards. In February 2006, the lawsuit was settled through a Memorandum of Agreement (MOA) between the State of Hawaii and the DOJ.

Since that time, considerable progress has been made in working towards substantial compliance with the terms of the MOA. In a letter dated March 4, 2009, from the Civil Rights Division of the DOJ to Hawaii's Department of the Attorney General, the following, in part, was written:

- It is evident that the State has worked diligently to come into compliance with the MOA. For example, the State has implemented nearly all of the necessary policies and procedures; instituted a comprehensive staff training program that incorporates competency based testing; and has hired a grievance coordinator, investigator, quality assurance coordinator, and additional direct care staff. The State has greatly improved data reporting and communication among security, medical, and mental health staff at HYCF and has addressed problems with youth access to educational services and medical care. Regarding education, the State has achieved sustained substantial compliance with all the provisions of the MOA.
- Accordingly, we do not plan to reinstate the Complaint upon termination of the MOA.

The average daily population at HYCF for the FY was 73 youth – which is 38% above its 56-bed capacity. New programs are being developed and implemented to expand the rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs will not only assist with population control but also reduce recidivism by better preparing our youth for adult life in the community. In addition, the OYS has been working closely with the Family Courts in all four judicial circuits to identify alternatives to incarceration.

OYS Focus in FY 2011

- Consistent with nationwide best practices, ensure adjudicated youth are placed in the least restrictive environment possible – without jeopardizing public safety.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program that promotes detention reform efforts and alternatives to incarceration.
- Improve provider accountability to ensure that youth programs meet the needs of children and communities.
- Collect outcome data in order to improve program performance and youth success.
- Prioritize youth needs and enhance fiscal responsibility to ensure that moneys are being directed to meet the most serious needs of youth.
- Increase community input on programs and mobilize community resources.
- Continue to improve conditions and programs at the HYCF.

Provider Focus in FY 2011

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

B. HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

The Hawai'i Public Housing Authority (HPHA) administers and manages state and federal low-income public housing and subsidy programs. Homeless Services programs, which were formerly a branch of HPHA, were transferred to the Benefit, Employment and Support Services Division by Legislative action on July 1, 2010 in order to provide more coordinated and comprehensive services to homeless families and individuals.

HPHA is guided by a Board of Directors consisting of 11 members appointed by the Governor, and is the State's largest landlord with almost 6,200 housing units throughout Hawai'i.

HPHA operates 5,331 federal low-income public housing units and another 864 state-funded units. Federal public housing is subject to regulations of the U.S. Department of Housing and Urban Development (HUD), which also provides the majority of the funding for HPHA. In order to qualify for entry to public housing, applicants must meet low-income standards and other eligibility requirements. The demand for low-income housing far exceeds the supply, resulting in a waiting list of over 9,000 households with applications for state and federal public housing.

The federally-funded Section 8 Housing Choice Voucher (HCV) Program and the state funded Rent Supplement Program enable low-income families or individuals to find private, market-rate housing in communities of their choice by supplementing their monthly rent payments with a subsidy. In addition to 1,700 HCV recipients, there are 68 veterans benefiting from the Veterans Affairs Supportive Housing (VASH) program, which combines HCV rental assistance for homeless veterans with case management and clinical services provided by the Veterans Affairs at its medical centers and in the community.

Funding for public housing comes from federal and state subsidies and the rental payments by tenants, but these revenues have not been sufficient to cover the long-term costs of maintenance and renovation for HPHA's aging housing inventory. In order to find new ways to provide safe, decent and affordable housing, the HPHA Board of Directors authorized the Executive Director to enter into a public-private partnership to redevelop the State's largest public housing complex, Kuhio Park Terrace/Kuhio Homes. Public and private funding will be combined to create a contemporary mixed-income neighborhood with new affordable and market-rate housing, a new senior mid-rise building, and modernized public housing units. The new community will be managed by a private management company which will operate the public housing portion under the same HUD guidelines used for all public housing.

Partnerships between housing authorities and private developers using mixed financing to redevelop public housing into mixed income neighborhoods have had success on the mainland but have not been tried in Hawai'i until now. The Kuhio Park Terrace project will give HPHA experience in this financing model, and build capacity within the agency to expand it to other properties in the future. By leveraging private investment funds, HPHA can free up public funds for use in other areas of need.

For more information on the HPHA go to www.hpha.hawaii.gov/.

C. COMMISSION ON THE STATUS OF WOMEN (HSCSW): Programs, Services, Achievements, and Looking

The Hawaii State Commission on the Status of Women (HSCSW) was established on May 15, 1964, by executive order of the Governor and made permanent by Act 190, Session Laws of Hawaii 1970. The HSCSW was established to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii.

In its 46 years, the Commission has worked to ensure women and girls full and equal coverage under the law by informing governmental and non-governmental agencies and the public of women's rights, opportunities, contributions, and responsibilities; advocating for the enactment or revision of laws and/or policies that eliminate gender discrimination; identifying and supporting programs and projects that address women's concerns and needs; and establishing and maintaining an active presence in the community by facilitating information dissemination, acting as a liaison, clearinghouse, and coordinating body for issues relating to women. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawaii County Committees on the Status of Women, and the University of Hawaii President's Commission on the Status of Women.

In the recent past, the HSCSW has functioned in a diminished capacity due to budgetary and consequently staffing restriction. In 2005 we began the process of revitalizing the HSCSW. The work of the HSCSW is largely based upon effective public/private partnerships and its networking among a variety of diverse boards, coalitions, professional and community groups and organizations. Its efforts address a wide range of issues impacting women and girls, including education and employment; the social, political and legal arenas; and in economics and healthcare. HSCSW continues to connect with the women of the state and to actively represent them during the Legislative Session. HSCSW once again took up its role of supporting women's organizations in the community by Chairing the Hawaii Women's Coalition.

Our goal now is to revitalize the programs of the Hawaii State Commission on the Status of Women, strengthen the statewide link between the HSCSW and the Committees on the Status of Women, and begin working to impact the lives of women and girls in the State of Hawaii.

Future Plans

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

September is Women's Health Month in Hawaii. Women's Health Month was initiated in 1994 by the HSCSW with the purpose of maximizing public awareness of women's health issues, empower women to be their own health advocates, reduce health care disparities, and promote the physical and emotional well-being of women in Hawaii. For the 15th year the Hawaii State Commission on the Status of Women has organized Women's Health Month. The goal of Women's Health Month is to widely communicate that women's health is more than the absence of disease; it encompasses physical, mental, emotional and social well-being. The month of events include educational workshops, health fairs, lectures, fitness activities and other special events. The HSCSW will continue to grow this signature event.

- ***Hawaii Women's History***

The HSCSW began collecting interviews to establish the Hawaii Women's Oral History Collection. The goal of the collection is to record the women's stories in their own voices, to have them tell their own stories to enable them to speak to Hawaii's future, sharing their wisdom and knowledge. We hope the women's community will embrace the Hawaii Women's Oral History Collection and work with us to ensure their stories and those of the women who have

touched their lives are told. HSCSW will encourage statewide events highlighting the contributions of women in the community, including those in keeping with the 2010 theme of *Writing Hawaiian Women Back into History* and will celebrate the 30th anniversary of the nation's women's history month tradition.

- ***Ready to Run™***

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

- ***Wage Club***

The WAGE (Women are Getting Even) Project has launched a collaborative grassroots program designed to help close the wage gap between women and men at work. Across the country, women are coming together to talk about the wage gap and what they can do to get even. Wage Club Model of forming collaborations with organizations in our local community to examine, educate and tackle this issue will be a core area for the HSCSW in the future.

- ***Legislative Agenda***

HSCSW works with the Hawaii women's Coalition, made up of organizations and individuals focused on women's advocacy, to participate in the legislative process and advocate on issues and strengthen laws impacting women, children and families on areas such as economic security, employment, housing, health, elder care, voting, and women offenders.

- ***Women's Safety***

HSCSW works with a coalition of state, military and non-governmental agencies on domestic violence awareness and advocacy issues and projects, including work as part of the Domestic Violence Awareness Month in the State of Hawaii and with other non-profits to present a month long anti-violence conference focused on anti sex-trafficking. The conference goal was to prevent violence against women and girls through education and art. HSCSW works to raise the awareness of women's issues and exposes young women to positive role models and more choice on how to avoid violent.

Looking Ahead

One of the major challenges for the Hawaii State Commission on the Status of Women will be reconnecting with the women of the community and those organizations focused on supporting them. The State Commission has re-committed to our mandate of building a state-wide network to support women and girls. We have begun to re-evaluate the needs of women in the State and design programs to address them while strengthening our national and international connection to women's advocacy.

D. HAWAII COMMISSION ON FATHERHOOD

The Commission on Fatherhood serves in an advisory capacity to State agencies to promote healthy family relationships between parents and children and promotes involved, nurturing, and responsible fatherhood. The presence of fathers has a positive impact on the lives of their children, as reflected in better school performance, fewer high-risk behaviors, higher self-esteem, and less substance abuse. The Commission makes recommendations on programs, services, and contracts relating to children and families.

APPENDIX I

THE BUDGET FOR FISCAL YEAR 2010

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	206	Federal Assistance Payments	0.00	\$5,000,000
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	\$69,528,485
BESSD	212	Cash Support for Aged, Blind & Disabled Individuals	0.00	\$25,318,536
BESSD	236	Case Management for Self-Sufficiency	630.00	\$35,435,299
BESSD	237	Employment and Training	0.00	\$1,688,755
BESSD	302	General Support for Child Care Services	42.00	\$9,648,327
BESSD	305	Cash Support for Child Care	0.00	\$61,962,565
BESSD	903	General Support for Self-Sufficiency Services	116.00	\$117,882,748
MQD	401	Health Care Payments	0.00	\$1,380,547,443
MQD	902	General Support for Health Care Payments	299.00	\$28,820,535
SSD	301	Child Protective Services	537.50	\$65,773,085
SSD	303	Child Protective Services Payments	0.00	\$64,211,679
SSD	601	Adult Community Care Services Branch	72.50	\$11,952,899
SSD	605	Community-Based Residential Support	0.00	\$17,125,395
SSD	901	General Support for Social Services	28.00	\$4,107,916
VRSBD	238	Disability Determination	45.00	\$6,041,667
VRSBD	802	Vocational Rehabilitation	122.50	\$20,889,017
HCDCH	220	Rental Housing Services	184.00	\$42,047,724
HCDCH	222	Rental Assistance Services	18.00	\$26,918,657
HCDCH	224	Homeless Services	4.00	\$19,892,074
HCDCH	229	HCDCH Administration	88.00	\$37,407,890
OYS	501	In-Community Youth Programs	24.00	\$13,245,846
OYS	503	Hawaii Youth Correctional Facility	124.00	\$10,404,768
CSW	888	Commission on the Status of Women	1.00	\$166,713
ADMIN	904	General Administration of the DHS	<u>177.00</u>	<u>\$9,586,462</u>
DHS TOTAL:			2,512.50	\$2,085,604,485

APPENDIX II

DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT & SUPPORT SERVICES DIVISION

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective June 1, 2010)													
HH SIZE	SON	TANF/ GA Ref	TANF -20%	GA	ABD	HH SIZE	SON	TANF	TANF -20%	HH SIZE	SON	TANF	TANF -20%
1	939	450	360	300	319	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	404	430	7	2894	1389	1111	12	4523	2171	1736
3	1590	763	610			8	3220	1545	1236	13	4849	2327	1862
4	1916	919	735			9	3545	1701	1361	14	5175	2484	1987
5	2242	1076	860			10	3871	1858	1486	15	5500	2640	2112
										15+	+326		

- *Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.*
 1. *TANF and GA Refugees Monthly Assistance Allowance is 48% of the Standard of Need, applicable to effective July 1, 2009.*
 2. *TANF mandatory work required households Monthly Assistance Allowance is reduced by 20%, effective July 1, 2009.*
 3. *GA Monthly Assistance Allowance is 32% of the Standard of Need, effective November 1, 2009.*
 4. *ABD Monthly Assistance Allowance is 34% of the Standard of Need, effective June 1, 2010.*
- *Excludes medical care costs which are met in full by the Department through its Medicaid Program*
- *Excludes Supplemental Nutrition Assistance Program (additional benefits) which varies by family size and net income*
- *Emergency assistance due to natural disaster provided.*
- *Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.*

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

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Effective October 1, 2009)											
Household Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	Household Size	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan	Household Size	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan
1	1350	1039	314	6	3679	2830	1491	11	6009	4624	2592
2	1816	1397	575	7	4145	3189	1648	12	6475	4983	2828
3	2282	1755	824	8	4611	3547	1884	13	6941	5342	3064
4	2748	2114	1046	9	5077	3906	2120	14	7407	5701	3300
5	3214	2472	1243	10	5543	4265	2356	15	7873	6060	3536
								15+	+466	+359	+236

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

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,000 regardless of family size
	Households with a totally disabled person	\$3,000 regardless of family size
	Other households including 1 person households:	\$2,000 regardless of family size
Standard Deduction:	For household size of 1 through 4 members	\$198
	For household size of 5 members	\$205
	For household size of 6 members or more	\$235
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$618
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1/2009)										
AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (5.8% Increase)										
Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Medical Institution (Medicaid Certified Facility) Personal Needs Allowance (PNA)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	1/09-12/09	07/07-	07/07-
Federal	674.00	1011.00	449.00	674.00	674.00	1011.00	674.00	1011.00	30.00	60.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	20.00	40.00
Total	674.00	1011.00	449.00	674.00	1325.90	2651.80	1433.90	2867.80	50.00	100.00

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