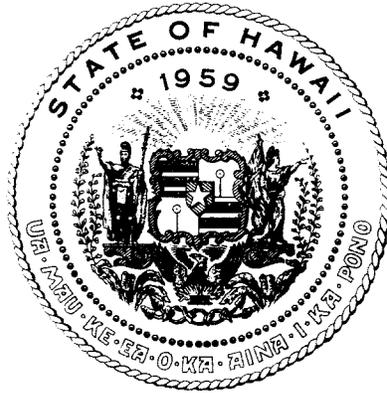


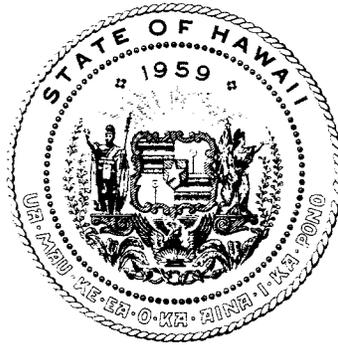
The Hawaii State Plan



HUMAN SERVICES

1989

The Hawaii State Plan



HUMAN SERVICES

Preparation of this Functional Plan was coordinated by the
DEPARTMENT OF HUMAN SERVICES
in accordance with Chapter 226, Hawaii Revised Statutes.

Submitted by *Winona E. Rubin* Date *Jan 6, 1989*
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Approved by *John Waihee* Date *May 8, 1989*
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FOREWORD

Human service programs have been broadly defined as those programs which offer support to individuals and their families in achieving economic and social self-sufficiency. These are services which do not fit neatly in one department or agency, and they require coordination and cooperation if they are to be successful.

This first Human Services Functional Plan marks the State's efforts to develop a plan jointly with public and private sector agencies involved in human services.

The Plan reflects an overall theme of support for families and an investment in human resources, through better access, coordination, and increased public and private sector partnerships. Priorities include initiatives for the elderly, children, individual and family efforts to become independent from the welfare system.

A broad range of programs was considered in the development of the Human Services Functional Plan, and difficult choices made in setting the priority areas. This Plan, like all the functional plans, is a working document subject to change as new needs arise. I am pleased to add it to our series of functional plans.


JOHN WAIHEE



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PREFACE

The Human Services Functional Plan is the State's first attempt to put together a plan jointly with public and private sector agencies. Forming partnerships is a difficult, but an important task that must be undertaken and emphasized for the future. The preparation of this planning document is the first attempt to accomplish this important goal in the area of Human Services.

The amount of time and effort devoted to this process by State, County and private sector representatives is a tribute to a common hope that services to the members of our community can be raised to a high level of quality and efficiency. This plan is a good first effort, but there is much more that needs to be done. We hope that all of the agency representatives and members of the community that helped to make this plan possible will continue to be a part of this important cause.

Mahalo for your support.

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The Department of Human Services would like to acknowledge the State Human Services Functional Plan Advisory Committee for their guidance and input on both the planning process and the drafts derived from the process. In addition, special recognition to the Health and Community Services Council of Hawaii and the Office of State Planning for their invaluable staff support throughout the planning process. Also, we are grateful for the participation of all focus and agency liaison group members and core staff who assisted in the development of the planning documents.

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STATE FUNCTIONAL PLANS

CHAPTER I: INTRODUCTION

The Hawaii State Plan (Chapter 226, Hawaii Revised Statutes) provides a long-range guide for Hawaii's future. It establishes a Statewide Planning System to achieve State goals, objectives and policies. This system requires the development of State Functional Plans (SFPs) which are approved by the Governor. The functional plans guide the implementation of State and County actions in the areas of agriculture, conservation lands, education, employment, energy, health, higher education, historic preservation, housing, human services, recreation, tourism, transportation, water resources, and other areas as designated by the Governor.

In 1988, the State's focus has been the preparation of five Functional Plans relating to human service and resource needs:

<u>Area</u>	<u>Coordinating Agency</u>
* Education	Department of Education
* Employment	Department of Labor and Industrial Relations
* Health	Department of Health
* Housing	Housing Finance and Development Corporation
* Human Services	Department of Human Services

A. Purpose of the State Functional Plans

In conjunction with County General Plans, State Functional Plans are the primary guideposts for implementing the Hawaii State Plan. While the Hawaii State Plan establishes long-term objectives for Hawaii, the State Functional Plans delineate specific strategies of policies and priority actions that should be addressed in the short-term.

In addition, there is an increased emphasis on the implementation of programs and actions. Therefore, Functional Plans contain specific, implementable actions that can be directly related to budget items.

The purposes of the State Functional Plans with respect to Chapter 226, as amended by Act 336, SLH 1987, are to:

- * Identify major statewide priority concerns;
- * Define current strategies for the functional area;
- * Identify major relationships among functional areas;
- * Provide the direction and strategies for departmental policies, programs and priorities;
- * Provide a guide for the allocation of resources to carry out various State activities in coordination with County activities; and
- * Assist in reconciling and coordinating State and County roles and responsibilities in the implementation of the Hawaii State Plan.

B. Role of the State Functional Plans

The Functional Plans primarily address priority actions that should be taken within a two- to six-year period. This time frame coincides with the Biennial Budget and Capital Improvement Program budgetary cycles. The plans primarily affect State operations; however, recommendations for coordinated actions at the Federal, County and private sector levels are also included.

State Functional Plans are intended to act in a coordinated fashion with County General Plans and Development Plans. Chapter 226, Hawaii Revised Statutes, as amended by Act 336, SLH 1987, states that County General Plans and Development Plans shall be used as a basis in the formulation of State Functional Plans. Conversely, the law also states that the Counties shall use approved State Functional Plans as guidelines in formulating, amending and implementing the County General Plans and Development Plans. Thus, State Functional Plans and the County General Plans and Development Plans each draw from the knowledge embodied in the other, and all are essential to implement the Hawaii State Plan. However, State Functional Plans are still not to be interpreted as law or statutory mandates, nor do they mandate County or private sector actions. The Functional Plans assure that problems and issues of statewide importance are addressed, while the County General and Development Plans indicate desired population and physical development patterns for each County, and assure that the unique problems and needs of each County are addressed.

C. State Functional Plan Advisory Committees

State Functional Plan Advisory Committees are established for each Functional Plan and play a critical role by advising State Functional Plan agencies in the review, revision and implementation of the Functional Plan. These committees have also been instrumental in providing outreach opportunities for participation by individuals and special interest groups in the review process.

Each Functional Plan Advisory Committee is composed of State officials, public officials from each County, members of the public and experts in the particular functional area. Members are appointed by the Governor in accordance with provisions of the Hawaii State Plan, Section 226-57, Hawaii Revised Statutes.

D. Review and Revision

In order to be responsive to constantly changing needs and conditions, Functional Plans are subject to review and revision every two years; the timing of which is linked to the review process of the Hawaii State Plan.

In undertaking these reviews, some of the State Functional Plan agencies have developed Technical Reference Documents (TRDs) and/or other technical studies and resource materials which provide background information and supporting rationale for policies and actions contained in the Functional Plan.

E. Coordination

This Functional Plan document has been produced by the Department of Human Services through extensive meetings and consultations with the Human Services Functional Plan Advisory Committee, the Office of State Planning, other affected State and County agencies, the private sector, and the general public.

The Functional Plan agencies initiate interagency coordination by identifying areas with complementary and competing interests. The review and monitoring activities conducted by their Advisory Committees provide assurance that areas of complementary and competing relationships continue to be addressed in the implementation process.

While each Functional Plan agency develops a process for public and agency input, overall responsibility for assuring coordination among functional plans on a continuing basis, rests with the Office of State Planning. Each of the participating entities with their corresponding functions are identified in Figure 1.

Figure 1

KEY PARTICIPANTS IN THE STATE FUNCTIONAL PLAN PROCESS

KEY PARTICIPANTS	REQUIRED ACTIONS ACCORDING TO THE HAWAII STATE PLAN, CHAPTER 226, HRS, AS AMENDED
GOVERNOR	<p>The Governor establishes SFP Advisory Committees for each SFP. (Sect. 226-57).</p> <p>Governor approves SFPs. (Sect. 226-57).</p> <p>The Governor transmits approved SFPs to the Legislature, Mayors and County Councils for information. (Sect. 226-58).</p>
LEGISLATURE	<p>Legislature reviews State Functional Plan approved by the Governor; which are used as guidelines to implement State policies. (Sect. 226-58 and 59).</p>
OFFICE OF STATE PLANNING	<p>OSP prepares guidelines for the development, revision, and implementation of SFPs (Sect. 226-55). It provides recommendations to the Governor and the Policy Council. OSP also provides reports and special studies for the Governor and the Policy Council. (Sect. 226-55).</p>
BUDGET AND FINANCE	<p>The budgetary review and allocation process of the Department of Budget and Finance shall be in conformance with the Overall Theme, Goals, Objectives, and Policies, and shall utilize as guidelines the Priority Guidelines contained in the Hawaii State Plan and the State Functional Plans (Sect. 226-52).</p>
FUNCTIONAL PLAN AGENCIES	<p>State agencies designated by the Governor to be responsible for SFP areas prepare the SFPs, work in close cooperation with SFP Advisory Committees, State and County officials, and solicit public views and comments. (Sect. 226-57)</p>
FUNCTIONAL PLAN ADVISORY COMMITTEES	<p>SFP Advisory Committees work in close cooperation with SFP agencies and provide advice in preparing and implementing SFPs.</p>
STATE PLAN POLICY COUNCIL	<p>The Policy Council reviews SFPs to identify areas of potential conflict and to assure conformance with the State Plan. The Council submits its findings and recommendations to the Legislature on each SFP. (Sect. 226-54 and 58)</p> <p>The Council prepares a Biennial Report for the Legislature which contains recommendations for legislative consideration and action. (Sect. 226-54 and 62).</p>
GENERAL PUBLIC	<p>The general public participates in Statewide SFP Informational Meetings. Members of the public also serve on SFP Advisory Committees and the State Plan Policy Council, participate in statewide surveys, and provides comments and concerns to preparing SFP agencies (Sect. 226-53 and 57).</p>

STATE FUNCTIONAL PLANS

CHAPTER II: FOCUS OF THE FUNCTIONAL PLAN

A. Human Services Philosophy

Human service programs can be broadly defined as those programs which offer support to individuals and their families in achieving economic and social self-sufficiency. Today's programs trace their roots to the federal legislation of the 1930s, designed to help the poor in times of crisis. Through the early 1980s the programs and the needs they responded to broadened and grew substantially, primarily under the lead of the federal government.

In recent years, however, there has been a considerable shift in the federal/state role. As the federal government cut back on human services funding, the states have had to take responsibility for a growing number of programs. In the process, states were forced to make substantial changes in their services, both in order to stretch limited dollars and to meet the challenge of new problems. As a result, many of the states have developed innovative human service programs. These, in turn, are beginning to have an impact on the thinking at the federal level.

In Hawaii, much of the discussion regarding needed changes in services revolved around the state functional plans. While several of the twelve plans included human service and human resource issues, these issues were not the primary focus of any one plan. The possibility of additional functional plans for human services and employment was discussed in the late 1970s, and formally requested in 1985. However, the social and political climate did not support such a movement at the time. It took a combination of factors--the introduction of more innovative programs at both the federal and state level, a growing concern by legislators for the kinds and levels of services provided, and a shift from single focus to a broader spectrum of support--to bring about the creation of a functional plan for human services.

In comparison with the other 49 states, Hawaii currently occupies the middle ground in initiating change. On one hand, Hawaii experimented with a number of community-based and cross-disciplinary models long before they were in vogue. The Progressive Neighborhoods Program and Career Kokua/Transition Centers are examples. However, Hawaii did not sustain the drive for innovation, and a number of good pilot programs were never institutionalized for permanent change.

Today, Hawaii is moving steadily in implementing a few new models, and is beginning to question the structure of programs in meeting 1990 problems. This ability to move with systematic

dispatch will be critical in the near future in order to respond to the rapid changes in the socio-economic fabric of our state and the nation.

Change is coming in many forms. Congress is negotiating the details of national welfare reform. There is an increasing emphasis at both the state and federal levels for more programs with a focus on prevention, rather than the traditional "safety net" services. Demographic and employment projections for the year 2000 indicate a much changed labor force, which will have a significant impact on both the short- and long-term planning for human service programs. This includes the re-emergence of the working poor, many of whom have human service needs for which they are not eligible.

In Hawaii, the Sub-Cabinet Task Force for Human Services/Resources, participants in the Governor's Turn-of-the-Year Workshop, Decisions '87/Actions '88, the Legislature, and other forums have stressed the need for major initiatives. The Governor has responded in part by carving out a new Department of Human Services (7/1/87), and designating the creation of new state functional plans for human services and employment.

In this process, two major issues have emerged. First, the overall theme of human service programs in Hawaii must focus on support for families, and investment in human resources. Secondly, the tools that will carry this theme are ease of access; better coordination of services; and an increased emphasis on partnerships between the public and private sector.

B. Priority Issues of the Human Services Functional Plan

Elderly Care

The rapid increase in the number of older persons in Hawaii has brought the need for an expansion of a continuum of care; particularly programs which help the older person remain in the home, and those which help prevent elder abuse and neglect. Some say that the existing continuum of services is biased toward institutionalization and that there is a need to develop more home support and community-based services in order to prevent premature placement in an institutional setting.

Traditionally, the system has required impoverishment in order to get assistance in paying for long-term care and there is a need to find alternatives.

Children and Family Support

Child abuse, neglect, and spouse abuse are manifestations for many factors in our society which contribute to family violence and the breakdown of the family. Earlier intervention, treatment, and substitute care for both the abusers and their victims are needed, as well as assistance with the lack of employment, housing and child care.

Preservation of the family unit through prevention of the initial placement of children who have been abused or neglected while assuring their safety is a priority. For those children where family preservation or reunification is not a viable alternative, immediate permanent placement is crucial.

Community-wide prevention efforts aimed at the factors which produce abuse and family violence will result in a decrease in its predictable consequences such as substance abuse, criminal activity, mental health problems, school dropouts and the next generation of abusive families.

Self-Sufficiency

Families and individuals receiving public assistance or working for less than poverty level wages need assistance with medical coverage, child care, and job training to achieve and maintain economic self-sufficiency.

Lack of affordable child care sometimes prevents parents from working to support their families and sometimes results in dangerously inadequate supervision of children. The problem impacts more than just those who are in need of child care because quality, accessible, and affordable child care develops productive future citizens, supports family strength and cohesiveness, and enables employers to recruit and retain a stable work force.

Limited transitional medical insurance for families trying to become economically self-sufficient is a significant barrier. Extending the current three and four months transitional coverage will provide an important element to work incentive programs.

Welfare reform has already been initiated in Hawaii and will be extended and expanded by the recent passage of federal legislation. Voluntary career planning, education, training, work experience, and child care assistance are key elements in moving toward self-sufficiency.

Service Delivery Improvements

The existing human service system has created barriers--both organizational and physical--to receiving needed services. Improved delivery can be achieved through communication with

clients regarding available services, better coordination between service providers, and better geographic distribution of services.

Physical barriers to effective service delivery can be reduced by collocation of service providers so that the clients do not have to travel back and forth between services; case management to develop a comprehensive service plan with a uniquely tailored package of services for each family; a computerized information and referral service; and more multi-service facilities in areas with a deficit of useable space.

Organizational barriers to effective service delivery can be reduced by more caring attitudes toward helping clients; increased job satisfaction for human service workers; more equitable conflict resolution processes; and a mechanism for testing alternative service delivery models proposed by human service workers.

C. Functional Plan Approach

The Human Services Functional Plan was developed for the first time in 1988. This plan had the broad participation of representatives from the state government agencies as well as agencies in the community.

The development of this plan was premised on the new generation functional plan format as identified by the Office of State Planning. Instead of being a broad, general document that attempted to cover a broad range of issues, this plan is intended to be focused, specific, and action oriented.

The Human Services Functional Plan process began by reviewing a number of major planning documents that had been completed during 1988. Chief among these were: the Decisions '87/ Actions '88 material; the Department of Human Services Short-Range Plan; the Comprehensive Master Plan for the Elderly; the Long-Term Care Plan; and the Comprehensive Immigrant Service Plan. The purpose of this review was to profit from the hard work that went into each of these plans and to begin by looking at the problems that these plans identified.

To build on the problem analysis portion of this process, community meetings were held on Oahu, Maui, Hawaii (both East and West), Molokai, and Kauai. In each of these meetings, participants were asked to identify the major problems and issues facing Human Services in Hawaii.

Based on the review of the planning documents cited above, and the results of the community meetings, five major problem areas were identified. They were: Elderly, Self-Sufficiency, Child

Abuse and Family Violence, Service Delivery Network, and Prevention. Further, to facilitate the review of the problem areas, focus groups were utilized. These groups were selected based on the participants having a strong knowledge-base in the particular focus group. The idea was to get identified professionals in each area to assist in problem refinement.

Problem refinement was initiated, using the focus groups in a retreat setting. The first retreat was held in early July, 1988 and the focus groups helped to finalize problem statements for all areas except prevention. The prevention area posed some difficulty because it was very difficult to think of prevention in isolation. It was much easier to view prevention in relation to problems of the elderly, child abuse, and so forth. Thus, after conferring with the Human Services Functional Plan Advisory Committee, it was decided that the prevention area should be dealt with as a part of each of the other four areas. As a result, the prevention area was dropped as a separate issue area which reduced the number of issue areas to four.

The next step in the process was to identify actions to impact the problem areas that were identified. To begin this step, proposed budget initiatives from the Department of Human Services and other state agencies were proposed. These proposed actions were presented to the same focus groups for review and comment. In addition, focus group members were free to propose additional actions in each problem area. The result from this second retreat was a long list of proposed actions which were reviewed by staff and the Human Services Functional Plan Advisory Committee. These actions were refined and finalized. The final actions are listed in Chapter III of this document.

The Human Service Functional Plan process will continue to be reviewed and an effort made to make it as effective as possible. For example, there are plans to allow broader participation from the neighbor islands next year, and to provide more time for the plan to be prepared. Both of these changes should positively impact the outcome.

HUMAN SERVICES FUNCTIONAL PLAN

CHAPTER III: OBJECTIVES, POLICIES, AND IMPLEMENTING ACTIONS

A. Elderly: Elder Abuse and Neglect

1. Description of the Problem

Problem Statement:

The rapid increase in the number of older persons needing care will require the development and improvement of a variety of protective services, as well as clear guidelines for intervention. Currently, there is no comprehensive statewide elder protection system. Many agencies may be involved in investigation, intervention, and follow-up services on a case. However, without the necessary resources to carry out investigation, intervention, and follow-up, State efforts are minimal.

Supporting Narrative:

In response to the growing visibility of the problem of elder abuse and neglect, the Executive Office on Aging was given the task of analyzing the problems and providing recommendations for a comprehensive system that will meet the needs of older adults in Hawaii who may require protective intervention.

One of the problems in implementing Chapter 349C entitled "Elderly Abuse or Neglect" of the Hawaii Revised Statutes, as adopted in 1981 and amended in 1982 and 1986, is that several provisions of the statute are difficult or impossible to implement without the promulgation of administrative rules. Therefore, the Department of Human Services (DHS), in implementing the statute has been confronted with problems in the area of: (a) defining what is elder abuse and neglect and who qualifies for protection under the statute; (b) under reporting of elder abuse and neglect incidents; (c) lack of funding and personnel resources; and (d) the need for collaboration with other departments/agencies also required to intervene/investigate when abuse/neglect is reported.

a. Definition of Elder Abuse or Neglect

There are still some problems in defining: (a) what actually constitutes elder abuse or neglect; (b) whether entitlement to protection under this statute should be based on age, dependency, incapacitation/ disability or other factors; and (c) whether the scope of the statute should be broadened to include other categories of older adults.

- (1) Chapter 349C, HRS, defines elder abuse and neglect to mean "actual or threatened physical abuse or injury, financial exploitation, psychological abuse or neglect, sexual abuse, negligent treatment, or maltreatment of an elderly person caused by another person". The phrase "caused by another person" was seen by DHS as being too broad and could be meant to include crimes such as assault, theft, rape and murder which should be more appropriately handled by the criminal justice system. The Department of Human Services has through the promulgation of administrative rules limited elder abuse and neglect to injury or harm against an elderly person "by the person or persons responsible for the elderly person's care". This redefinition was meant to limit the scope of the statute, and be in alignment with DHS' mission statement.
- (2) In 1987, the statute was amended to lower the age of the elderly person from 65 to 60. However, there are arguments that protection of the incapacitated or disabled should not be limited by age and therefore anyone over age 18 who is incapacitated or disabled and cannot protect themselves from another person should be protected by the statute.
- (3) There are some in the community who feel that the target population addressed by the statute should include other categories of older adults (e.g., those in need of guardianship services).

b. Under Reporting of Incidents of Elder Abuse and Neglect

With the enactment of Chapter 349C, HRS, individuals in the performance of their professional duties are mandated by law to report all incidents of elder abuse and neglect to the Department of Human Services and action will be taken by DHS where appropriate.

It is believed by many professionals involved in elder services that reports to the Department of Human Services is low; that the actual incidence is greater. There are many factors that contribute to under reporting. They include: (1) the victim's fear, shame, or limited mental capacity; (2) a lack of awareness of reporting procedures; (3) the reporter's fear of retaliation and unwillingness to get involved; (4) the perceived lack of appropriate services for victims; (5) lack of clarity as to what constitutes elder abuse/neglect; and (6) general

unawareness of the law and the protections/safeguards provided under statute.

c. Lack of Funding and Resources

In 1987, the Legislature appropriated \$84,000 for FY 1988 for specialized resources, such as a deputy attorney general, financial and medical consultant services, and the purchase of medical and social support services for clients, but these funds were for more this one year only. No additional departmental staff were originally authorized for DHS to implement the provisions of the law. In 1988, the Legislature authorized continued funding for this purpose and authorized two social workers and one assistant for Oahu to carry out the investigation and intervention requirements of the statute. Other than the above mentioned staff and funding resources, DHS staff have had to cope with the additional responsibilities of receiving and acting upon referrals of abuse/neglect as well as continuing to serve the adult population age 18 and over for whom the department provides services such as chore, day care, foster care and case management. Similar shortages in resources are evident for the Neighbor Islands.

d. Need for Collaboration

While several agencies are involved in parts of the problem, e.g., the Executive Office on Aging, the Department of Health, the county police departments, and the courts, there has been no statewide plan followed by a commitment of resources to reduce the problem and prevent its occurrence.

Statistical Evidence:

According to an American Medical Association (AMA) report published in February, 1987, one in every 25 Americans age 65 or older suffers moderate or severe abuse. As many as one in 10 suffers abuse at one time or another.

Therefore, based on the 1986, State of Hawaii Data Book, there are approximately 98,700 individuals in Hawaii age 65 and over, of which 9,870 may suffer abuse at one time or another (AMA, 1987). In 1987, a statewide total of 244 elder abuse and neglect reports were received by DHS.

According to the SMS Research & Marketing Services, Inc. report dated November 30, 1987, which surveyed the mandated reporters of elder abuse in Hawaii, the nature and extent of elder abuse and neglect problem in Hawaii:

- o 62% of the 608 mandated reporters who participated in the survey believe that Hawaii has elder abuse and neglect problems;
- o Underreporting, as suspected, is definitely a problem. Among those who had seen abused or neglected elderly victims in the past six months, almost half (48%) had not reported the incidents; and
- o There are many barriers to reporting. Rather, there are many. The most important are the victim's fear of shame (51%) or limited mental capacity (43%); lack of awareness of reporting procedures (46%); the reporter's fear of retaliation (26%) and unwillingness to get involved (35%); and the perceived lack of appropriate services for victims (34%).

2. Proposed Actions

- **Issue Area** : Elderly
- Objective A** : To sustain and improve current elder abuse and neglect services.
- Strategy** : To increase the number of Elder Protective Service staff as a means of being more responsive to the needs of the elderly.
- Policy A(1)** : In order to provide adequate services statewide, the Department of Human Service shall sustain and improve current elder abuse and neglect services.
- Implementing Action A(1)(a)** : This proposal is to increase staff positions for Oahu and the neighbor islands in order to process mandated reports of elder abuse and neglect and to take appropriate action as necessary regarding special consultations, emergency placements and emergency supportive services.

The establishment of the following positions for Oahu will allow the Department of Human Services to provide adequate response to elder abuse and neglect cases: one (1) Social Worker V to supervise an Elderly Protective Services Unit; two (2) RPN IVs to work with the Social Worker in a team; one (1) Social Worker IV to handle intake and crisis intervention; one (1) Social Service Assistant IV to transport, obtain documents and arrange for basic and collateral service; and, one (1) secretary and one (1) clerk-typist II to provide clerical support.

The following types of staff for the neighbor islands will allow the Department of Human Services to respond adequately to elder abuse and neglect cases: (a) Maui: one (1) Social Worker IV and

one (1) Social Service Assistant IV; (b) Kauai: one (1) Social Worker IV and one (1) Social Services Assistant IV; and, (c) Hawaii: two (2) Social Worker IVs (one for East and one for West) and two (2) Social Services Assistants IVs (one for East and one for West).

The Elderly Protective Service Units will develop policies and procedures for providing special consultations, emergency placements, emergency supportive services and public awareness programs and education for their respective communities.

Lead Organization: Department of Human Services

Assisting
Organization : Department of Health
Executive Office on Aging
Honolulu Office on Human Resources,
Elderly Affairs Division
Kauai County Office of Elderly Affairs
Maui County Office on Aging
Hawaii County Office on Aging

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$481,806
FY 1991: \$495,350

Comments : None

- Issue Area : Elderly
- Objective A : To sustain and improve current elder abuse and neglect services.
- Strategy : To provide public guardian services for estates valued from \$8,000 to \$20,000, through an amendment to Section 551-21.
- Policy A(2) : Amend Section 551-21 to allow the appointment of a public guardian for estates valued from \$8,000 to \$20,000 over a two year phase in period. Further, to increase compensation for guardians of estates from \$20,000 to \$100,000 by amending Section 560: 3-719.
- Implementing Action A(2)(a) : Amend Section 551-21 to allow the appointment of a public guardian for estates valued at less than \$14,000 upon approval. Starting on July 1, 1990, the maximum initial estate to be handled shall be \$20,000. Amend Section 560: 3-719 to increase compensation to guardians on estates from \$20,000 to \$100,000 in accordance with proposed legislation.

Review and assess impact of workload on Chief Clerk's Office in order to request additional increases in staff as needed.
- Lead Organization: Department of Human Services
- Assisting Organization : Judiciary
Attorney General
Executive Office on Aging
- Starting Date : July 1, 1989
- Total Budget Estimate : -0-
- Comments : Potential future funding may be required by the Judiciary to handle the increase in caseload and for administering funds and providing proper accounting for small estates.

● Issue Area : Elderly

Objective A : To sustain and improve current elder abuse and neglect services.

Strategy : To ensure that health care services are provided in a timely manner to the elderly, a statute will be introduced to provide a means for elderly persons to designate an individual to act in his/her behalf regarding health care decisions in advance of incapacity. This will help to eliminate time delays, the expense of legal guardianship, and insure quality health care services are provided.

Policy A(3) : To modify existing legislation to legalize the practice of authorizing family members to consent to health care decisions on behalf of an incapacitated person and also to authorize a person to appoint a health care representative who can consent to health care on behalf of the appointor.

Implementing
Action A(3)(a) : Draft a "Uniform Health Care Consent Act" for introduction in the legislature. Prepare necessary documentation for Governor's Office as an administration bill.

Lead Organization: Department of Health

Assisting
Organization : Department of Human Services
Executive Office on Aging
Attorney General

Starting Date : July 1, 1989

Total Budget
Estimate : -0-

Comments : None

HUMAN SERVICES FUNCTIONAL PLAN

B. Elderly: Long-Term Care

1. Description of the Problem

Problem of Statement:

The existing long-term care system needs to be more responsive to the needs of a growing aged population. Increasing life expectancy and life-prolonging medical advances, as well as the "graying of the baby boom generation", have significantly increased the need for a continuum of services and opportunities to help maintain and care for the elders of our community (age 60 and older) in the community. The continuum should consist of a full complement of services that addresses social, health, personal, residential, transportation needs.

For some older adults, services may not be available because, they are not accessible or may be too costly.

Critical questions facing policy makers are:

- a. How do we meet the long-term care needs of a rapidly aging population? What services should the State be responsible for promoting, developing, and/or providing? And who should be provided access to these services?
- b. How do we prevent the impoverishment of individuals/families when long-term care is required?
- c. How do we assure that quality of services is not sacrificed in efforts to make services available, accessible, and affordable?

Supporting Narrative:

- a. Existing continuum of services is skewed; biased toward institutionalization.

There is a need to develop more home support and community-based service options in order to prevent premature, inappropriate institutionalization; to delay institutionalization; to provide alternatives to institutionalization for the frail elderly. Traditionally, these options have been given little priority in either the Medicare or Medicaid program.

Given the strong preference of older people to remain and be cared for in their own homes, the

lack of access to home-based/community-based services is a pressing gap in the current long-term care system.

Access to services is affected by primarily three factors: 1) some geographic regions do not have these services; (2) although services may be available in the community, they are insufficient as noted by wait lists and clients that have to be turned away; and (3) some older adults may not qualify for needed services because of eligibility limitations.

The availability of and access to personal care, chore, respite, case management, meals-on-wheels, and transportation services needs to be addressed. This is especially true for rural areas where resources are limited and distance/lack of public transportation contribute to the problem, e.g., Waianae, Lanai, Molokai, and Kahuku.

There are barriers to resource development and access to services. These include insufficient reimbursement to service providers to cover cost of doing business, manpower shortages/skilled labor force problems, and the lack of economies of scale to maintain/sustain programs.

- b. Traditionally, the system has encouraged impoverishment in order to pay for or acquire long-term care services.

Wealthy families are able to absorb the large out-of-pocket costs for long-term care. Some poor are able to access needed services by qualifying for Medicaid. But those in the middle must deplete savings of a lifetime in order to afford care. To be eligible for Medicaid, individuals must either already be categorically eligible for welfare assistance or must "spend down" their income and deplete their assets to meet the State's eligibility standard.

There is a need to find ways of assisting this gap group in accessing needed services without impoverishment.

- c. Lack of awareness of available resource and financing alternatives in the community for individuals/families to make informed decisions on elder care.
- d. Need for collaboration and partnership among the many agencies/organizations in both the public

and private sectors in order to better serve the older adult population.

- (1) Need for more elder housing, especially projects that take into consideration age cohort developmental needs, social needs, personal needs, health needs, etc.
 - (2) Need for skilled labor force to meet the growing demand for elder services.
 - (3) Need for regional service development and transportation services to access clients to services.
 - (4) Need for standardized health and social assessments to determine the type of services and level of care needed by those requiring long-term care services.
- e. It is not enough to make services available, accessible, and affordable if the services are poor and do not serve the client well. The issue of quality is one factor that contributes to the non-usage of services in a given geographic region.

Statistical Evidence:

According to the Case Management in Community Long-Term Care handbook, 1987, the 85+ population is the fastest growing age group in the country. The U.S. Census Bureau estimates that the number of people 65 and older will more than double from 28.6 million in 1985 to 64.6 million in 2030. Additionally, it should be noted that the number of people age 85 and older is expected to more than triple from 2.5 million in 1985 to 8.6 million in 2030.

The demographics of aging in Hawaii, according to the Long-Term Care Plan for Hawaii's Older Adults, published by the State of Hawaii, Executive Office on Aging, are even more staggering. The State's 60+ population is growing two and a-half times faster than the national average.

It is particularly noteworthy that nearly 50% of Hawaii's elders will be 75 years of age and older by the turn of the century. Based upon consistent national findings, it is reasonable to expect this group to require as much as three times the long-term care services used by "younger" older adults. In Hawaii, 34% of the 75+ age group suffers from moderate to severe impairments as compared with 15% of the 60 to 74 age group.

It should also be noted that nursing home care is financed primarily by out-of-pocket expenditure and State Medicaid programs. Out-of-pocket payments by the elderly and their families in 1987 accounted for 50.4% of the total nursing home expenditures in the United States. The remainder came from public programs (45.9%), largely Medicaid, and only 1.1% was paid by private insurance.

In Hawaii, the cost of long-term institutional care through the State Medicaid program has also grown -- by almost 80% from \$35 million in 1969 to \$62 million in 1986. (Long-Term Care for the Elderly - A Legislator's Guide, National Conference of State Legislators, May 1988)

2. Proposed Actions

- Issue Area : Elderly
- Objective B : To increase cost-effective, high quality home and community based services.
- Strategy : To bolster training resources to assist in the implementation of minimum training standards for home health care workers and nurse's aides.
- Policy B(1) : To implement a multiple-level training program for home health care workers and nurse's aides for the elderly and disabled individuals which provides a "career ladder" and "adequate compensation for individuals receiving training.

Implementing

- Action B(1)(a) : Because of the federal requirements that home health care workers and nurse's aides be certified with a minimum level of training, the Department of Human Services will develop a multi-level training program for home health care workers and nurse's aides which is coordinated with the Community College and the Department of Health.

A unique aspect of the training program will be the attempt to recruit individuals from Project Success and military dependents.

Additional funds will be requested to enable the department to compete with private agencies in hiring individuals who have been trained (DHS beginning pay is \$5.12/hour versus approximately \$6.00/hour for private agencies.)

Lead Organization: Department of Human Services

Assisting Organizations : Department of Health
University of Hawaii, Community Colleges

Executive Office on Aging
Department of Labor

Starting Date : FY 1989 - 1990

Total Budget
Estimate : FY1990 \$137,557
FY1991 \$190,734

Comments : None

● **Issue Area** : Elderly
Objective : To increase cost-effective, high quality home community-based services.
Strategy : To explore the problem of the elderly getting adequate transportation services.
Policy B(2) : To increase transportation services for the elderly in areas lacking adequate transportation (e.g., Neighbor Islands).
Implementing Action B(2)(a) : To further explore the transportation problems on the Neighbor Islands to determine the exact amount of need and to investigate methods of solving this problem since transportation problems affect citizens of all ages on the Neighbor Islands. This problem will have to be looked at within the context of who is responsible to address the diverse transportation needs of the citizens of Hawaii.
Lead Organization : Executive Office on Aging
Assisting Organization : County Agencies
 Dept. of Transportation
Starting Date : July 1, 1989
Total Budget Estimate : \$-0-
Comments : None

HUMAN SERVICES FUNCTIONAL PLAN

C. Children and Family Support: Inadequate Prevention, Reunification, and Placement Resources

1. Description of the Problem

Problem Statement:

There are inadequate prevention, re-unification, adoption, and post-adoption treatment resources for children who are in danger of abuse and neglect from their parents and/or caretakers. In addition, the quality and quantity of appropriate substitute care (foster care) is not sufficient to properly address the problems of children that are placed.

Supporting Narrative:

Prevention of the initial placement of children who have been abused or neglected, while maintaining the youngsters in a safe home, is an area to which insufficient resources are now dedicated. Child abuse prevention efforts must be viewed as three-fold. First, there is a need for primary prevention programs for all children that must be provided through the school system. Next, early intervention programs for high risk children are needed. Finally, there must be intervention and treatment programs for children in imminent danger or who have already been abused or neglected. For these areas, it is clear that the Department of Education, Department of Health (who is statutorily mandated to provide child abuse prevention programs) as well as the Department of Human Services and the private sector must play an active role in this area.

Short-term, in-home crisis services, aimed at preventing placement are available only on the islands of Oahu and Hawaii. The services on Oahu have been funded to begin this fiscal year, so there is no track record as yet. However, on Hawaii, these services have been available through a POS contract and serve 41 families per year. During the first quarter of service, 14 of 15 youngsters, or 93% of the children served were able to be maintained at home, a percentage comparable to that of the nationally recognized Homebuilder's program in Washington. Had these 14 children entered placement, the cost of their basic maintenance alone would have been the equivalent of one-third of the total contract dollars. Staff costs to service these children and their families would have further increased the dollar costs. More importantly, the integrity of the families involved was maintained. Families on the islands of Maui, Molokai, Lanai, and Kauai are without this or a comparable resource, leaving families more open to the trauma of separation,

potentially permanent for some of the families, and long-term costs to the children involved.

Once a youngster enters placement and passes the first three months, the likelihood of reunification with the family begins to decline steadily. After six months in placement, only 13% of the youngsters return home before reaching a year in placement. Any child in care 12 months will tend to remain out of the home for at least an additional 12 months. The average length of out-of-home placement is 22 months. Treatment/counseling services in the early months of a child's placement are critical to shortening the child's length of out-of-home care. At the present time, limited services are on all islands except Hawaii and Lanai. Compounding the problems of Neighbor Island families is the lack of public transportation which would limit access to counseling services not provided in the home.

Adoption and post-adoption resources within the Department of Human Services are virtually non-existent. At present, there are 102 children that have had their parental rights terminated, and for whom there are no placements available. Much of this is due to there not being staff who can recruit and screen foster parents.

The problems that contribute to the lack of appropriate placement resources for those children that must be removed from the home are as follows:

- Insufficient board or reimbursement rates for foster homes;
- Foster licensing regulations may act as a barrier since children cannot be placed with relatives or legal guardians with a permanency planning subsidy;
- The lack of licensing workers to recruit, license, orient, monitor, and provide support and technical assistance to substitute care homes and institutions; and
- The need to train foster parents regularly and recurrently.
- Lack of creative and innovative programs and strategies to develop a wider range of placement alternatives.

Statistical Evidence:

The Department of Human Services currently has case management responsibility for approximately 1400 of the

1600 children in out-of-home placements. About 100 children enter placement each month.

The department's service information system shows a sharp increase in this caseload. This is due to: (1) increased efforts by workers to assure that these cases are tracked in the system; (2) and expanded definition of substitute care which now includes emergency shelter, relative care, non-finalized adoptive care, and pending placement; and (3) a real increase in children requiring out-of-home care. The average number in 1985 was 800. Today, the caseload is 1670. Unless steps are taken to safely reunite families and place youngsters in permanent homes (e.g., adoptive homes, homes of guardians) the numbers of children can be expected to increase.

For May 1988, DHS reports show the following out-of-home living arrangements for children:

-	Adoptive	50
-	Potential Adoptive	77
-	Foster Family	818
-	Group	39
-	Residential rehab.	21
-	Emergency Shelter	133
-	Relative	398
-	Other	134
	Total	1,670

The department's files also show that nearly 600 children are identified as needing long term substitute care, not including adoption. Of those, 142 are 16 years of age or over and need to prepare for independent living at the time that they reach 18, and move from substitute care. The plan for another 260 children is permanent adoption, 50 of whom are currently in an adoptive placement, and 77 in potential adoptive homes. The department expects these numbers to increase with the implementation of Act 96-272, mandating reviews for permanency planning at six month intervals.

2. Proposed Actions

- Issue Area : Children and Family Support
- Objective C** : To increase home-based services to keep children in their homes and to increase placement resources for those children who must be temporarily or permanently removed from their homes, due to abuse or neglect.
- Strategy : To provide for a team approach to child protective services.
- Policy C(1) : To develop team oriented case management.
- Implementing Action C(1)(a)** : Case management of protective service and other child welfare service cases is a highly stressful job due to the nature of the work.

- (1) Caseworkers must assume responsibility for the safety and welfare of highly vulnerable children;
- (2) Decisions on removing or returning children to their own homes have to be made under emergency conditions or otherwise emotionally-charged conditions in which reliable and comprehensive information is not forthcoming;
- (3) Parents are usually uncooperative and often hostile to social service intervention; and
- (4) Conflicting community norms and expectations surrounding the sanctity and privacy of the family versus a child's right to a normal, healthy upbringing poses an inherent conflict for caseworkers.

High job stress lead to staff burnout, high turnover and vacancy rates, and difficulty in recruiting qualified professionals. The resulting under-staffing in turn seriously undermines Department of Human Services' ability to deliver quality services in a timely manner.

One approach to reducing job stress and burnout is the use of case management teams in which two SW IVs would share a caseload that is normally handled by a single SW IV. The purposed plan is to test the viability of this dual case management approach with 6 "caseloads" in selected (Child Welfare Services) units for a 21-month period.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$285,678
FY 1991: \$238,818

Comments : None

- Issue Area : Children and Family Support
- Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy : To stabilize foster placements by increasing the capability of foster parents to deal with the problems of foster children.
- Policy C(2) : To provide training and to increase licensing resources as a means of better preparing foster caregivers to care for abused and neglected children.
- Implementing Action C(2)(a) : Substitute care placements are often unsuccessful, and the problems are made worse because foster parents do not have sufficient training support to deal with the complex and persistent problems that foster children present.

The increase in seriousness of the mental, emotional and physical problems of the children needing care; the need to recruit and support appropriate placements; and the increase in requirements substitute caretakers must meet have impacted heavily on licensing staff and the support they can give to caretakers. Legislative requirements (HRS 346) include the fingerprinting and employment history checks of all foster parents, employees of child caring, and child placing agencies.

It is recommended that DHS establish four permanent Social Worker III positions. One worker will be placed on each of the islands of Maui, Kauai, Hawaii, and Oahu. This worker will be responsible for providing training, self-help group development, and consultation to the approximately 400 foster parents statewide.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$104,541
FY 1991: \$106,714

Comments : None

- Issue Area : Children and Family Support
- Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy : To lower the length of time the CPS children must be out of their natural home environment.
- Policy C(3) : To develop comprehensive, community-based visitation centers on Oahu, Maui, Hawaii, and Kauai to expedite the reunification of children with their families on each island.
- Implementing Action C(3)(a) : Current practices of parent-child visitation usually entail arranging visits between parents and children at regularly scheduled times at the parent's home, the social worker's office or a mutually agreed upon site. No additional activity other than the visit itself is undertaken at that time.

The visitation period provides an ideal opportunity to observe and work with the family unit as a whole, to provide educational opportunities for parents as well as children and for parents to help each other better understand their role. A community-based, comprehensive visitation center would provide supervision of visits, educational opportunities such as parenting, child development, nutrition, hygiene, group sessions for parents focusing on their specific situation; and family sessions in preparation for reunification.

It is anticipated that the provision of a broad range of services associated with the parent-child visits would facilitate the early reunification of children with their parents. This program would be implemented in each of the four counties.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$1,644,032
FY 1991: \$1,644,032

Comments : **Recommended But Not Funded**

- Issue Area : Children and Family Support
- Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy : To raise foster rates to a level that is commensurate with the costs of foster care.
- Policy C(4) : To increase the quality and quantity of appropriate substitute care homes through an increase in the foster board rates.
- Implementing Action C(4)(a) : There is a lack of sufficient quality and quantity of appropriate substitute care homes. Foster parents do not have sufficient resources to deal with the problems that foster children present. One of the primary causes of this problem is that the foster care board rate for the State is very low. Providers receive foster care subsidies according to the following rates: children 0-6 = \$194 per month; children 6-12 = \$233 per month; and children 13-18 = \$301 per month.

People interested in foster care often cannot afford to be foster parents because of the need to have multiple jobs to support their own family. These families cannot donate their own funds to subsidize children for the State.

A recent survey of the increase in market prices for food, clothing, housing, and general subsistence indicates that the foster care board rates were low when they were last established in 1979. The study indicated that the cost of the items needed to care for a child in a foster care setting requires a considerable increase in funding. Also, it is proposed that the distinction between children based on age be eliminated since changes in child rearing

practices now result in higher costs for raising small children. Therefore, this proposal recommends that the foster care board rate be raised to 150% of the current highest standard paid (i.e. increase to \$450 per month). This rate would be applied to 1,620 children in foster care.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$4,751,955
FY 1991: \$6,124,072

Comments : None

- Issue Area : Children and Family Support
- Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy : To provide specialized training to foster parents so that they can deal with the problems of their children.
- Policy C(5) : To increase the amount of training provided to foster parents so that they are better able to address the needs of the children under their care.
- Implementing Action C(5)(a) : Without adequate social worker support, adequate training, and continual contact with other foster parents, it is difficult to sustain foster parents. Foster parents become discouraged, do not feel successful, and discontinue care. Specialized training for the specialized problems of children placed in foster care is necessary because many children enter foster care with problems of abuse and neglect. Thus, the problems that foster children have are more problematic than "normal" children. Also, when foster children have too many placements, because a foster family cannot handle their problems, the problem becomes larger and the strength of the foster parents is diminished.

Thus, the Department proposes to augment current training resources for foster parents (\$28,878) to train 100 licensed foster parents in the areas of child development, behavioral management techniques, dynamics of child abuse and neglect, and communication skills.

Lead Organization: Department of Human Services

Assisting
Organizations : Purchase of Service

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$28,698
FY 1991: \$28,698

Comments : Recommended But Not Funded

- Issue Area : Children and Family Support
- Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse of neglect.
- Strategy : To provide more appropriate foster care services for medically fragile or difficult children.
- Policy C(6) : To broaden the spectrum of placement resources by providing therapeutic foster homes for children with severe mental, emotional, and behavioral problems.
- Implementing Action C(6)(a) : In 1987, 90 Department foster homes were closed. If therapeutic foster homes, trained and monitored by a social worker, were able to operate professionally and given respite, the number of homes closed could have been reduced.

For medically fragile or difficult children, we have a problem in recruiting and retaining foster homes. This proposal is to establish six clusters of six foster homes each in various sites throughout the State where the foster parents can be specially trained and paid to provide extra-ordinary care.

Foster parents need to have respite services from 24 hour child care in order to receive necessary training, and to coordinate services with medical, mental health, and school professionals also providing services to the children in their care. Many currently licensed foster homes are unable to take specific children because they cannot deal with the problems presented by the child, or they do not have the technical skills to provide for the child.

Specialized family homes provide intensive services above and beyond those expected of other foster families. The children they serve will be ones with developmental disabilities, severe emotional impairment, or other conditions which makes it very difficult for them to live in a normal family situation.

It should be noted that this model is already in use in several states on the mainland, as well as here in Hawaii where there is a contract between the Department of Health and Catholic Charities.

Lead Organization: Department of Human Services

Assisting
Organizations : Purchase of Service
Hawaii Housing Authority

Starting Date : July 1, 1989

Total Budget
Estimate : FY1990: \$323,000
FY1991: \$323,000

Comments : **Recommended But Not Funded**

- Issue Area : Children and Family Support
 - Objective C : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
 - Strategy : To place greater emphasis on working with the child and the parents in the home, rather than removing the child.
 - Policy C(7) : To expand pre-placement, preventive services to the Neighbor Islands as a means of keeping children in the home with their families and avoiding out-of-home placements.
 - Implementing Action C(7)(a) : The number of children from abusive and/or neglectful families being removed or are at risk of being removed from their families and are being placed into out-of-home care, is increasing. The danger of prolonged separation from their families is also on the rise. Of the 1,500 children in placement each month, on the average during FY1987, 145 were voluntarily placed and 1,250 were under the jurisdiction of the court, primarily for reasons of protection.
- Experience has shown that the longer the children are in placement, the more difficult it is to reunite the children with their families. The emotional bond between the child and the foster parents becomes more deeply entrenched, threatening even further the self-image and self-worth of the parents of the child. This can lead to parents ultimately withdrawing from reunification efforts. The consequence is the continued stay of children in foster care, further severing meaningful ties between the child and the parents, and the reliance on government to provide for their support and protection.

It is recommended that family preservation services be extended to the Neighbor Islands. These home-based services would be extended/expanded to East Hawaii, West Hawaii, Kauai, Maui, and Molokai.

Lead Organization: Department of Human Services

Assisting
Organizations : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$714,749
FY 1991: \$714,749

Comments : **Recommended But Not Funded**

- **Issue Area** : Children and Family Support
- Objective C** : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy** : To provide a type of preventive service that will give parents an alternate way of dealing with stress and their children.
- Policy C(8)** : To provide homemaker services on a 24-hour basis as respite for families in crisis in order to maintain family unity and prevent out-of-home placement of children.
- Implementing Action C(8)(a)** : Existing homemaker services are presently available during normal working hours. When family crises occur after normal working hours, homemaker services can only be provided, at the earliest, on the next work day. As a result, the child is often removed from the home temporarily and placed in an emergency shelter home until resources can be arranged to deal with the particular crisis.

The immediate availability of a homemaker to assist in family crisis situations would provide family members the opportunity to temporarily remove themselves from stresses that could result in abuse or neglect of children, resulting in the removal of the children from the home. Simultaneous to the provision of the service, an assessment of the family situation by the Department would result in the provision of additional resources aimed at preserving the family unit and preventing out-of-home placement of children.

It is anticipated that 78 families statewide can be served through this program.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$56,160
FY 1991: \$56,160

Comments : **Recommended But Not Funded**

- **Issue Area** : Children and Family Support
- Objective C** : To increase home-based services to keep children in their home and to increase placement resources for those children who must be temporarily or permanently removed from their homes due to abuse or neglect.
- Strategy** : To publicize the needs of foster children and to develop a larger network of foster homes.
- Policy C(9)** : To sensitize the public and make them more aware of the needs of children in foster care.
- Implementing Action C(9)(a)** : The Department of Human Services is responsible for the protection of children, (i.e., children who have been abused, neglected), or are at risk of being abused/neglected. These children come to the Department's attention for immediate placement with a variety of special needs. Current resources are inadequate to properly recruit new foster homes.

It is recommended that the Oahu Branch of the Family and Adult Services Division be granted funding for this recruitment process. Such funding would provide for advertising at shopping centers, on television, in newspapers, on the radio, and so forth. This funding will also place the Department in a better position to deal with the 1,020 requests for foster home placements received each year.
- Lead Organization:** Department of Human Services
- Assisting Organizations** : -
- Starting Date** : July 1, 1989
- Total Budget Estimate** : FY1990: \$15,800
FY1991: \$15,800
- Comments** : None

D. Children and Family Support: Cycle of Abuse and Family Violence

1. Description of the Problem

Problem Statement:

The continued abuse and neglect of children, spouses, and other family members demonstrates that the factors contributing to the cycle of abuse have not been adequately addressed.

Supporting Narrative:

Child abuse, neglect and spouse abuse are serious manifestations of a complex web of social, psychological, cultural, economic and environmental factors which bring about family violence and leads to family breakdown in our community. Research shows that 81% of adults who physically abuse their spouses or children have a history of being abused themselves as children. The history of family violence is a major contributor to the incidence of child abuse, spouse abuse, elderly abuse, physical and emotional injury and death.

For perpetrators of family violence, abusive and neglectful behavior are maladaptive and frequently learned responses resulting from a complex web of stressful factors (social, psychological, cultural, environmental and economic). They demonstrate both the absence of constructive problem-solving and social skills, and the lack of adequate support systems. The Hawaii State Plan for Behavioral Health Services cites the following characteristics of a potentially abusive person: low self esteem, isolation or lack of social support system, a dependent personality, high stress level, lack of knowledge of childhood development and child management, rigid or inappropriate expectations of the child's behavior, depression, inability to trust, history of having been abused as a child, history of mental illness or substance abuse, or having a child who was unwanted.

Children and their families are our community's most important natural resource. The quality of their lives today determines the quality of our society tomorrow. Domestic violence, abuse and neglect have costly social and economic consequences that affect everyone in our society. Aggressively addressing the factors that produce abuse and family violence through community wide efforts will result in a decrease in its predictable consequences such as:

substance abuse, criminal activity, mental health problems, school dropouts and the next generation of abusive and neglectful families.

Child Abuse - Twenty percent of Hawaii's children are at risk for abuse and neglect and the number of confirmed cases continue to rise. Since 1980, 23 children have died as a result of abuse and neglect--all were under 5 years of age. Abusers are primarily adult family members, both natural and step-parents. Factors which lead to abuse of children may include: lack of tolerance for the child's behavior, family discord, lack of disciplinary skills, poor understanding of child development, and a personal history of abuse. In addition, children who are abused are at increased risk for violent activity. Many juvenile delinquents seen in the courts have a history of abuse or neglect.

Sexual abuse of children remains a sensitive and problematic public issue. The process of prosecuting a sexual abuse complaint becomes an added burden and is particularly difficult when the offender is another family member. Denial of the offense by family members makes it extremely difficult for the family to get treatment services. The preparation and prosecution of a sex abuse case can be traumatic for child victims and their families. Moreover, the recidivism rate for untreated child sex abusers is extremely high--most having been abused as children themselves.

Child Neglect - Child neglect has not received as much public attention in Hawaii as child abuse has, yet it is an equally important problem affecting the well-being of children in our community and needs to be equally addressed.

Contributing factors for child neglect are: lack of parenting skills, family discord, social isolation, substance abuse, and lack of understanding of child behavior and development. Many perpetrators of neglect are parents who do not provide proper nurturing and protection, supervision and guidance, and education and skills development for their children. This places children at risk who cannot become self-reliant, and delays or inhibits cognitive development, language acquisition, and development of motor and social skills.

Spouse/Domestic Abuse - The continuing occurrence of violent and sometimes deadly spouse abuse, directed most frequently towards female spouses, has not been

adequately addressed by our community. Most needed is an all encompassing set of approaches that incorporate, expand, and create readily available and immediately responsive community resources that can help families and spouses who are being treated violently by other family members and in great danger of physical harm. There is also a need for sufficient and effective treatment and support services throughout our state to meet the needs of perpetrators as well as victims of spouse abuse.

Statistical Evidence:

In 1985, there were 5,000 people being served by a variety of family violence programs in the state. Among minors seeking shelter, family violence was the major reason for their homeless condition. On the average night during 1984-85, shelters reported providing space for 193 single individuals and 12 families. Eighteen percent of the minors seeking shelter were victims of domestic violence.

In 1987, there were 730 arrests for offenses committed against family and children (all charges of non-support, desertion, neglect or abuse of family and children, excluding those charges of abuse resulting in serious injury), 656 or 89.9% of those arrested were male, 74 or 10.1% were female. Fourteen of the offenders that were arrested were under 18 years of age. Fifty-five percent of the arrests were for offenses committed by people between the ages of 25 and 39, with most arrests among 25-29 year old.

The family violence issue can be placed within the context of continuing growth in violent crimes in Hawaii, particularly for aggravated assault and forcible rape. In the last five years, aggravated assaults have increased by 51%, and from 1986 to 1987, they increased 23% to 1,345 offenses or a rate of 124.2 per 100,000 population. Offenders aged 25-29 years made up 17% of the 1987 arrests; offenders under the age of 18 made up 16% of the arrests.

Of the 241 arrests for sex offenses in 1987, 65 arrests or almost 27% were of offenders under the age of 18. Also, it was estimated in 1985 that 97% of the men in Oahu prison had been badly abused as children.

Child Abuse and Neglect - Reports of child abuse and neglect have increased dramatically in this decade. They rose from 2105 in 1980 to 4568 in 1987 (the 1987

numbers are not yet complete). Confirmed cases for 1987 amounted to 50% or 2441 of the reports. Of these confirmed cases, 1286 (52.7%) were for abuse; 702 (28.8%) were for neglect; 162 (6.6%) were for a combination of abuse and neglect; and 291 (11.9%) were for sexual abuse.

Of the confirmed cases of abuse and neglect, 805 or 33% of the children were under age 2; 439 or 18% were between the ages of 3 and 5; 830 or 34% were between the ages of 6 and 12; and the remaining 610 or 25% of the children were in their teens. For children under age 2, 22% (177) required some sort of medical treatment and 24% (193) were placed outside of the home. For the remaining 1636 children, 15.6% (255) required medical treatment and 28% (458) were placed outside the home.

Currently, confirmed reports of sex abuse comprise 12% (293) of all confirmed reports. In 1980, the confirmed rate was 10% of the number of reports. Over that same period, the confirmation rate has decreased from 62.5% to 56%, while the actual number of incidents of confirmed sex abuse has grown by 177%.

Spouse/Domestic Abuse - Spouse abuse in Hawaii is a serious problem. From September 1987 to May 1988, eight (8) women were killed by their husbands or boy friends. These deaths accounted for 25% of all homicides, and 100% of all female homicides during this period. Also, since the implementation of the new mandatory arrest policy in January 1987, arrests have increased on Oahu 500%, from about three a week to about three a day. Similar increases have occurred on the Neighbor Islands where the Maui Police receive an average of 1.5 calls per day and on Kauai 1.2 calls on the average per day.

On Oahu, restraining orders related to spouse abuse have increased from 164 in 1980 to 866 in 1987-88. In Family Court, there were 900 criminal assault cases with spouse abuse for 1987-88.

There are a total of six emergency shelters state-wide to address abuse. These shelters received 3,000 calls for assistance. These shelters provided services to 1,716 women, and had to turn away 390 families due to space limitations. Also, there are five counseling programs in Hawaii for spouse abuse where 1,430 men and women were served. In Honolulu, there was funding for 700 victims, while the Family Court identified 3,532 individuals as needing counseling.

2. Proposed Actions

- Issue Area : Children and Family Support
- Objective D : To address factors that contribute to child abuse and other forms of family violence.
- Strategy : To expand spouse abuse resources on Oahu.
- Policy D(1) : To establish an additional spouse abuse shelter for Oahu and to provide specialized training for therapists and counselors to assist victims and perpetrators of abuse.
- Implementing Action D(1)(a) : In situations of abuse of a spouse and/or children where no resources are available through family or friends, the family violence shelter provides the next best alternative to protect the victims. Instead of having to be removed from both parents, children are at least able to remain with one of the parents, and are thus provided some sense of continuity and security.

Family violence shelter services are currently purchased on all islands except Molokai and Lanai. There is one shelter in East Hawaii, West Hawaii, Maui, Oahu and Kauai. In addition, the military operates one shelter on Oahu.

Approximately 75% of child abuse and neglect reports occur on Oahu. With only two shelters, one of which is limited to military personnel, there is need for another shelter to effectively serve the needs of those families and individuals on Oahu which require the services of a family crisis shelter. The cost for purchasing an additional shelter on Oahu is estimated at \$302,996 to serve an unduplicated count of approximately 550 adults and children.

Lead Organization: Department of Human Services

Assisting
Organization : Hawaii Housing Authority

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$302,996
FY 1991: \$302,996

Comments : **Recommended But Not Funded**

- **Issue Area** : Children and Family Support
- Objective D** : To address factors that contribute to child abuse and other forms of family violence.
- Strategy** : To improve parenting methods as a way of curbing child abuse.
- Policy D(2)** : To increase public awareness of better parenting methods and to improve parenting in our community.
- Implementing Action D(2)(a)** : In order to increase public awareness of the need for better parenting and to improve parenting in the community, the Maternal and Child Health Branch will solicit and fund proposals for innovative, community-based projects. Innovative programs are those which use new methods or techniques, which are adapted to a target group which has not received attention before, or which are to be introduced to a geographic region which has not received a particular service.

Program areas for projects will be:

1. Prenatal education and support for expectant parents, including techniques for developing positive parent-infant interaction, basic parenting challenges for first time parents, and dynamics of family relationships;
2. Mutual aid programs to reduce the isolation experience by many parents through the development of peer support systems;
3. Education for adulthood and parenthood to equip adolescents and young adults with interpersonal skills and knowledge such as alternatives to violence; problem-solving, and discipline; and

4. Programs to increase public awareness on the problems of abuse and neglect, to teach positive parenting, and to direct those in need to appropriate services.

Lead Organization: Department of Health (Family Health Services Division)

Assisting Organization : -

Starting Date : July 1, 1989

Total Budget Estimate : FY 1990: \$32,612
FY 1991: \$30,867

Comments : None

- **Issue Area** : Children and Family Support
- Objective D** : To address factors that contribute to child abuse and other forms of family violence.
- Strategy** : To educate both children and adults that family violence is not normal or condoned in our society.
- Policy D(2)** : To provide specialized counseling programs for adults and children from homes in which there is abuse.
- Implementing Action D(2)(b)** : Separate men's and women's programs will provide assessment, group therapy, advocacy, and information and referral services, as well as individual counseling as ordered by the courts. Men learn to understand differences between anger and aggression and to manage anger through stress reduction, relaxation, improved self-esteem, and understanding of situations in which new behaviors must be practiced. Group support, skill development, and specific information help women to interrupt the generational cycle of violence, to unlearn patterns of victimization, and to deal with stresses resulting from separation from their partner. Short-term, individual counseling is provided as needed.

Special child care activities are provided for children while their mothers are participating in groups, focused on self-esteem, anger management, and values clarification regarding violence they have seen and experienced.

Lead Organization: Judiciary - Family Court

Assisting Organization : Department of Health

Starting Date : July 1, 1989

Total Budget Estimate : \$-0-

Comments : None

- Issue Area : Children and Family Support
- Objective D : To address factors that contribute to child abuse and other forms of family violence.
- Strategy : To identify at-risk children early in the cycle as a means of forestalling child abuse.
- Policy D(3) : To provide pre- and perinatal screening and home visiting programs in order to break the cycle of abuse and neglect.
- Implementing Action D(3)(a) : Programs will be funded to provide early identification and family support intervention services for families with infants and children 0-5 years of age who are at risk for child abuse and neglect.

Services will include prenatal and perinatal identification of risk status, home visiting services to reduce family stress and prevent the occurrence of abuse and neglect, promotion of positive child development through a focus on bonding and attachment issues, strategies to be sensitive to cultural differences and to enhance communication, socialization, and parenting skills to high-risk parents, community education, and case management services to ensure coordinated utilization of community resources. Services will be provided on all islands.

Lead Organization: Department of Health (Family Health Services Division)

Assisting Organization : -

Starting Date : July 1, 1989

Total Budget Estimate : FY 1990: \$1,726,641
FY 1991: \$1,813,954

Comments : None

HUMAN SERVICES FUNCTIONAL PLAN

E. Self-Sufficiency: Child Care

1. Description of the Problem

Problem Statement:

There is not adequate child care in terms of affordability, availability, and quality. Thus, parents are being prevented from working and children being are exposed to an unacceptable level of danger.

Supporting Narrative:

The problem of locating and paying for quality child care immediately and directly impacts the children and families who need child care services. Families in need of child care must vie for the extremely limited number of child care spaces available.

From a narrow perspective, the child care crisis can be seen as a problem only for those families who need child care because of a parent or guardian's employment, or some other individual or special need. In the broader and truer sense, however, the problem impacts the entire community, because quality, affordable, and accessible child care: (a) is necessary for the proper growth and development of children to enable them to mature into productive future citizens and leaders of our communities; (b) provides supplementary and complementary support services to families for their present and future strength and cohesiveness; and (c) undergirds the community's economic growth, and development and well being by enabling employers to recruit and maintain a stable work force.

Some of the factors which contribute to our state's current child care problem are as follows:

a. An Increase in the Number of Working Mother's/Parents

The number of women with young children who are working outside of their homes has increased significantly in the past decade, and Hawaii has consistently been reported as the State with the highest percentage of working women. These include women with children of preschool and elementary school ages, when child care is most needed because of the child's total or partial dependency on others for his or her safekeeping and development.

b. Heightened Community Standards and Expectations
Towards Quality Child Care

There is a growing concern and demand for child care that is not only affordable and accessible, but is also of a quality that ensures the child's health, safety, and age appropriate development. There is also heightened awareness and acceptance of the significance and lasting impact of quality early care on the future adult.

Some parents and guardians accept whatever child care is available, including arrangements that may be sub-standard or potentially harmful. This occurs because of limited income, a lack of knowledge as to what constitutes quality care, or sheer parental desperation to place the child somewhere.

Licensing requirements attempt to ensure a minimum level of health and safety through building requirements and limitations on the number of children of different ages receiving care. An unintended consequence is the large number of providers unwilling or unable to meet these standards who are thus out of reach of efforts to improve child care through education and training programs.

c. Cutbacks in Funding

Unfortunately, funding for this program has not kept pace with the increased need. In fact, funding has sharply declined for child care during the 1980's. This is most evident in the early 1980's with a cut in Title XX funds, which for many years had been a primary source of funding for child care payments to welfare recipients or marginal income families, and for child care provider training to upgrade the quality of child care.

d. Societal Changes in Lifestyle

Also contributing to the problem are changes in family patterns resulting from: (1) a tremendous spurt in the number of single parent households, which are usually headed by a female with limited or reduced income; (2) greater family mobility, whereby grandparents, and other extended family members are less accessible to provide child care, or where members, if living close by, are themselves employed and not available as child caregivers; (3) other changes in life style requiring varied and non-traditional child care, such as sick or handi-capped child care, week-end and evening child care, respite care for families in stress or at high

-risk, and child care for the growing number of unmarried, adolescent mothers; (4) a trend for mothers to return to work soon after giving birth, thus increasing the need for infant care; and (5) the increase in parents working non-traditional hours who need child care during the evening or night, or changing a schedule.

Another factor is the difference between the cultural expectations of some parents, and some child care providers which can lead to confusion and conflict on the part of the child. Other lifestyle changes include an increased need for before and after-school care, as well as sick-child care.

e. Increasing Costs

Group child care providers have had to pay large increases in liability insurance premiums, thus increasing fees above the level that low-income families can afford. Increasing scarcity of suitable facilities and rental charges also contribute to the cost of providing child care. Transportation between home, the worksite, and the child care provider imposes an additional cost on working parents, particularly in rural areas.

Statistical Evidence:

There are approximately 26,600 spaces available in registered or licensed child care facilities for an estimated 159,055 children in need of some type of child care, with the need being the most acute for infants and toddlers, i.e. children under two years of age.

Thirty-eight percent of the women in the state's labor force are mothers of children under 18 years of age. It is predicted that by 1990, 75% of all mothers with children 7 to 17 years old will be in the labor force. In 1980, there were over 9,300 children under 2 years whose mothers worked; 50% of these were cared for by extended family members. For the remaining 4,600 children requiring care, there were only 442 regulated spaces in licensed family child care homes. It is estimated that 80% of the family child care providers operate "underground" - often watching 10 to 15 babies rather than the permitted five.

According to the State Child Care Fact Book, 1987, just released by the Children's Defense Fund, "The Federal Title XX appropriation for FY1987 is, after adjusting for inflation, approximately 50 % of the FY1977 level and 75% of the 1981 level". Further, DHS budgeted costs for child

care was reduced from \$4,144,804 for FY1981 to \$1,882,805 for FY1988.

A 1982 study revealed that 50% of the 119,890 latchkey children aged 5 to 12 came from households in which both parents were employed. Of these children, over 26,000 (about 22%) were unsupervised after school.

2. Proposed Actions

- Issue Area : Self-Sufficiency
- Objective E : To provide affordable, accessible, and quality child care.
- Strategy : To provide support to persons and agencies that want to initiate child care programs.
- Policy E(1) : To establish a State Child Care Development Project which will provide technical information and assistance and coordinate efforts to develop and fund quality child care initiatives.

Implementing

Action E(1)(a) : The Project will:

1. Develop a comprehensive state-wide child care plan based on potential federal requirements and a needs assessment.
2. Advocate for increased community participation to improve the quality and quantity of child care.
3. Provide technical assistance to meet standards promulgated by the federal government and to help other state agencies involved in child care efforts.
4. Develop and secure funding and other resources for a multi-source child care fund to support parent fees, training scholarships and expansion of child care services.
5. Fund and evaluate demonstration and pilot programs in developmental child care such as a satellite family day care project, parent workplace seminars and a school age child care demonstration project.
6. Sponsor areawide and/or statewide conferences and seminars to develop coordination of providers and disseminate research finding.

Lead-Organization: Office of Children and Youth

Assisting

Organizations : Department of Human Services
Department of Education
University of Hawaii
Department of Labor
Department of Business & Economic
Development

Starting Date : July, 1989

Total Budget

Estimate : FY 1990: \$387,000
FY 1991: \$397,000

Comments : None

● Issue Area : Self-Sufficiency

Objective E : To provide affordable, accessible, and quality child care

Strategy : To provide recruitment, training, licensing and compensation incentives.

Policy E(2) : Increase child care availability, affordability and quality.

Implementing
Action E(2)(a) : Establish a three-part program to recruit and develop child care resources.

1. To contract with a child care referral service to recruit and develop child care programs in shortage areas both geographically and by program types.
2. To increase the Department of Human Services' licensing staff to enable them to manage the increased workload and the increased regulatory/monitoring functions.
3. To raise the child care payments and the income eligible standard to a more realistic level to make child care more affordable, and to encourage low income families to seek and maintain employment.

Lead Organization: Department of Human Services

Assisting
Organization : University of Hawaii,
Community Colleges

Starting Date : July, 1989

Total Budget
Estimate : FY 1990: \$1,240,462
FY 1991: \$1,231,300

Comments : None

- **Issue Area** : Self-Sufficiency
- Objective E** : To provide affordable, accessible, and quality child care.
- Strategy** : To provide educational forums on child care benefits to businesses.
- Policy E(3)** : To expand the provision of child care benefits to workers statewide by educating the business community on child care options.
- Implementing Action E(3)(a)** : To promote the development and provision of employer-sponsored and employer-supported child care by providing information about its benefits to the business community.
- Lead Organization:** Department of Business & Economic Development
- Assisting Organization** : Office of Child and Youth
- Starting Date** : October, 1989
- Total Budget Estimate** :

FY 1990:	\$250,000
FY 1991:	\$250,000
- Comments** : None

● Issue Area : Self-Sufficiency
 Objective E : To provide affordable, accessible, and quality child care.
 Strategy : To provide child care assistance to State employees.
 Policy E(4) : To assist State employees to meet their child care needs in several ways.
 Implementing
 Action E(4)(a) : Establish a model demonstration infant and toddler center as well as family child care satellite system for Department of Health's employees.
 Lead Organization: Department of Health
 Assisting
 Organization(s): Department of Accounting and General Services
 Office of Children and Youth
 Department of Personnel Services
 Starting Date : July, 1989
 Total Budget
 Estimate : FY1990: \$214,540
 FY1990: \$355,000 - Other Fees
 TOTAL : \$569,540
 FY1991: \$170,164
 FY1991: \$373,000 - Other Fees
 TOTAL : \$543,164
 Comments : None

- **Issue Area** : Self-Sufficiency
- Objective E** : To provide affordable, accessible, and quality child care.
- Strategy** : To provide child care assistance to State employees.
- Policy E(4)** : To assist State employees to meet their child care needs in several ways.
- Implementing Action E(4)(b)** : Demonstrate a cafeteria benefits program including child care for State employees.
- Lead Organization:** Department of Personnel Services
- Assisting Organization(s):** Department of Accounting and General Services
Office of Children and Youth
Department of Health
- Starting Date** : July, 1989
- Total Budget Estimate** : FY1990: \$-0- FY1991: \$-0-
- Comments** : None

- Issue Area : Self-Sufficiency
- Objective E : To provide affordable, accessible, and quality child care.
- Strategy : To facilitate the creation and operation of after-school day care.
- Policy E(5) : Develop and implement a uniform DOE policy allowing after-school care programs to use school facilities.

Implementing

- Action E(5)(a) : Although the Superintendent of Schools supports the use of school facilities for after-school care, the decision as to whether each individual facility may be used is made by the school's principal.

It is recommended that the Board of Education establish a clear and uniform policy that will make it possible to increase the availability of after-school care programs for children lacking supervision after regular school hours.

Lead Organization: Department of Education

Assisting Organization : Office of State Planning
Office of Children and Youth

Starting Date : January, 1989

Total Budget Estimate : \$-0-

Comments : None

- **Issue Area** : Self-Sufficiency
- Objective E** : To provide affordable, accessible, and quality child care.
- Strategy** : To create a Headstart Wrap-around Project
- Policy E(6)** : To demonstrate that combining quality wrap-around (extended hours) care with a Headstart program will increase the number of Headstart parents who are able to secure full-time employment.
- Implementing Action E(6)(a)** : Fund a project to extend the period of child care for an existing Headstart project.
- Lead Organization:** Office of Community Services
Department of Labor and Industrial Relations
- Assisting Organization** : Office of Children and Youth
- Starting Date** : July, 1989
- Total Budget Estimate** : FY 1990: \$500,000
- Comments** : None

HUMAN SERVICES FUNCTIONAL PLAN

F. Self-Sufficiency: Access to Health Care

1. Description of the Problem

Problem Statement:

There is limited transitional medical insurance available for persons who are trying to become financially self-sufficient and not rely on the welfare system.

Supporting Narrative:

Self-sufficiency as it relates to access to health care services is a two pronged concept. First, there is self-sufficiency as it relates to the maintenance of health on a day-to-day basis, and there is self-sufficiency as it relates to having access to health care services to support individuals who are trying to become employed and thus independent of the welfare system. The cost of medical care in Hawaii, as in the rest of the nation, is sky-rocketing. The high cost of these services places quality medical care out of the reach of those who are too poor to afford it. Therefore, for persons on public assistance, the existence of a quality subsidy program to provide medical services is extremely important to the health of the recipient and the family. Accordingly, the Medicaid program, which is designed to ensure quality health care services to those persons on public assistance, is the key to quality care being provided.

An additional aspect of this problem is that there is limited provision of transitional Medicaid assistance for public assistance recipients who want to work and become independent of the welfare system. Part-time and temporary jobs do not provide medical coverage at all. Mandatory coverage for full-time workers requires the worker to pay additional premiums for themselves and their families. Thus, while a public assistance recipient may be trying to work and become self-sufficient, they have difficulties in being successful because they lose access to health care services that were available through Medicaid.

There is transitional medicaid assistance available to individuals if they participate in a federally sponsored work program. This assistance is limited to three or four months, depending on the program. This amount of coverage is not long enough in many cases to provide workers and their families with an incentive to get off welfare. Additional transitional overage is necessary if recipients are to be expected to strive for self-sufficiency.

Statistical Evidence:

At present there are a total of 13,400 families that receive welfare benefits. Of this number, there are about 8,000 families who do not have children under the age of 3 and where the adults are able-bodied. This group, or 60% of all families on welfare are believed to be potential candidates for financial self-sufficiency.

The crucial question is how long would Medicaid benefits or private insurance benefits have to be provided in order for a family to successfully achieve financial independence? While there is not conclusive data on this point, there seems to be some consensus from States on the mainland that about a year of benefits are necessary.

From a cost perspective, utilization rates indicate that the average AFDC family requires about \$79 per month in Medicaid benefits each month. This means that the average AFDC family of 3 would utilize \$237 worth of benefits per month. Thus, benefit extensions of 4 months would cost \$948 per family; 8 months would cost \$1,896; and a year would run \$2,844.

An alternative cost measure might be to provide private insurance in lieu of Medicaid. In such an instance, a comparable medical program (e.g., Kaiser) might cost about \$166 per month for the average family policy. The annualized cost for such a private insurance program would cost about \$2,000. If such a program could be made available at this cost, then it might be slightly cheaper than Medicaid.

The total costs for such a program would be dependent on the number of families that are seeking to become independent at any given point in time. As an example, for every 1,000 families that are attempting to become independent at any given point in time, it would cost an estimated \$2.84 million per year for Medicaid and \$2.0 million for a private insurance program such as Kaiser.

2. Proposed Actions

- **Issue Area** : Self-Sufficiency
- Objective F** : To maximize efforts of self-sufficiency through provision of transitional medical care service.
- Strategy** : To cost out alternate methods of transitional medical care to see which is the most cost-effective.
- Policy F(1)** : To determine the most cost effective manner in which to provide transitional health care coverage to AFDC recipients who want to become independent from the welfare system.

Implementing

- Action F(1)(a)** : For AFDC recipients to gain employment and become financially independent of the welfare system, there has to be adequate assurances of health care coverage for the recipient and the family in order to ease the transition. Some employers will provide at least partial health care coverage for the recipient. However, dependents of the recipient are often not included in the health care plan of the employer without a substantial monthly payment for the premium.

This proposal is to study the different types of mechanisms that might be utilized to finance transitional health care for AFDC recipients that are trying to make the transition to financial independence. The types of programs to be studied will be different types of pre-paid health care plans (i.e., Health Maintenance Organizations) as compared to the normal Medicaid type of program which reimburses participating medical providers according to a set fee schedule.

The results of this study are expected to provide added insight into ways that the State may be able to facilitate the efforts of welfare recipients to become financially independent.

Lead Organization: Department of Human Services, Purchase of Service

Assisting Organizations : -

Starting Date : July 1, 1989

Total Budget Estimate : FY 1990: \$-0- FY 1991: \$-0-

Comments : None

HUMAN SERVICES FUNCTIONAL PLAN

G. Self-Sufficiency: Work Incentives

1. Description of the Problem

Problem Statement:

Families and individuals receiving public assistance and the working poor do not have adequate assistance, support services, and incentives to achieve and maintain economic self-sufficiency through employment. These are generally families with low educational levels, limited job skills who are faced with limited opportunities to compete in the job market. Some are teen parents, individuals with disabilities, and people pursuing alternative lifestyles. In addition, environmental conditions such as high rentals, high cost of medical coverage, home ownership, and Hawaii's service economy which contributes to low entry wages have presented additional barriers and a lack of incentives to those families to achieve economic self-sufficiency.

Supporting Narrative:

The welfare system does not provide a viable bridge for families on welfare to achieve economic self-sufficiency through employment. The daily routine of welfare families generally revolve around their children, home and friends. Limited job skills, lack of exposure to work, and their lack of experience in juggling work, home, and child care responsibilities contribute to their fears and reluctance to enter the world of work. Another fear or dis-incentive, which contributes to the reluctance of individuals and families on welfare to seek employment, is that of substituting entry level wages for welfare benefits, including medical care coverage. The substitution of some sense of "security" for the unknown is not attractive enough to consider.

Because of their limited exposure to employment, welfare families generally require varying degrees of education, job training, job placement, and support services such as personal counseling, child care, and transportation in order to cross the bridge from welfare to work.

The same dis-incentives to work operate for the working poor or families that fall in the gap area, that is, working families whose income disqualifies them from public assistance, but whose income is inadequate to cover the cost of child care, medical payments, and rent.

Inadequate child care arrangements, possible eviction because of failure to keep up rental payments, and neglect

of medical care needs will have a direct impact on the quality of child care children receive during their parent's work hours, the family's living conditions, use of medical care when needed, and ultimately on the human resources of the State.

Statistical Evidence:

At present, there are a total of about 13,300 families on welfare in the State of Hawaii. Of the 13,300 families on welfare, about 8,000 families have children who are age 3 or older and might reasonably be expected to be able to seek employment . The cost of an employment and training program to get welfare recipients employed, would vary based on the type of program developed. It is, however, generally accepted that training costs would run in the general area of \$3000 to \$3500 per trainee.

The amount of net income needed by a single parent family of three, in order to equal or exceed the value of AFDC, Medicaid, Food Stamps, and other public subsidies is about \$1500 per month (i.e. \$500 AFDC, \$270 Food stamps, \$237 Medicaid, \$200 Child Care, \$300 Tax and other Withholding). When this salary is converted to an hourly wage, it is clear that a recipient would have to make about \$9.00 per hour to do better than they can support their family on welfare.

2. Proposed Actions

- **Issue Area** : Self-Sufficiency
- Objective G** : To provide AFDC recipients with a viable opportunity to become independent of the welfare system.
- Strategy** : To determine which occupational clusters offer the most advantage and the likelihood that the recipient will be able to become independent of the welfare system.
- Policy G(1)** : To conduct a study of the labor market to determine which jobs are in need of trained applicants and which offer the prospect of financial self-sufficiency to an AFDC recipient.
- Implementing Action G(1)(a)** : The purpose of this study is to analyze the labor market in Hawaii to see which types of jobs are in need of qualified individuals and also offer the prospect of paying a high enough salary to allow an AFDC recipient to become financially self-sufficient. This study would complement the existing Project Success Program which is assisting AFDC recipients to take advantage of education and training opportunities that will lead to employment. The completed study would provide additional information to both the recipient and the Project Success staff on potential employment "tracks" that could lead to a job offering a high probability of financial self-sufficiency.

This study will be conducted by staff at the Department of Labor and Industrial Relations. The desire to have this study dovetail with the Project Success calls for close collaboration between Project Success staff and those individuals assigned to do the study.

The expected end result of this study will be additional information and the identification of mechanisms to assisting AFDC recipients in becoming independent of the welfare system.

Lead Organization: Department of Labor and Industrial Relations

Assisting Organizations : Department of Human Services

Starting Date : July 1, 1989

Total Budget Estimate : FY 1990: \$-0- FY 1991: \$-0-

Comments : None

- **Issue Area** : Self-Sufficiency
- Objective G** : To provide welfare recipients with a viable opportunity to become independent of the welfare system.
- Strategy** : To promote Project Success by informing and educating the community and welfare recipients of the opportunities available through the program to achieve self-sufficiency.
- Policy G(2)** : To develop market and outreach strategies for Project Success to educate and inform welfare recipients of opportunities through Project Success to work toward financial self-sufficiency.
- Implementing Action G(2)(a)** : The Project Success Program was established to provide education, training and job placement services to welfare recipients who volunteer to participate and work towards financial self-sufficiency.

As with any new program, the exact details of program requirements and benefits to be derived through participation are difficult to communicate to the intended audience. Experience indicate that many welfare recipients respond best to "word of mouth" information. The purpose of this program is to develop an improved method of publicizing the program and to emphasize the positive aspects of participation. It is only through efforts of this type that the Department will be able to see the extent to which this program can be successful in helping recipients to become financially self-sufficient.

- Lead Organization:** Department of Human Services, Purchase of Service
- Assisting Organization** : Department of Labor & Industrial Relations
- Starting Date** : July 1, 1989

HUMAN SERVICES FUNCTIONAL PLAN

H. Service Delivery Network: Physical Access

1. Description of the Problem

Problem Statement:

Many human service providers offer their services to clients in centralized locations. This means that many clients have to travel long distances to access services, and on the Neighbor Islands public transportation systems are inadequate or nonexistent making access even more difficult. Access is further complicated by inadequate parking, limited service hours, and architectural barriers to clients.

Supporting Narrative:

Accessing existing services is difficult for clients who lack mobility or are in crisis. Many do not have access to private transport and public transportation systems are inadequate or nonexistent on the Neighbor Islands. Service providers are discouraged from providing their own transportation services to their clients because of liability. Other clients have specific mobility problems due to handicaps, disabilities, age, and so forth and where existing facilities are not barrier free, these individuals face architectural barriers as well in accessing services.

This lack of mobility is exacerbated by an uneven geographic distribution of services within and between islands. Services tend to be concentrated on Oahu versus the Neighbor Islands, and within islands, services are concentrated in older, established, resource-rich areas such as Honolulu. This leaves the rural and emerging communities resource-lean. This tendency to centralize services amounts to a lack of coordination in facilities/land use planning among state, county, and private facility planners which increases the distance traveled and time involved in obtaining services for clients. For example, on the island of Oahu, the Income Maintenance Services are distributed throughout the island. Other services offered by the Department of Human Services are located in downtown Honolulu. Similar problems exist for other State and private human service providers.

Similar problems exist for DHS on the Neighbor Islands. Services for Income Maintenance are evenly distributed in West Hawaii and on Kauai. However, all Income Maintenance services for East Hawaii, Maui, and Molokai are centralized. All Social Services and Vocational Rehabilitation Services are also centralized, with minor

exceptions in West Hawaii. Finally, the service situation on Lanai may be even slightly worse since all services except Income Maintenance are flown in.

The physical distribution of services and getting clients to services is only one dimension of barriers to access. Another dimension is the temporal one. Clients must be able to get access to services when they are needed. Clients may not have a phone, or they lack information on what programs or services are available. They may also be hindered by limited service hours of agencies, or providers whose hours are determined by the organizational demands of budget, union, and personnel matters.

These problems of location, service hours, budget, and so forth force agencies and providers to make trade-offs between organizational efficiency and program effectiveness frequently at the expense of clients. This would suggest that the existing service system and its clients suffer from the lack of variety of service delivery models that could be used to address, for example, the problem of providing an effective human services program to the people of Lanai or Molokai.

Statistical Evidence:

On Oahu, where the Income Maintenance Services are distributed throughout the island, over 70,000 individuals are being served by 27 separate units. For Social Services, about 9,300 clients are being served and for Vocational Rehabilitation Services about 5,000 clients are being served from a centralized location in downtown Honolulu.

On Hawaii, over 3,400 individuals or 63% of the East Hawaii caseload for Income Maintenance are located in the Kalapana area. Services are available in Hilo.

For Maui, 5,000 Income Maintenance clients, 800 Social Service individuals, and 400 Vocational Rehabilitation clients all have to obtain services in Wailuku. Similarly, on Molokai there are 2,239 individuals for Income Maintenance, 802 individuals for Social Services, and 110 cases for Vocational Rehabilitation Services can access services in Kaunakakai.

On Kauai, some 4,700 individuals are served through the geographically distributed Income Maintenance Services. For Social Services there are 1,641 individuals and for Vocational Rehabilitation Services 363 individuals that are served through the offices in Lihue.

2. Proposed Actions

- Issue Area : Service Delivery Network
- Objective H : To facilitate client access to human services.
- Strategy : To demonstrate a coordinated case management system.
- Policy H(1) : To improve client's access to health and human services through collocation and case management projects.
- Implementing Action H(1)(a) : The Governor's Sub-Cabinet Task Force on Human Services/Resources is currently conducting a pilot project in West Hawaii that is focused on single access and coordinated case management. This project involves the Department of Human Services, Department of Health, and the Department of Labor and Industrial Relations. The focus of the pilot is on CPS children and their families. The objectives of the pilot are to:
(a) develop and implement an interdepartmental case management system; (b) identify gaps in services and develop community resources which will better serve the needs of the target group; and (c) provide accessible, coordinated services to CPS children and their families in the Kona Districts in the most efficient and effective manner.
- Lead Organization: Department of Human Services
- Assisting Organizations : Department of Health
Department of Labor and Industrial Relations
- Starting Date : July 1, 1989
- Total Budget Estimate : FY 1990: \$100,000
FY 1991: \$-0-
- Comments : None

- Issue Area : Service Delivery Network
- Objective H : To facilitate client access to human services.
- Strategy : To implement a second pilot project to test a coordinated case management system.
- Policy H(2) : To improve client access to health and human services through single access, coordinated case management and by providing flexible operating hours.

Implementing

Action H(2)(a) : This proposal is to test the single access and coordinated case management process, currently being implemented in West Hawaii, in another community. The concept is to implement such a project in the Hilo area on the island of Hawaii. Initial thoughts are that there would be an attempt to broaden the single access definition to include the Income Maintenance offices. This would then mean that both Social Services and Income Maintenance would be included in the pilot. In addition, there would be an attempt to pilot staggered work hours for the offices so that they might be accessed between the hours of 8:00am and 8:00pm on weekdays. Normal business hours for the Department of Human Services is 7:45am-4:30pm. There are certain types of service, like in the area of child protection, where workers are on call 24 hours a day. However, this is the exception rather than the rule.

This part of the proposal is aimed at increasing the number of hours during the day that services are made available to the general public. The vehicle for this pilot would be the Human Services/Resources Task Force which includes the Departments of Health, Human Services, and Labor and Industrial Relations.

All aspects of the pilot would be aimed at coordinating mainstream services within each Department to see

if single access coordinated case management and staggered work hours help to facilitate client access to those services.

Lead Organization: Department of Human Services

Assisting
Organizations : Department of Health
Department of Labor & Industrial
Relations

Starting Date : January 1, 1990

Total Budget
Estimate : FY 1990: \$171,413
FY 1991: \$156,960

Comments : None

- Issue Area : Service Delivery Network
- Objective H : To facilitate client access to human services.
- Strategy : To test an automated, coordinated case management system.
- Policy H(3) : To facilitate and improve client's access to health and human services through the development of an integrated health and human services information network.

Implementing

- Action H(3)(a) : The Governor's Sub-Cabinet Task Force on Human Services/Resources is currently developing the conceptual model for sharing information resources among the public and private (ie., for-profit, non-profit, and eleemosynary) health and human services agencies. This information network will provide the organization and technical approach to manage and better use information as a means for improving programs, as well as an automated alternative to physical collocation and/or support for collocation of services. This information network will have the potential to offer the community more effective and efficient delivery of services through the sharing of resources and non-confidential data.

This action proposes to fund the continued development of the information network, testing, implementation of a pilot project in the Kalihi-Palama area, evaluation of the pilot project, and the expansion of the health and human services information network statewide, if the evaluation is positive.

Lead Organization: Department of Health

Assisting

- Organizations : Department of Human Services
- Department of Labor and Industrial Relations
- Department of Budget and Finance

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$1,324,276
FY 1991: \$2,116,238

Comments : None

- Issue Area : Services Delivery Network
- Objective H : To facilitate client access to human services.
- Strategy : To maximize the use of underutilized or vacant office/commercial space.
- Policy H(4) : To promote flexibility in leasing office space.
- Implementing
 - Action H(4)(a) : Examine the state's two-year policy constraint on leasing office space and recommend changes which increase flexibility in using available space.
 - Establish a multi-department team to review and recommend policy changes.
- Lead Organization: Department of Human Services
- Assisting Organization : Department of Accounting & General Services
Department of Health
Department of Labor & Industrial Relations
- Starting Date : January, 1989
- Total Budget Estimate : -0-
- Comments : None

- Issue Area : Service Delivery Network
- Objective H : To facilitate client access to human services.
- Strategy : To provide a permanent physical plant for state services to be located on Molokai.
- Policy H(5) : To develop collocation of services as a solution to transportation barriers and other factors which may impact client access.

Implementing

- Action H(5)(a) : Establish a new appropriately sized Civic Center to provide adequate facilities for State agencies in Molokai and to consolidate State facilities onto one centralized convenient site.

The Civic Center will be approximately 4.5 acres and will provide room for two State office buildings and a district court. The court building will be funded by the Judiciary. Construction is scheduled to begin in July, 1989.

Lead Organization: Department of Accounting and General Services

Assisting Organization : -

Starting Date : -

Total Budget Estimate :

<u>FY 1990</u>	
Land :	\$ 960,000
Building #1:	<u>3,750,000</u>
Total	\$4,710,000
<u>FY 1991</u>	
	\$-0-

Comments : Building #2 request for \$3,747,000 will be included in the FY 1992-1993 budget.

HUMAN SERVICES FUNCTIONAL PLAN

I. Service Delivery Network: Organizational Barriers

1. Description of the Problem

Problem Statement:

The existing human service system has created barriers to access through its own bureaucratic development. Much of the services are provider focused rather than client focused. There are two interrelated aspects to this problem: 1) the way clients are processed which is related to 2) the way the organizations within the system are structured.

Supporting Narrative:

The initial organizational barrier to client access is the lack of information on program availability. Clients are not being reached because of language or communication barriers (as for the deaf or blind) and because of poor promotional efforts by agencies and providers regarding the availability of services. Agencies and providers neglect promotional efforts because of their direct costs and perhaps as a deliberate strategy to contain service costs. The existing human service system relies on passive intake. There is no outreach or extension of services and the client bears the responsibility and burden of establishing eligibility.

The eligibility criteria for services are too structured and exclusive and therefore, not adaptable to the specific problems of individual clients, e.g., the street-person. Yet, this is just one aspect of a complex service system that clients find intimidating. The morass of detailed rules and regulations are overwhelming to clients. Frequently the terminology and language used is in itself a barrier: the language is authority-oriented and the system assumes a level of literacy that many clients don't possess. This makes comprehension of the rules and services provided extremely difficult for many clients. Changes in rules add to the uncertainty and confusion of clients. Long waits for processing and receiving services is an additional burden placed on people seeking help. The system is so cumbersome at times that clients must persevere to obtain services.

To some degree, clients are also discouraged by the response of service workers to their requests for assistance. The perception (whether real or perceived) of a negative staff attitude leads to clients abandoning their efforts to seek help and also inhibits the flow of information, thus hindering accurate assessments and

appropriate service delivery. On the other hand, the service worker's effectiveness may also be undermined by the stress and conflict from having to resolve client expectations and needs with program limitations.

The existing service system is reactive and not pro-active due to the primacy of organizational needs over clients' needs. While the demand for human services and the client population grows, agencies and providers are taking measures that would seem to constrict the availability of services like using increasingly strict eligibility requirements. Agencies and providers are finding their programs being shaped as much by organizational considerations, such as the threat of sanctions for noncompliance, as by the expression of need within the community for services. This results in programs and services which are stop-gap measures for dealing with problems.

The human service delivery system also suffers from a fragmentation of services both within agencies and between agencies and providers. Lack of coordination among departmental staff and between agencies and providers exacerbates the discontinuity in service delivery for clients. Categorical funding for programs serving target groups has been and remains a major factor in the proliferation of programs, both public and private, with their own constituencies and organizational needs. Where overlaps in service occur, conditions exist for agencies and providers to lose track of clients, or to delay or withhold services to clients. The dominance of organizational and program priorities over service needs is also reinforced by the lack of training of staff to promote the concept of teamwork and overcome the current emphasis on staff specialization. Moreover, staff are given negative incentives by their organization to provide greater services, since there are no rewards for an increasing workload. The existing fragmentation of services is particularly troublesome for clients with multiple needs/problems: to receive help in their particular life situation, they must deal with a multiplicity of agencies, case workers, regulations, and so forth.

Statistical Evidence:

Promotional activities: percent of total budget for informational activities or marketing. Language barriers: number of agencies with multi-lingual services; number of clients turned away due to language barriers; number of calls to Bi-lingual Access Line and requests for language services.

2. Proposed Actions

- Issue Area : Service Delivery Network
- Objective I : To eliminate organizational barriers which limit client access to human services.
- Strategy : To ease the client's burden of gaining access to human services.
- Policy I(1) : To provide client facilitators within agency intake and processing programs as a means of assisting clients in gaining access to services.

Implementing

- Action I(1)(a) : The Department's implementation of the Hawaii Automated Welfare Information (HAWI) System introduced a comprehensive application form to be used by applicants for financial, medical, and food stamp assistance. Although the form is lengthy, there have been mixed reactions from those who need to complete the form. For some, the length alone is overwhelming. For others, the many questions that need to be answered, is anxiety provoking.

To prevent the application/reapplication process from overwhelming those who need assistance in completing the form and to help facilitate the processing of applications, the use of volunteers is deemed to be a viable solution to address the concerns. In order to recruit, train, place, monitor, and evaluate the effectiveness of volunteers, volunteer coordinators and operating expenses are needed in each branch.

In addition to addressing the complexity and cumbersomeness of completing the application forms, the Department wants to bring volunteer's services to more convenient locations. There is also interest in providing for scheduled visits in different geographical areas as well as reaching

out to those that may be too frail or ill to come to an office.

Lead Organization: Department of Human Services

Assisting Organization : -

Starting Date : July 1, 1989

Total Budget Estimate : FY 1990 - \$381,302
FY 1991 - \$261,499

Comments : None

- Issue Area : Service Delivery Network
- Objective I : To eliminate organizational barriers which limit client access to human services.
- Strategy : To improve the environment within which clients apply for services.
- Policy I(2) : To provide workers and managers with training and resources to acquire better helping skills and attitudes.
- Implementing Action I(2)(a) : The Department of Human Services staffs' responsibilities are to effectively deliver benefits and services to eligible individuals in the community. Since services are primarily geared to those who are economically disadvantaged and who may be socially, functionally, or educationally limited, the department's staff need to be acutely aware of and sensitive to the people that they service. It is the perception of some people that some of the Department's employees are rude, disrespectful, exhibit superiority and an authoritarian attitude. The nature of work may be one reason why some employees may inadvertently misapply authority.

Common courtesy and respect are expected of all employees in any work environment. The Department is no exception. However, there is a uniqueness that many of the Department's employees have because of the authority or empowerment they have over the lives of others.

To enable the Department's staff to provide services in a more caring manner, it is proposed that a training curriculum be developed that will help staff understand, distinguish, and appropriately apply the authority vested in their positions. It is envisioned that the training will be composed of a number of components that will provide staff ways of coping with applicants, recipients, and the

general public effectively, but
without being overpowering.

Lead Organization: Department of Human Services

Assisting
Organization : -

Starting Date : July 1, 1989

Total Budget
Estimate : FY 1990: \$172,000
FY 1991: \$176,000

Comments : None

- Issue Area : Service Delivery Network
- Objective I : To eliminate organizational barriers which limit client access to human services.
- Strategy : Human service workers need a system of incentives as a means of coping with the work environment.
- Policy I(3) : To develop incentives for human service workers as a means of increasing worker satisfaction.
- Implementing Action I(3)(a) : In order to develop meaningful incentives for human service workers, it is recommended that a study be conducted with the assistance and input of human service agencies and the unions. This project would examine the basic job activities of human service workers and identify the positive and negative attributes of the job.

An attempt will then be made to determine the areas of the job which are (a) positive, in order to reinforce them and; (b) negative, as a means of minimizing them. This may call for a new "type of job" category in conjunction with positive advertisements accentuating the important role human service workers play in the lives of individuals.

Lead Organization: Department of Human Services

Assisting Organizations : Department of Health
 Department of Labor
 Department of Personnel Services
 Hawaii Government Employees Association
 Other Unions
 Aloha United Way
 Health & Community Services Council

Starting Date : FY 1989 - 1990

Total Budget
Estimate : FY 1990: \$160,000
Comments : None

- **Issue Area** : Service Delivery Network
- Objective I** : To eliminate organizational barriers which limit client access to human services.
- Strategy** : To establish an employee assistance program.
- Policy I(4)** : To provide on-the-job counseling and support to human service workers.
- Implementing Action I(4)(a)** : To establish an Employee Assistance Program at the Department of Personnel Services (DPS) and each of the following Human Services Agencies: Department of Human Services, Department of Health and Department of Labor and Industrial Relations.

The Employee Assistance Program at DPS would provide statewide policies and procedures, publicity, and monitoring of services utilized to assist employees in addressing their problems.

At the departmental level, detailed procedures relating to identification of work performance problems and coordination with the union and treatment agencies would be the primary responsibilities of the employee assistance program. Funds to establish a statewide employee assistance program and departmental component would support the following goals of the State as an employer:

- Keep valuable employees
- Reduce absenteeism
- Reduce accidents and workers' compensation costs
- Reduce improper use of medical plan and sick leave benefits
- Reduce benefit costs overall
- Increase employee effectiveness

- o Minimize poor decision-making
- o Reduce cost of replacement and training

In addition to actively establishing an employee assistance program tied to work performance standards and early identification of employee problem, funds for treatment services would provide the necessary resources to treat the underlying causes of the employees' problems before they become critical.

Lead Organization: Department of Personnel Services

Assisting

Organizations : Department of Human Services
Department of Health
Department of Labor

Starting Date : July 1989 - 1990

Total Budget
Estimate : FY1990: \$256,413
FY1991: \$243,396

Comments : None

- Issue Area : Service Delivery Network
- Objective I : To eliminate organizational barriers which limit client access to human services.
- Strategy : To involve line workers in developing more effective service delivery models.
- Policy I(5) : Promote research and development of alternative service delivery models and programs proposed by line workers.
- Implementing Action I(5)(a) : Develop a Human Services Block Grant process which complies with Chapter 42 (HRS) and makes a rapid response to proposals for alternative service delivery systems possible.

Develop procedure in accordance with Hawaii Revised Statutes in Phase I and request funds after receiving Legislative approval.
- Lead Organization: Department of Human Services
- Assisting Organizations : Office of State Planning
Department of Health
Department of Labor & Industrial Relations
- Starting Date : January, 1989
- Total Budget Estimate : -0-
- Comments : None

Appendix I

Human Services Functional Plan

Deferred Action Items

A. Elderly

1. Deferred Action 1

Implementing
Action : Develop a "cost-benefit" analysis
of state provided crisis
intervention services for the
elderly versus private vendors.
Select the most cost-efficient use
of funds to provide crisis
intervention to the elderly.

Lead Organization: Department of Health

Assisting
Organization : Department of Budget & Finance
Department of Human Services
Executive Office on Aging

Starting Date : FY 1989 - 1990

Total Budget
Estimate : \$85,000

Comments : None

2. Deferred Action 2

Implementing
Action : Establish a program which utilizes
a sliding scale to fund home
renovations for elder individuals
who are on fixed incomes.

Lead Organization: Department of Human Services

Assisting
Organization : Executive Office on Aging
Department of Health
County Housing Departments

Starting Date : -

Total Budget Estimate : \$275,000

Comments : Individuals on fixed incomes who need to renovate their homes in order to live independently would apply for assistance with county housing departments/state agencies. The amount of assistance would be on a sliding scale depending on the amount of fixed income, the renovation required and the urgency of the need.

3. Deferred Action 3

Implementing Action : Develop indexed funding mechanism for purchase of services which takes into account the increase in elderly cases and inflationary factors.

4. Deferred Action 4

Implementing Action : Increase caregiver relief programs by providing direct payments to caregivers.

B. Child and Family Support

1. Deferred Action 1

Implementing Action : The inventory of foster families is insufficient to meet the placement needs of foster children. As a result, approximately 17 requests per month are made by foster parents or group home staff for the replacement of foster children. Other foster homes must be found for these children, some of whom will become extremely hard-to-manage after several replacements, and they will require institutional or hospital care.

It is recommended that a per diem rate (\$11/day) not to exceed six days/month and a prorated special cost payment (based on hourly minimum federal wage) for specific services beyond normal child care be provided for use by foster parents for respite care of extremely hard-to-manage foster children. Examples of extremely hard-to-manage children are children with violent temper tantrums, children who constantly seek attention of adults and provoke peers, children with IQ's less than 60 and who have to be constantly supervised and sometimes physically restrained. There are 26 foster parents certified by the Department who can provide care to the extremely hard-to-manage foster children and who must be given this time-out to use to stabilize their own inter-family relationships, to re-focus the family's energy, in helping the child to attend training, to seek support, and to relax.

This monetary support to foster parents to pay for respite may help the extremely hard-to-manage child stabilize in a foster home longer and is one factor to help prevent the need to utilize expensive institutional care.

The alternative of developing a respite care center or hiring respite care givers would be ideal but more expensive due to staff costs and/or the need for rent.

The recommended route gives the responsibility of finding a respite care giver to the foster parent(s) but thereby, the care giver who is utilized may be familiar and trusted by both the foster parents and child. The site used would be arranged by both the care giver and foster parents.

Lead Organization: Department of Human Services
Assisting Organization : -
Starting Date : July 1, 1989
Total Budget Estimate : FY 1990 = \$49,400
FY 1991 = \$49,440
Comments : None

2. Deferred Action 2

Implementing Action : Establish a spouse protective service program.

C. Self-Sufficiency

1. Deferred Action 1

Implementing Action : In order to increase the number and quality of child care providers, the Department of Business and Economic Development (DBED) will study the feasibility of a program to make grants and loans to qualified child care providers. The tasks involve gathering information about the marketing, developing business plans for child care projects, identifying loan qualification criteria, developing a loan application, establishing application review and approval procedures, default penalties, and administering the program.

Lead Organization: Department of Business & Economic Development

Assisting Organization : Office of Children and Youth

Starting Date : July, 1989

Total Budget Estimate : \$100,000

Comments : None

2. Deferred Action 2

Implementing Action : The project would review rule and regulations affecting the Department of Human Services' subsidizing of child care for welfare recipients in order to identify and remove unintentional barriers to improving the quality of care offered at pre-schools and day care centers receiving fees.

Lead Organization: Office of Children and Youth

Assisting Organization : Department of Human Services

Starting Date : January, 1989

Total Budget Estimate : \$25,000

Comments : None

3. Deferred Action 3

Implementing Action : After school provider's training. To upgrade training of providers of school age child care programs.

D. Service Delivery Network

1. Deferred Action 1

Implementing Action : In order to determine the degree to which the human service agencies conducts effective hearing processes, a study is being recommended. The study should determine from the client's perspective whether the hearing was fair and equitable. Often in the public agencies "due process" is the area of focus and the degree of understanding by the client becomes a secondary

concern. This study would concentrate on the degree of understanding of the client in the hearing process and possibly recommend ways of improving the process for clients.

Lead Organization: Department of Human Services

Assisting Organizations : Department of Health
Department of Labor
Department of Attorney General
Citizen's Groups

Starting Date : FY 1989 - 1990

Total Budget Estimate : \$-0-

Comments : Funding would be to hire a consultant to conduct follow-up interviews with clients involved in administrative appeals processes of the departments of Human Services, Health and Labor.

It is recommended that the Governor's Human Services Task Force coordinate the study through the Department of Human Services.

2. Deferred Action 2

Implementing Action : Promote partnerships for transportation services that include the use of school buses and other available modes of transportation.

3. Deferred Action 3

Implementing Action : Expand clients served by handivan by meeting the costs of handivan and handicab services through purchase of service funds.

4. Deferred Action 4

Implementing
Action

:

Retrofit existing facilities to remove architectural barriers for the physically disabled (handicapped, visually impaired, etc.).

5. Deferred Action 5

Implementing
Action

:

Develop new facilities in proximity to transportation systems, shopping centers, schools, and other public gathering areas.

6. Deferred Action 6

Implementing
Action

:

Conduct a needs assessment for the decentralization of services to include a review of community level plans, identification of population growth areas, and identification of service needs for each service area.

7. Deferred Action 7

Implementing
Action

:

Develop a case management approach to include:

- training of generalists to provide multiple services in service poor areas.
- the creation of structural/organizational support for a case management approach to include an interdepartmental community outreach (community consortiums) component.

8. Deferred Action 8

Implementing
Action : Encourage master planning of residential communities to include considerations for human services, open space, and other community amenities/facilities.

9. Deferred Action 9

Implementing
Action : To investigate ways that existing school and community facilities can be used by programs for children, youth, families, and the elderly in order to increase the effectiveness of these services and to facilitate client access.

Also, to establish a multi-departmental task force to develop multi-use proposals.

Lead Organization: Office of Children and Youth
Executive Office on Aging

Assisting
Organizations : Department of Accounting & General Services
Department of Human Services
Department of Health
Department of Education
Department of Labor & Industrial Relations

Starting Date : January, 1989

Total Budget
Estimate : \$-0-

Comments : None