

DEPARTMENT OF HUMAN SERVICES

REPORT ON FISCAL YEARS 2007 & 2008



State of Hawaii



DIRECTOR'S MESSAGE FOR DHS 2007 & 2008 ANNUAL REPORT

Aloha!

I am proud to release this report on activities of the State of Hawaii Department of Human Services (DHS) during the 2007 and 2008 fiscal years. This compilation provides an in-depth understanding of how DHS serves Hawaii's most vulnerable and needy adults and children.

Our committed employees work hard each day to provide timely, efficient and effective programs, benefits and services that empower our clients to achieve self-sufficiency, self-determination, independence, healthy lifestyles and personal dignity.

DHS is one of the largest State departments, with a \$1.9 billion annual budget and a client base of tens of thousands of Hawaii residents. DHS has four divisions: the Benefit, Employment and Support Services Division, the Med-QUEST Division, the Social Services Division and the Vocational Rehabilitation and Services for the Blind Division.

Together, these divisions help our clients transition from welfare to full employment, they help prevent abuse and neglect among children and vulnerable adults, they strengthen families and promote positive youth development, they prevent family poverty, they provide comprehensive and high-quality Medicaid health insurance to needy adults and children, and they help low-income parents and people with disabilities gain the skills they need for today's workforce.

I want to thank all our DHS staff members who work diligently to reach the high goals we set for ourselves. Looking ahead, we will strive for even greater progress in the years to come, in keeping with our commitment to continuous quality improvement throughout the Department.

If you need more information on any benefits, services or programs DHS offers, please do not hesitate to call my office at (808) 586-4997.

Mahalo,

A handwritten signature in black ink, appearing to read "Lillian B. Koller". The signature is fluid and cursive, written over a light-colored background.

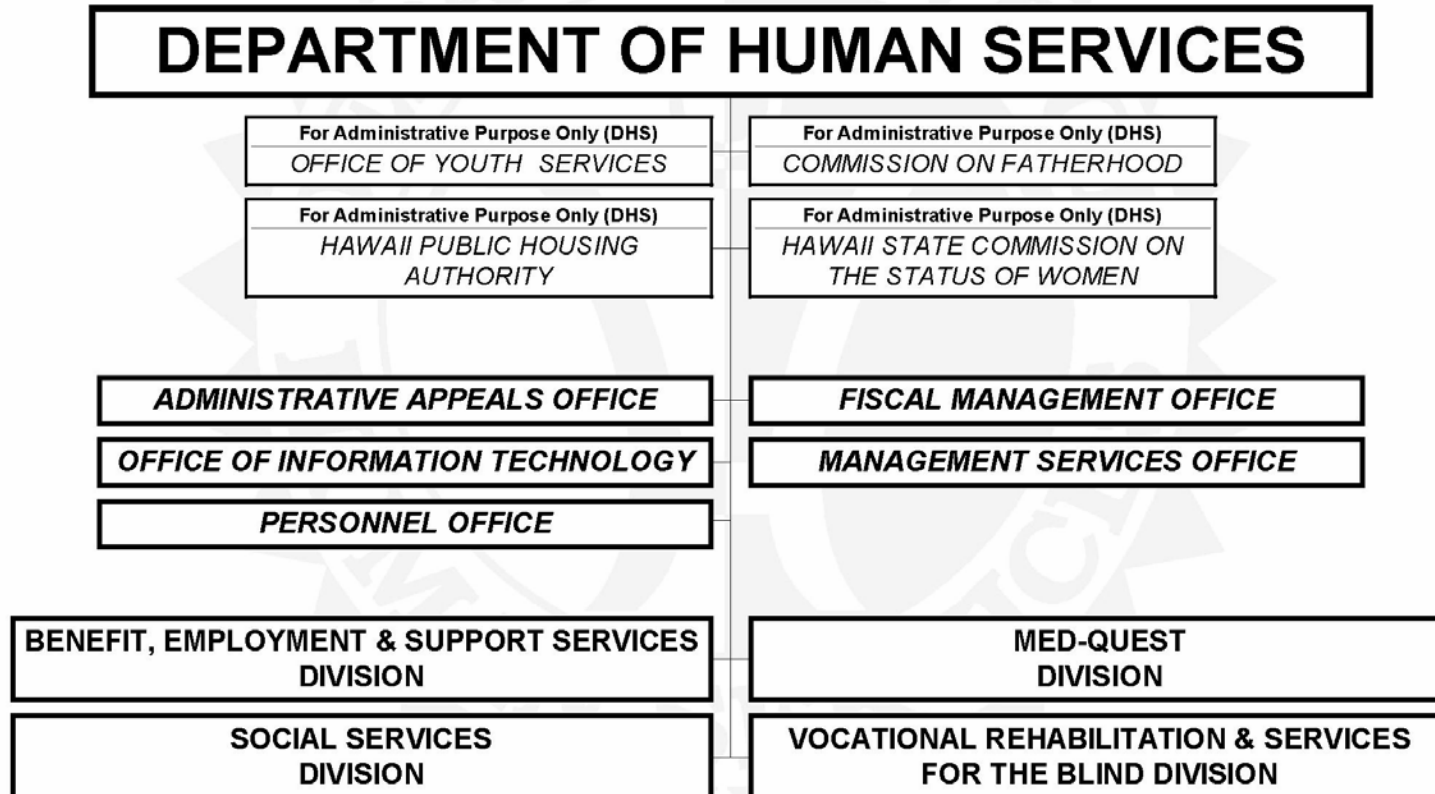
Lillian B. Koller
DHS Director

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

CHAPTER ONE INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) by the State Legislature in 1959 after statehood. In 1988, the Department was again reorganized and redesignated as the Department of Human Services (DHS). Our committed staff strives, day-in and day-out, to provide timely, efficient, and effective programs, services, and benefits, for the purpose of achieving the outcome of empowering those who are the most vulnerable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

With almost 2,500 permanent positions and a budget of over \$1.85 billion annually, DHS employees strive to help clients meet their basic needs for food, shelter, medical care, and other essentials of daily living helping them to become self-sufficient, independent, and able to make healthy choices to improve their personal dignity and their families' quality of life.

DHS has four divisions that provide different kinds of assistance.

- The Benefit, Employment and Support Services Division (BESSD) provides financial assistance, employment support and dependency diversion and prevention programs and services.
- The Med-QUEST Division (MQD) provides health insurance to low-income families, children and individuals.
- The Social Services Division (SSD) provides protective services for abused adults and children and community-based services for aged and disabled persons and medically fragile children.
- The Vocational Rehabilitation and Services for the Blind Division (VRSBD) helps persons with disabilities and the blind.

DHS also has two administratively attached agencies: the Office of Youth Services (OYS) and the Hawai'i Public Housing Authority (HPHA). OYS provides a wide range of services to Hawai'i's youth. HPHA provides affordable housing and shelter opportunities with resident support services to Hawai'i's residents.

Two commissions, the Hawaii State Commission on the Status of Women (HSCSW) and the Hawaii State Fatherhood Commission are administratively attached to DHS. The HSCSW was established to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii. The Hawaii Commission on Fatherhood was established by

Act 156, SLH 2003, and directs the Commission to serve in an advisory capacity to State agencies to promote healthy family relationships between parents and children.

The four divisions of DHS, along with OYS and HPHA, are assisted by five staff support offices, providing administrative hearings for clients, fiscal management, information technology systems support, management services, research personnel and other services. Each of the four divisions has offices throughout the major islands to facilitate geographic support for island-based initiatives and to be accessible for all our clients. DHS maintains offices statewide in 88 separate locations.

CHAPTER TWO DHS ACHIEVEMENTS

The State of Hawaii Department of Human Services (DHS) has taken dramatic steps in recent years to improve the quality of life for our clients by finding new and improved ways to help these individuals achieve self-sufficiency, independence, health and well-being.

Under the Lingle-Aiona Administration's strong leadership, DHS helps low-income residents gain access to quality health care, provides additional work opportunities for people on government assistance, and is funding new and expanded prevention programs that help youth achieve academic success and prepare for rewarding careers. Here are a few of the accomplishments at DHS during 2007 and 2008:

EXPANDING ACCESS TO QUALITY HEALTH CARE

According to U.S. Census figures released in 2008, only 8.3% of Hawai'i residents lack health insurance. This means Hawai'i has the lowest percentage of uninsured residents in the nation.

DHS helped thousands of additional children obtain health insurance by increasing eligibility for free Medicaid coverage. DHS expanded income eligibility for free coverage by 50% in 2006 and by another 50% in 2008. Because of these new eligibility requirements, a family of four can now earn more than \$73,000 annually and receive comprehensive and high-quality insurance for their children.

Thousands of low-income adults became eligible for free Medicaid health insurance when DHS launched the QUEST-ACE (Adult Coverage Expansion) program in March 2007. This program helps residents, ages 19 through 64, who could not sign up for the QUEST Medicaid program due to a statewide enrollment cap imposed in 1996.

- In January 2008, DHS doubled the income eligibility for QUEST-ACE and added other enhancements. The program is now open to all adults, with or without dependent children, and the income limit has been raised to 200% of the Federal Poverty Level.
- QUEST-ACE provides vital benefits such as inpatient and outpatient care, emergency room visits, mental health services, diagnostic tests, immunizations, alcohol and substance abuse treatments, dental care and prescription drug coverage.

NEW MANAGED CARE PROGRAM FOR SENIORS AND PEOPLE WITH DISABILITIES

In the fall of 2008, DHS conducted open enrollment for the new QUEST Expanded Access (QExA) Medicaid program for low-income seniors and people of all ages with disabilities. These 37,000 clients had been navigating Medicaid alone through a Fee-For-Service system. When QExA "went live" on Feb. 1, 2009, these clients began to benefit, for the first time, from a comprehensive and coordinated system of medical care.

- Clients now have easy and timely access to primary care physicians and specialists, as required in great detail under the QExA contracts.
- QExA clients receive additional health services, such as special programs for home-based care, diabetes, obesity, heart disease and more.
- A team of health care professionals, including service coordinators, provides help to clients.

- The rights of clients are fully protected, aided by new ombudsman services, enrollment counseling and an extensive quality assurance system.

SUCCESSFUL ENROLLMENT FOR QUEST MEDICAID PROGRAM

In December 2007, DHS announced its unprecedented success that as many as 81.4% of the State's Medicaid QUEST members on the Big Island, Kauai, Maui and O'ahu actively chose their health plans during the enrollment period, which extended from April 1 through October 29, 2007. Lanai and Moloka'i residents did not have to make a choice because only one QUEST health insurance plan is available on their Islands.

- QUEST clients who did not make a selection during the enrollment period were automatically assigned to health plans to prevent a disruption in coverage.
- DHS also provided numerous safeguards so families could easily change health plans, if they wanted to do so, and could continue receiving treatment from their current physicians.

ASSISTING HOSPITALS WITH CHARITY CARE FOR UNINSURED PATIENTS

To help Hawai'i's public and private hospitals bear the financial burden of treating uninsured patients, DHS announced in February 2008 that it had secured up to \$120 million in new Federal funding from the U.S. Centers for Medicare & Medicaid Services.

- With this new allocation, DHS has obtained about \$175 million in Federal support for hospitals since 2005.
- Prior to that time, Hawai'i hospitals had not received Federal funding for charity health care since 1994.

HELPING DIABETIC ADULTS MAINTAIN THEIR HEALTH

In April 2007, DHS accepted a Federal grant of more than \$8.7 million to help adults with diabetes better maintain their health so they can continue working 40 hours or more per month. Total cost of the project is \$14.1 million, with 76% funded by Federal and State agencies and 24% contributed by non-governmental sources, including employers.

- Joining with DHS in this public-private collaboration are the University of Hawai'i at Manoa's Center on Disability Studies, the State Department of Health (DOH) and the Hawai'i Business Health Council.
- Participating in this community-based project are 18- to 60-year-old residents diagnosed with potentially disabling forms of diabetes.
- The study examines whether a comprehensive program of medical assistance and other supports can prevent or delay the loss of self-sufficiency caused by this chronic and sometimes fatal disease.

WELFARE- TO-WORK INITIATIVES

DHS encourages clients to transition from welfare into the workforce as soon as possible because there is a five-year lifetime cap on receiving federal benefits through the Temporary Assistance for Needy Families (TANF) program. The number of clients receiving TANF (welfare cash assistance) has declined sharply over the past three years, from 10,912 in 2005 to just 6,368 in 2008.

DHS announced in December 2007 that the Department's First-To-Work units have made significant progress in helping welfare clients escape poverty by obtaining jobs and increasing their hours of employment.

- According to Statewide statistics for the 2008 Federal Fiscal Year, the number of welfare clients who have jobs increased by nearly 34%, while the number of clients who are not working decreased by 29%.
- At the same time, the number of clients who work 40 or more hours per week increased nearly 100%.

To help clients obtain employment, DHS has implemented a variety of new programs under Director Koller's leadership, including:

- SEE Hawai'i Work (Supporting Employment Empowerment), an on-the-job training program for welfare recipients in which DHS reimburses companies for employee wages and pays for their health insurance and other supports;
- Reward Work, which allows clients with jobs to receive full government benefits during their first two years of TANF eligibility, and also provides progressive cash bonuses if they exit welfare early and retain employment; and
- Up-Front Universal Engagement (UFUE), which diverts individuals directly into the workforce when they initially apply for welfare, and also provides four months of non-cash benefits for their families without impacting the five-year limit on TANF eligibility.

NUTRITIONAL ASSISTANCE FOR NEEDY FAMILIES AND INDIVIDUALS

In October 2008, Hawai'i's Food Stamp Program became officially known as the Supplemental Nutrition Assistance Program, or SNAP. This is in keeping with the new federal name for the U.S. Department of Agriculture (USDA) program, as required by the 2008 Farm Bill.

- The new name reflects the importance of making healthy meals available to low-income households.
- The new name also reflects the fact that food "stamps" have not been issued in Hawai'i since 1998. Instead, clients purchase groceries using an Electronic Benefit Transfer (EBT) card, which looks like a regular credit or debit card.

The USDA in September 2007 awarded DHS a \$567,407 bonus for having one of the best payment accuracy rates in the nation for this federal nutrition program. DHS had an error rate of only 3.4% – well below the national target goal of 6.2 percent.

In October 2008, the USDA announced that DHS earned a high-performance bonus of \$462,480 for having the nation's fourth-best participation rate in SNAP during 2007. In addition, Hawai'i was number-one in the country in improving participation of eligible residents.

PROTECTING AT-RISK CHILDREN AND YOUTH

DHS announced in August 2008 that new strategies for strengthening at-risk families and assessing the safety of their homes resulted in a sharp decrease in the number of children in Hawai'i's foster care system over the past five years. At the same time, the safety of children from at-risk families has improved nearly three-fold.

- The number of children in foster care during a month has decreased from a monthly average of approximately 3,000 children in 2004 to just 1,500 children today. This is the lowest number since 1993.
- Hawaii currently also has one of the lowest rates of child re-abuse in the country. The child re-abuse rate dropped from 6% in 2003 to just 3% in 2008, which is far better than the national standard of 6.1%.
- DHS formerly used a “one-size-fits-all” approach when investigating reports of child abuse or neglect. Now DHS uses an innovative Differential Response System that carefully weighs the risk factors in a family’s home. DHS developed the system in conjunction with the National Resource Center for Child Protective Services in New Mexico, and with the help of information technology faculty and students at Maui Community College.
- DHS also lowered foster care numbers and increased child safety by investing TANF federal funds in poverty prevention programs. These community-based services use proven methods for helping parents find and retain employment and helping young people succeed in school by avoiding truancy, drug abuse, crime and out-of-wedlock pregnancies.
- These positive foster care trends come as DHS prepares for its second Federal Child and Family Services Review (CFSR), which the U.S. Department of Health and Human Services will conduct in June 2009. These nationwide reviews will help Hawai‘i and all the other states identify aspects of child welfare services that need further improvement.
- DHS successfully completed its first CFSR in 2006, which involved making systemic changes to the child welfare system and achieving more than 350 benchmark action steps.

DHS in November 2008 brought together Native Hawaiian community leaders from across the State to discuss ways of keeping at-risk keiki connected with their biological and hanai families and with their Hawaiian culture.

Among the speakers at this one-day event on Oahu were Lt. Governor James R. “Duke” Aiona, Jr. and Human Services Director Koller. Other speakers included Billy Kenoi, who was then Mayor-elect of Hawaii; Venus Rosete-Hill, Neighborhood Place of Wailuku founder and executive director; and Dr. Kimo Alameda, who directs the Office of Multicultural Services at the DOH Adult Mental Health Division.

MASS ADOPTION CEREMONIES

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

- National Adoption Day is a collective effort to raise awareness about America’s children in foster care awaiting adoption. Each year, more than 20,000 foster youth across the country turn 18 and thus “age-out” of child welfare systems without being adopted.
- Through the hard work of the DHS staff and our community social service agency partners, the number of “aging-out” children has declined due to the increased adoptions of harder-to-place foster children, including teenagers, sibling groups and those with special needs. These partner agencies include: EPIC Inc., Catholic Charities Hawaii, Heart Gallery Hawaii and HOPE INC.

- For the November 2007 National Adoption Day, 11 families adopted 16 children. For the November 2008 National Adoption Day, 24 families adopted 28 children.

SUPPORT FOR FOSTER FAMILIES

To boost efforts by DHS in providing safe and loving homes for Hawaii's foster children, Governor Lingle signed an administrative directive in July 2007 that supports State employees who are licensed foster parents for abused and neglected children.

- Under the directive, State employees are granted administrative leave so they can attend Family Court hearings involving their foster children.
- This leave program acknowledges the invaluable contributions of foster parents and encourages other State workers to consider opening their homes to foster children.

Governor Linda Lingle also co-sponsored and signed two bills in June 2008 that help foster youth maintain relationships with their relatives and hanai families, as well as assist the youth in meeting their higher education goals. Both new laws took effect on July 1, 2008.

- Under Act 198, former foster youth are given additional time to apply for and receive higher education benefits. This allowance of \$529 per month helps pay for living expenses while attending school or taking part in vocational training.
- Act 199 ensures that children in need of foster care are afforded an opportunity to stay with relatives or hanai family members who are willing and able to provide safe and nurturing home environments. This law expands the definition of a relative to include hanai family members or "an adult other than a blood relative who performs or has performed a substantial role in the upbringing or material support of a child."

SAFE HOUSES FOR TROUBLED TEENS

DHS conducted groundbreaking ceremonies in October 2008 for *Ke Kama Pono* ("Children of Promise") Safe Houses for troubled teenagers and their adult supervisors in Wailuku on Maui, Kalaeloa on Oahu and Captain Cook on the Big Island. All three of these homes will open in 2009, using a combination of State and Federal funding for construction and operating expenses.

- DHS opened its first *Ke Kama Pono* Safe House in 2005 at Honoka`a on the Big Island. Based on the success of that home for teenage girls, the program is expanding Statewide.
- The *Ke Kama Pono* Safe House program is a positive youth development initiative that gives troubled, nonviolent teens the support services they need in a safe, nurturing and highly structured residential setting. The teens who live at these Safe Houses learn independent living and other skills to help them succeed in school and prepare for college and careers.
- The Family Court and the Office of Youth Services refer teens to *Ke Kama Pono*, which offers a much-needed alternative to placing these youth in institutional settings. Statistics show it is less expensive to help youth at *Ke Kama Pono* than it is in institutional settings, and that the outcomes are more positive.
- *Ke Kama Pono* participants return to their home communities when they feel safe and ready to leave and when staff members believe the youth will maintain their progress.
- A tracking and follow-up system ensures that youth who leave *Ke Kama Pono* do not "fall through the cracks." They are readmitted to the program if it becomes necessary to provide further assistance.

IMPROVING SAFETY AT CHILDCARE FACILITIES

In a new safety initiative, DHS and DOH launched a program in October 2007 to test the tap water at all licensed childcare facilities in Hawaii, including private residences.

- This program supplements testing procedures already required by the U.S. Environmental Protection Agency. Under federal regulations, all public water systems across the nation must provide lead-free water to customers. However, there is a risk of lead leaching into tap water at a home or business, such as when pipes are joined by lead solder in older plumbing systems.
- If drinking water is found to have an unsafe level of lead, the childcare facility's owner is required to take immediate corrective action – such as installing a filter system, replacing plumbing fixtures or switching to bottled water.

NATIONAL RECOGNITION FOR DHS IMPROVEMENTS

In recognition of her exceptional contributions to protecting children from abuse and neglect, the federal Administration for Children, Youth and Families honored DHS Director Koller in April 2007 with the Commissioner's Award.

- This award acknowledged that wide-ranging improvements implemented at the DHS Child Welfare Services Branch since 2003 have reduced the risk of harm to children, increased social worker visits with at-risk families, and involved children and their families to a greater extent in case planning.
- In addition, Director Koller has more than doubled financial support for community-based services – including parenting classes, counseling sessions and legal assistance – that strengthen vulnerable families with children.

A collaborative and multifaceted approach to better meet the needs of Hawai'i's foster children and their families prompted the U.S. Department of Health and Human Services to honor DHS with a 2007 Adoption Excellence Awards. DHS was one of only two winners nationwide in the category of Child Welfare System Improvement.

- Director Koller credited her staff in the Child Welfare Services Branch for completing an aggressive series of reforms since 2003 that significantly improved the safety, well-being and stability of children in State care.

Governing magazine honored Director Koller in November 2008 with the "Public Official of the Year" award for her leadership in bringing about widespread improvements at DHS, including an overhaul of the child welfare system. This marks the first time a public official from Hawai'i has won this prestigious national award.

- Governing magazine recognized Director Koller for her efforts since 2003 to improve the quantity and quality of services DHS provides for the State's most vulnerable residents. This includes working with community partners to implement new strategies for strengthening at-risk families that have significantly improved the safety, stability and well-being of children and youth.
- Among the ways Director Koller propelled DHS forward was by instituting continuous quality improvement goals that are more stringent than federal requirements.

CHAPTER THREE SELF-SUFFICIENCY

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

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

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

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

Program Description

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

TANF and TAONF provide monthly cash benefits to families for food, clothing, shelter, and other essentials. To qualify, a family must include children under the age of 19 and the family’s total gross income must be under 185% of the 2006 Federal Poverty Level (FPL). For a household of three persons, this means that the monthly gross income must be less than \$2,941 and the net income must be under 40% of the 2006 FPL or under \$636 if the household includes an employable adult. All TANF/TAONF households are permitted to acquire resources or assets, but the combined total must be under \$5,000. Vehicles and the home in which a household resides are exempt from consideration as an asset or resource. For a household with barriers such as physical or mental disability, their net income must be under 50% of the 2006 FPL. For a household of three, this is \$795 per month. These figures became effective in 2006 and represent the first increase in payment amounts and eligibility standards since 1994.

In 2007, payment standards were increased for the first time since 1994. Payment standards went from 62.5 % of the 1993 Federal Poverty Level (FPL) to 50% of the 2006 FPL when the Hawaii State Legislature passed S.B. 475 that was supported by the Administration and signed into law by Governor Lingle as Act 287, Session Laws of Hawaii 2006.

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

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

These programs help to get youth engaged in positive activities during times of the day when they may be at risk of engaging in behavior leading to negative outcomes such as pregnancy, substance abuse, and crime. Youth are exposed to positive information on making healthy decisions in their lives and the opportunity for a better life. It is important to provide teen pregnancy prevention programs and services because our TANF/TAONF statistics show that 74% of the TANF/TAONF households are one-parent families.

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

In FY 2006, the UFUE program was renamed the Grant Diversion (GD) program and implemented statewide and expanded to include families applying for TANF and TAONF. This program also diverts families from financial assistance for four months. During the initial four months of assistance, families received "non-assistance" benefits that did not impact the lifetime eligibility of 60 months. Participants were immediately referred to a work program and the focus was on getting these individuals employed within the grant diversion period to prevent loss of their lifetime eligibility and to support self-sufficiency efforts by the household.

In FY 2008, the Grant Diversion program was modified to require that families applying for TANF or TAONF must participate in a work related program before the family can receive their payments for the four months.

Changes to the program will be implemented in FY 2009 to conform to new Federal regulations. See the Looking Ahead section below for a description of the necessary changes.

DHS expanded its employment service program to help businesses meet their labor demands and provide additional work opportunities for individuals on government assistance. The Supporting Employment Empowerment (SEE Hawaii Work) program provides pre-screened candidates to companies for employment. Employers have the opportunity to train individuals to meet their business needs with candidates who either have had previous job experience or possess basic employment skills. The employer sets the wage and the State reimburses hourly minimum wage plus 50% of every dollar paid in wages over minimum wage plus 14% of the wages. In addition, the State provides health insurance and child care assistance.

In 2006 DHS began offering new financial incentives that encourage clients to seek and maintain employment. This "Reward Work" initiative allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance while they work during the first two years on welfare. Previously, welfare checks were reduced when clients began working,

which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.

So far, 7,069 employed welfare recipients have received work incentive subsidies and/or these Reward Work payments along with their employment wages. These payments total \$8,015,543.

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

Additional disregards of earned income are also in Reward Work to encourage employment so that it truly pays to work.

A job exit/job retention program is also included in Reward Work that rewards families for leaving the assistance program in less than 25 months by continuing to pay bonuses for up to 24 months to families who remain off assistance and remain employed.

The percentage of clients who have exited the financial assistance programs increased from 45% in FY 2007 to 50% in FY 2008. Even more significant is that those who exited financial assistance due to unsubsidized employment increased from 21% in FY 2007 to 50% in FY 2008.

Program Goal

Families will achieve financial self-sufficiency.

Objective	Measurements
The total economic well-being of the client will improve.	1. Average earnings per case will increase. 2. The proportion of individuals working will increase. 3. Total income will increase. 4. Hours worked will increase.
Family stability will improve.	The percentage of intact (two-parent) households will increase.
Recidivism will be reduced.	Fewer cases will return to welfare once off.
Financial assistance program savings will increase.	Financial assistance program costs will decrease.

TANF/TAONF Program Achievements

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

- The cost of assistance per TANF household has decreased from a high of \$611 in 1997 to \$575 in fiscal year 2008. The cost of assistance per TAONF household has decreased from \$689 per household in 1997 to \$558 in 2008.
- The average length of time on assistance has decreased from 30 months in 1997 to 13 months in 2008.
- Since the implementation of our welfare reform waiver in December 1996, the number of families receiving assistance has decreased from 22,785 cases to 8,358 cases in June 2008 or a 63% decrease. In 2008, 1,721 households were employed, earning a gross income of \$1.6 million per month and representing a monthly cost savings of \$633,694.

TANF/TAONF Caseload

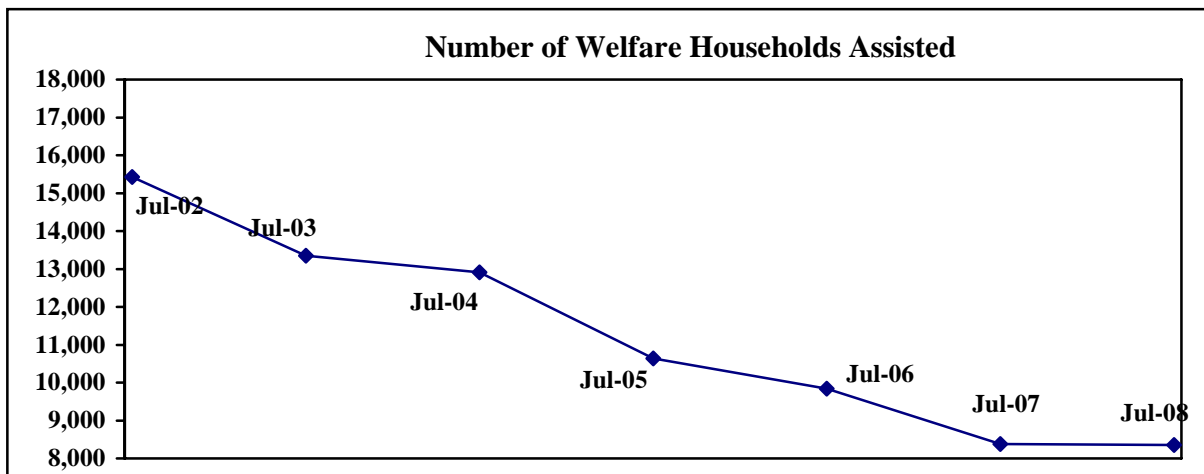
Fiscal Year	Families per Month Average	Average Time on Assistance
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	13.3*
2002	16,940	14.8
2003	14,362	16
2004	12,915	15.4
2005	10,642	15
2006	9,837	15
2007	8,381	16
2008	8,358	13

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

Welfare Costs (By Selected Months)

	Sept 1997	July 2004	July 2005	July 2006	July 2007	July 2008
Number of Households Assisted	23,573	12,915	10,642	9,837	8,381	8,358
Monthly Benefits Paid to Households	\$12.92 million	\$6.26 million	\$5.96 million	\$5.09 million	\$4.6 million	\$4.75 million*
Gross Earned Income Reported	\$3.72 million \$568/mo \$6,816/yr	\$2.8 million \$764/mo \$9,168/yr	\$2 million \$739/mo \$8,868/yr	\$1.7 million \$736/mo \$8,832/yr	\$1.5 million \$903/mo \$10,836/yr	\$1.6 million \$930/mo \$11,160/yr

* Standard of assistance raised to 50% of 2006 FPL on July 1, 2007.



- Contracts with community agencies to provide statewide employment support for two-parent households have been increased.
- There continues to be a focus on expanding training and skill-building programs for our clients who have work challenges because of some kind of disability or other significant barrier. We have contracted for services for victims of domestic violence, substance abusers, and individuals with physical or mental disabilities. The domestic violence program allows work requirements to be suspended, as appropriate to permit program participation for up to six months with a possible extension of six months. Compliance with substance abuse programs, medical treatment and skill-building programs are conditions of eligibility for those who need these services. The focus is on helping families achieve self-sufficiency through the contracting of case management services for recovery activities, employment, and skill development. These programs and services are intended to improve the self-sufficiency skills of all our families to comply with changes to the welfare laws. All adults are now required to participate in some activity, whether it is training, counseling, or work, to maintain eligibility.
- The Supporting Employment Empowerment (SEE Hawaii Work) program is a win-win situation for both financial assistance clients and employers. The SEE program is an employer-friendly program that provides pre-screened candidates, who have either previous job experience or possess basic employment skills, to companies for employment. Employers are reimbursed for the salaries of our clients whom they hire and train to meet their business needs. The employer sets the wage and the State reimburses at the minimum wage (currently \$7.25 per hour) and 50 percent of every dollar paid in wages over minimum wage plus 14 percent of the wages. In addition, the State covers health insurance and childcare.
- The Up- Front Universal Engagement (UFUE) program connects people with the job market at the time they apply for government assistance. From October 1, 2007 to May 31, 2008, about 2,237 households applied for government assistance and were referred to the UFUE program. Of these 2,237 households, 1,729 (77.2%) were diverted away from the TANF program and into the job market.
- Educational support has been expanded to include the Bridge to Hope program which allows individuals to earn a college degree while they work.
- The Supplemental Security Income (SSI) advocacy program was expanded, through a contract with the Legal Aid Society of Hawaii, to assist disabled individuals receiving Federal TANF assistance to access Social Security benefits. Previously, this service was only provided for State-funded individuals in the TAONF, General Assistance, and Aid to the Aged, Blind, and Disabled programs.
- The Department continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare and keeping people off welfare.
- The Grant + program expanded to include for-profit employers as well as the non-profit agencies. This program pays an employer \$650 a month to employ a welfare recipient by turning that subsidy into a wage.
- The medical review process was changed to include and standardize the definition of disability to focus more on ability and to better service these individuals. We have also implemented a medical review panel to review all medical findings and to more consistently plan for support services.

- The definition of “temporarily absent and eligible households” was changed to maintain family assistance while parents are receiving substance abuse and domestic violence services and to allow these services to be funded with Federal dollars.
- A simplified reporting system was implemented to decrease the reporting requirements and simplify access to our systems.
- The payment standard was increased for the first time since 1994 by the implementation of Act 287, SLH 2006. Act 287 allowed the Department to base the standard of need on the 2006 Federal Poverty Level (FPL) instead of the 1993 FPL.

Future Challenges

- In FY 2009, due to changes in the federal TANF law, the Grant Diversion program again will become the Up-Front Universal Engagement (UFUE) program which will be revised to require applicant families to participate in a work related program for up to 21 days before their application can be approved. Payments will be issued under the TANF or TAONF programs with the payments received counting toward the 60-month limitation. These changes are necessary to meet the new Federal definition of “non-assistance” as clarified by the Federal Administration for Children and Families. Effective October 2008, all applicant families, with the exceptions of child only families, those families in which a parent was caring for a disabled family member, and those families with children under six months of age, will be immediately referred to an UFUE contractor, a vocational rehabilitation contractor, or a domestic violence (DV) contractor. The applicant must complete 21 days of work activity, compliance to treatment, or compliance with the DV contractor before the financial assistance (TANF or TAONF) application will be approved. The UFUE contractor provides intensive work activity components for the first four months to continue the goal of diverting families from assistance in four months.

The UFUE program will be monitored to ensure the goals of employment and self-sufficiency and diversion from welfare are achieved.

- The Reward Work initiatives which offer further incentives to employment will continue to be expanded. Exit and job retention bonuses continue to be offered to those who exit the payment program in less than 24 months and retain employment.
- We are expanding our 21-day pay-after-performance requirement to applicant families except those with children under the age of six months, those without an adult, and those with one adult caring for a disabled household member.
- We are expediting our application process to allow individuals to enter the work program more quickly.

People Served by the TANF/TAONF Programs

Each family that receives financial assistance, whether funded through the TANF or TAONF programs, is different. However, we can identify characteristics that are common. The average case size was 2.45 people for TANF and 3.63 people for TAONF in FY 2008.

Composition of TANF/TAONF Households

Household Composition	TANF	TAONF
No Eligible Adult and 1 Child	23%	6%
No Eligible Adult and 2 Children	9%	2%
No Eligible Adult and 3 or More Children	4%	2%
1 Adult and 0 Children	2%	1%
1 Adult and 1 Child	28%	18%
1 Adult and 2 Children	17%	9%
1 Adult and 3 Children	10%	5%
1 Adult and 4 or More Children	6%	4%
2 Adults and 1 Child	<1%	17%
2 Adults and 2 Children	<1%	16%
2 Adults and 3 Children	<1%	11%
2 Adults and 4 or More Children	<1%	9%

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

Ethnicity of Individuals Served by TANF/TAONF Programs

Ethnicity	TANF	TAONF
Other Pacific Islander	4%	42%
Hawaiian/Part-Hawaiian	44%	21%
Caucasian	24%	13%
Filipino	10%	8%
Samoan	8%	7%
Asian	6%	8%
Other	4%	1%

Heads of Households of TANF/TAONF Families

Heads of Households	TANF	TAONF
Female	60%	54%
Male	40%	46%
Under 35 Years Old	91%	86%
Never Married	63%	39%
Married	4%	40%
Common Law	2%	11%
Separated or Divorced	30%	8%
Widowed	1%	1%
Head of Household Disabled	17%	14%
Head of Household with Grade 12 or Higher Education	62%	23%

Households which include an adult who is without work barriers are allowed to receive TANF or TAONF cash benefits for a maximum of five years in their lifetime. In December 2001, eligibility expired for 539 families who were the first to reach the five-year time limit. In fiscal year 2003, 1,251 cases were closed due to time-limits. In fiscal year 2004, 852 cases were closed due to time-limits and this figure decreased to 708 cases in fiscal year 2005, 517 cases in 2006, 477 in 2007, and 434 in 2008. The Department continues to expand its outreach activities to ensure that families who are approaching the five-year limit are prepared and have a self-sufficiency plan. Job preparation services, job search skills, training and education are available. We have also expanded our supportive services for those with barriers to employment. Our intent is to assist families towards self-sufficiency as expeditiously as possible.

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

Program Description

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

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

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

SEE Hawai'i Work gives generous wage subsidies to a wide variety of companies to hire welfare clients and train them on-the-job, where they learn valuable work skills. Most of the SEE clients are eventually hired by the companies that trained them or obtain employment with other businesses. Prior to SEE, most of these companies had not hired from the welfare rolls.

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

- Transforms lives by helping welfare moms and dads break multi-generational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment;
- Stimulates the economy by helping companies meet their labor demands with minimal cost and effort; and
- Saves taxpayer dollars by reducing our welfare rolls.

Ho'ala provides FTW participants with job-readiness skills and is contracted out to the City and County of Honolulu's Work Hawaii program.

Grant + places FTW participants in subsidized employment opportunities with non-profit agencies. The participating household's TANF funds is given directly to the non-profit agency to pay the recipient it hires.

Program Goal

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

People Served by the First-To-Work Program

Island	FY 04	FY 05	FY 06	FY 07	FY 08
Oahu	5,358	4,421	4,417	4,398	4,239
Hawaii	1,480	1,442	1,676	1,576	1,624
Maui/Molokai	720	497	458	528	608
Kauai	393	333	276	240	269
Total	7,951	6,693	6,827	6,742	6,740

Age Distribution of FTW Clients

Age	FY 2007		FY 2008	
	Count	Percent of Total	Count	Percent of Total
<16	0	0%	0	0%
16 to 24	1,697	25.2%	1,816	26.9%
25 to 34	2,878	42.7%	2,823	41.9%
35 to 44	1,585	23.5%	1,484	22.0%
45 to 55	514	7.6%	529	7.9%
55+	68	1.0%	88	1.3%
Total	6,742	100%	6,740	100%

Ethnic Distribution of FTW Clients

Ethnicity	FY 2007		FY 2008	
	Number	Percentage	Number	Percentage
Part Hawaiian	2,296	34.1%	2,229	33.1%
Caucasian	1,333	19.8%	1,267	18.8%
Filipino	776	11.5%	744	11.0%
Samoan	458	6.8%	434	6.4%
Asian	519	7.7%	511	7.6%
Black, Hispanic	535	7.9%	524	7.8%
Other	825	12.2%	1,031	15.3%
Total	6,742	100%	6,740	100%

Highlights of the First-to-Work Program in FY 2007 and FY 2008

- There were 5,335 intakes into the First-to-Work Program in FY 2007 and 4,656 in FY 2008.
- 4,080 participants were enrolled in Job Readiness in FY 2007 and 3,001 participants enrolled in FY 2008.
- The Work Experience program served 1,502 participants in FY 2007 and 1,196 participants in FY 2008.
- The SEE Hawaii Work (Supporting Employment Empowerment) program placed 531 participants in subsidized employment in FY 2007 and placed 533 participants in FY 2008.

As of July 31, 2008, 1,322 welfare recipients have participated in SEE, of which 301 are currently in active SEE placements. Of the 553 SEE participants who have successfully completed their SEE assignments, 434 (78.5%) have already transitioned into unsubsidized employment – many of them for the first time in their life – and have exited TANF.

To date, 785 employers have participated in the SEE program and 377 of those employers hired welfare recipients. Currently, 323 employers have job openings for welfare recipients to fill over 900 available positions at their companies.

- 355 FTW participants were placed in adult education in FY 2007 and 234 participants in FY 2008.

742 FTW participants were placed in vocational training during FY 2007 and 458 participants in FY 2008.

- According to Statewide statistics for the 2008 Federal Fiscal Year, the number of welfare clients who have jobs increased by nearly 34%, while the number of clients who are not working decreased by 29%.

At the same time, the number of clients who work 40 or more hours per week increased nearly 100%.

Progress on Program Outcomes

- During FY 2007, there were 5,020 participants working while in the FTW program. During FY 2008, there were 4,737 participants working while in the FTW program.
- A total of 1,445 TANF/TAONF participants exited these welfare programs due to employment during FY 2007 with 1,596 exiting in FY 2008.

The percentage of TANF recipients in work programs exiting due to employment fell below our planned outcome level. We believe that this outcome is due to the success that we have been having with our new “Up-Front Universal Engagement (UFUE)” program (aka “Grant Diversion” program). UFUE is successfully diverting new TANF applicants to TANF into the job market, instead of welfare, within the first four months of their applications. As a result, those who need more than four months of assistance, job readiness and job placement are transferred to our First-To-Work units, resulting in “harder to serve” clients who require more protracted help from us to exit welfare through employment. However, we will retain our planned ambitious outcome goal in this coming year and are encouraged that our overall federal work participation rate has continued to incrementally improve.

- The average wage during FY 2007 for clients working while on welfare was \$8.78 per hour. The median wage for FY 2007 was \$8.00 per hour.

The average wage during FY 2008 for clients working while on welfare was \$8.99 per hour. From October 2007 to September 2008, the average wage increased from \$8.76 per hour to \$9.07 per hour. The median wage for FY 2008 was \$8.00 per hour.

- The Department has developed and implemented eight performance measures to measure the success of our employment initiatives.

For Federal Fiscal Year 2008:

- 1&2) The percentage of clients employed 40+ hours increased 12.8%.
- 3) The percentage of clients exiting TANF due to employment increased 78%.
- 4) The percentage of clients with zero hours of employment decreased by 2.9%.
- 5) The average hours of employment increased 3.9%.
- 6) The average hourly wage increased 3.5%
- 7&8) The SEE program participation increased 14%.

- Following the TANF Five-Year Strategic Plan, DHS uses its TANF annual block grant to both provide TANF benefits for needy families and to fund poverty prevention contracts with a wide variety of community-based social service agencies statewide.

To determine the effectiveness of these initiatives, DHS commissioned a study by The Lewin Group, a nationally respected human services consulting firm. These experts determined that our TANF-funded anti-poverty community-based programs use research-based approaches proven to reduce teen pregnancies, improve school performance and completion rates, discourage drug and alcohol abuse, build character, develop life skills and promote work preparedness. A copy of the analysis is available online at www.hawaii.gov/dhs/main/reports.

Future Performance Targets

Performance Targets for the First-to-Work Program for FFY 2009 will be:

- To have 55% of the TANF mandatory population meeting the 30-hour work participation by September 30, 2009. This target compares to the Federal expectation that 50% of the population be in compliance with this requirement by that time.
- To have 5,100 TANF/TAONF able-bodied adults working for pay by September 30, 2009.
- To have 1,500 TANF/TAONF participants exiting these programs due to employment by September 30, 2009.
- To have 600 TANF/TAONF participants in SEE placements by September 30, 2009.

3) EMPLOYMENT AND TRAINING (E&T)

Program Description

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

Program Goal

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

Persons Served by the E&T Program

Employment and Training Clients Served By County

Island	FY 04	FY 05	FY 06	FY 07	FY 08
Oahu	1,123	1,309	1,213	1,331	1,195
Hawaii	123	56	54	93	93
Maui	97	45	112	190	182
Kauai	76	80	74	79	64
Total	1,419	1,490	1,453	1,693	1,534

Age Distribution of Employment and Training Clients

Age	FY 2006		FY 2006	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
<16	0	0%	0	0%
16 to 24	300	17.7%	299	19.5%
25 to 34	326	19.3%	307	20.0%
35 to 44	552	32.6%	417	27.2%
45 to 55	460	27.2%	396	25.8%
55+	55	3.25%	115	7.5%
Total	1,693	100%	1,534	100%

Ethnic Distribution of Employment and Training Clients

Ethnicity	FY 2007		FY 2008	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
Part Hawaiian	621	36.7%	513	33.4%
Caucasian	406	24.0%	392	25.6%
Filipino	213	12.6%	199	13.0%
Samoan	70	4.1%	79	5.2%
Asian	186	11.0%	155	10.1%
Black	51	3.0%	58	3.8%
Hispanic	100	5.9%	94	6.1%
Other	46	2.7%	44	2.9%
Total	1,693	100%	1,534	100%

Achievements and Highlights of the Employment and Training Program in FY 2007 and FY 2008

- There were 1,235 intakes into the E&T program in FY 2007 and 1,048 intakes in FY 2008.
- 1,693 clients were served in FY 2007 and 1,534 were served in FY 2008.
- A total of 1,198 clients were employed in FY 2007 and 967 were employed in FY 2008.
- A total of 229 clients were in job readiness components in FY 2007 and 361 clients were in job readiness components in FY 2008.
- A total of 91 clients were in an Adult Education component in FY 2007 and 136 clients in FY 2008.
- A total of 146 clients were in a vocational training component in FY 2007 and 139 clients in FY 2008.
- A total of 355 clients were involved in work experience in FY 2007 and 385 clients in FY 2008.
- There were a total of 242 exits due to employment in FY 2007 and 197 exits in FY 2008.
- In FY 2007, the average wage at exit was \$10.05 per hour and the median wage was \$7.25 per hour.
- In FY 2008, the average wage at exit was \$8.40 per hour and the median wage was \$7.50 per hour.

Future Performance Targets

- To have 1,000 E&T clients employed by June 30, 2009.
- To have 250 E&T clients exit due to employment by June 30, 2009.
- To have 400 E&T clients involved in work experience programs by June 30, 2009.

4) CHILD CARE CONNECTION HAWAII

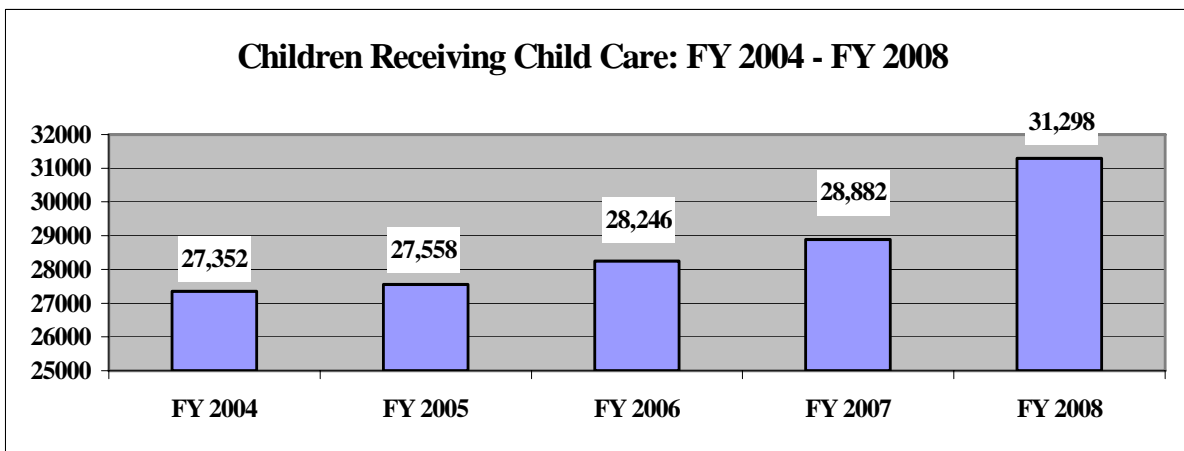
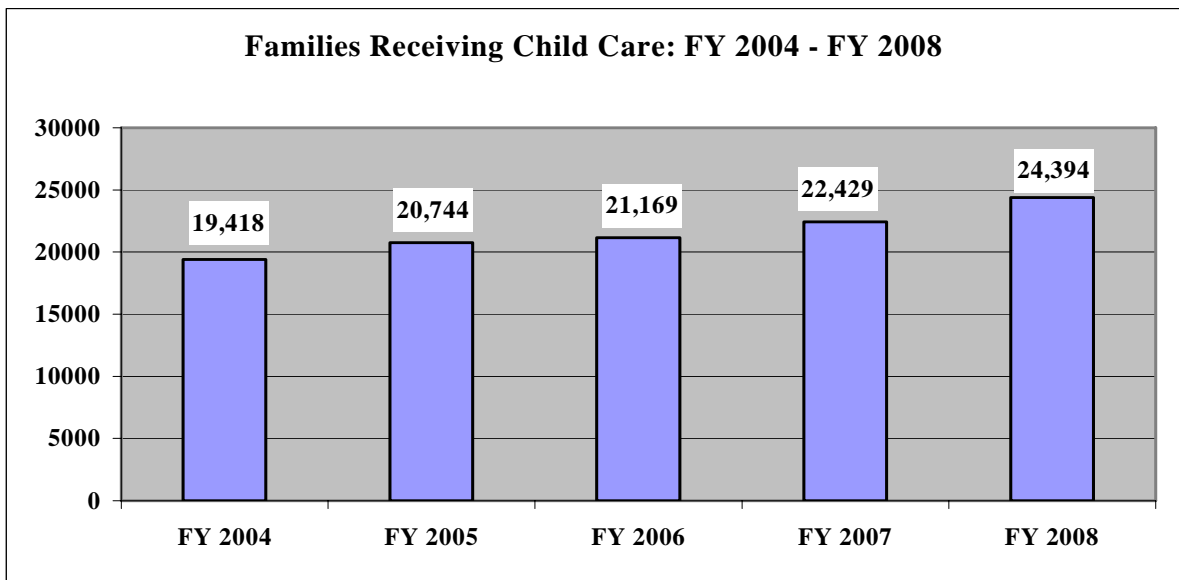
Program Description

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

Program Goal

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

The People Served:



Ethnic Distribution of Children Receiving Child Care: FY 2007 & FY 2008

Ethnicity	FY 2007	FY 2008
Part Hawaiian	27.07%	29.13%
Caucasian	17.71%	18.10%
Filipino	16.86%	16.96%
Samoan	3.55%	3.60%
Asian, Black, Hispanic	18.48%	18.65%
Other	14.33%	13.56%

Program Highlights - Child Care Connection Hawaii in FY 2007 and FY 2008

- There were 22, 429 active families receiving Child Care payment assistance for 28,882 children in FY 2007.
There were 24,394 active families receiving Child Care payment assistance for 31,298 children in FY 2008.
- Payments totaling \$42,692,105 were made to families in FY 2007.
Payments totaling \$46,494,695 were made to families in FY 2008.
- Number of Family Child Care Homes Licensed in FY 2007: 620
Number of Family Child Care Homes Licensed in FY 2008: 621
- Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2007: 626
Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2008: 626
- Licensed Child Care Slots Available in FY 2007: 35,723.
Licensed Child Care Slots Available in FY 2008: 35,729.

Future Performance Targets

Performance targets for the Child Care Connection Hawaii Program for FY 2009 are:

- To have 630 Family Child Care Homes licensed by June 30, 2009.
- To have 630 Group Care Centers licensed by June 30, 2009.
- To have additional 800+ Child Care Slots available by June 30, 2009.
- To provide child care payments for additional 800+ children by June 30, 2009.

5) HAWAII HEAD START STATE COLLABORATION PROJECT

Program Description

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

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

Program Goals

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

Head Start Collaboration Project Achievements

- Submitted funding proposal and received HHS-SCO grant award for FY 2006-2011.
- Facilitated activities to continue the *Solutions to Ice* initiative funded through a collaboration supplemental project grant which included the development of a DVD presentation entitled *Solutions To Ice: Building Resilience in Hawaii’s Keiki and Families*; the training of 84 trainers in Second Step (a preschool violence and substance abuse prevention curriculum) for Head Start classrooms and partners statewide. The partner preschools that received the training and are implementing Second Step curriculum include the Department of Education’s inclusion of special needs children preschools, and the Department of the Navy’s child development centers and 16 community preschools.
- Supported the expansion of Free to Grow community building partnerships for substance abuse prevention to the communities of Waianae and Kalihi.
- Participated in the implementation of strategic plan goals with the Head Start Association of Hawai’i, Early Childhood Comprehensive Systems (ECCS) grant, Head Start Oral Health Teams, Hawaiian Islands Oral Health Task Force, and the Homeless State Policy Committee for Young Children and their Families.
- Participated on State advisory groups to support planning and systems-building efforts: State Department of Health (DOH)/Early Childhood Comprehensive Systems (ECCS) Strategic Management Team, P-3 (Provisions for Early Learning Through Grade 3) Advisory, DHS Child Care Advisory, Sequenced Transition to Education in the Public Schools (STEPS) State Team, Early Childhood Positive Behavior Support State Team, Zero-to-Three Partners in Prevention State Team, Good Beginnings Alliance Board of Directors, and the Hawaii Careers for Young Children (HCYC) Core Team.
- Involved in the development of a comprehensive, integrated, and sustainable early learning system through participation on the Keiki First Steps Early Learning Council established by the State Legislature in 2008, building on the previous work of the Act 259 Early Learning Task Force.
- Involved in the planning and successful completion of several State conferences, including the Hawaii Association for the Education of Young Children’s Annual Leadership Conference and Annual Early Childhood Conference, the P-3 Partnerships for Transition Summit, and the Early Childhood Mental Health Leadership Summit.

- Published a “2008 Hawaii Head Start Fact Sheet” and an “Early Head Start/Head Start Community Partnership Report” and distributed to key stakeholders through a variety of venues.
- Facilitated Early Head Start/Head Start representation in early care and education systems-building planning efforts: Good Beginnings Alliance Board and Community Councils, Hawaii Careers with Young Children, and STEPS Community Teams.
- Facilitated partnership-building/increased access to resources by coordinating meetings between the Head Start Association and Hawaii Covering Kids, P-3 Transition, Hawaii Dental Association/Dental Samaritans, Community Case Management Corporation, and Women, Infants and Children Program.
- Convened planning meetings with key stakeholders in anticipation of Hawaii being an “American Academy of Pediatric Dentistry/Office of Head Start Dental Home Initiative” pilot state in 2009.
- Convened networking meetings with homeless/transitional shelters outreach service providers to share resources and coordinate efforts and activities within communities.
- Contracted services for the conducting of a needs assessment with Head Start agencies around the eight national priority areas. Data has been collected, analyzed and shared with the HSSCO Advisory for feedback. A meeting with the Head Start agencies is being planned to present the findings and solicit feedback with which to develop a 5-year strategic plan.

Looking Ahead

- Develop a strategic plan to address the needs of Head Start agencies in Hawaii with respect to collaboration, coordination and the alignment of services.
- Continue Head Start involvement in state/local policy development and planning around systems-building to enhance access to comprehensive services and support for low-income children and families.
- Increase availability and access to resources to improve health outcomes for young children.
- Support Head Start grantees in providing quality early learning programs that meet children’s and families’ needs.
- Develop and sustain the capacity of the HSSCO to fulfill its functions.

6) GENERAL ASSISTANCE (GA)

Program Description

The General Assistance program provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, who are temporarily disabled and who do not qualify for Social Security. To be eligible, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS medical board to be unable to engage in any substantial employment of at least thirty hours per week for a period of at least sixty days.

The GA program is funded by a block-grant appropriated by the State Legislature each year. This means that to stay within the block-grant appropriation, adjustments to the monthly benefit amount may be made throughout the year based on the number of individuals who are participating in the program. Currently, the monthly benefit is \$469 a month for an individual and may not exceed this amount by statute. This represents the first increase in this standard since 1994. Assets may not exceed \$2,000 for a single person and \$3,000 for a couple to maintain eligibility.

Program Goal

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

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

GA Program Achievements

- All individuals who claim a disability are examined by a contracted medical provider. All medical examinations are then reviewed by a Departmental board. This process has been implemented statewide and has standardized the definition being used to determine if a person is disabled and eligible for this program. All those needing assistance are now being assessed through the use of a consistent standard.
- The Legal Aid Society of Hawaii's advocacy contract for Social Security benefits was extended to maximize the number of people eligible for federal assistance. This service has been made available to families as well as single people.
- These two changes have been instrumental in decreasing the average length of time on State assistance from 10 months to 8 months. They have also enabled the transfer of persons with long-term disabilities to the federally-funded Social Security program.
- A new case alert process was implemented to maximize the referrals for federal benefits.
- The medical review process was modified to clarify the steps to diagnose and better service individuals with dual disabilities.
- A Memorandum of Understanding (MOU) with Public Safety Department and the Hawaii State Hospital allows DHS to process in advance, people with serious mental illness being released from these facilities. This MOU allows these individuals to receive continuous support and services.
- Our medical review forms and process were further modified to better service our customers with dual disabilities.

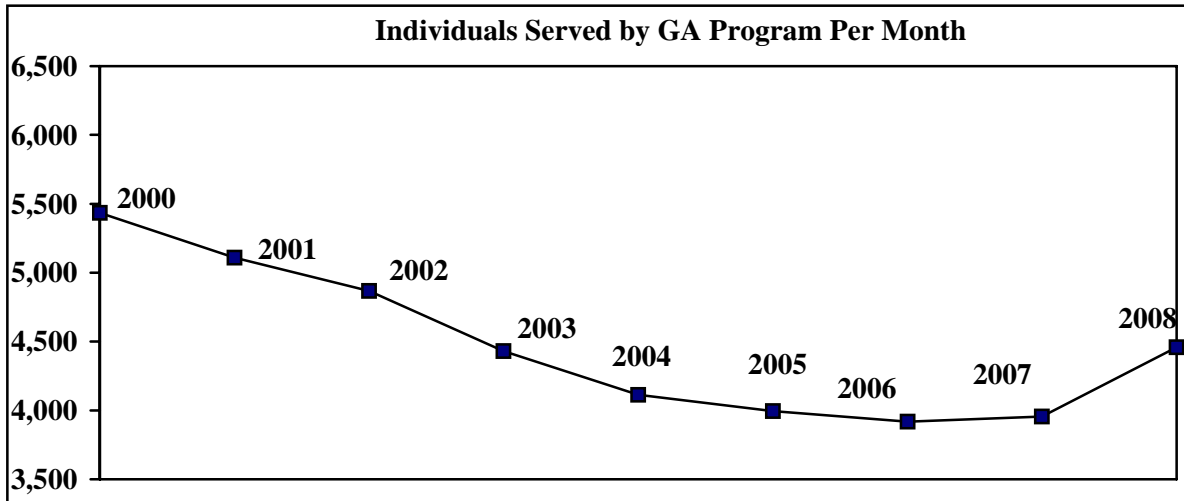
- Procedures were modified to allow applicants additional time to provide verification of disabilities before denying assistance.
- The payment standard was increased for the first time since 1994 when the basis of the standard of need was changed from a percentage of the 1993 Federal Poverty Level (FPL) to the 2006 FPL. Although not required by the implementation of Act 287, SLH 2006, which allowed the Department to base the standard of need on the 2006 Federal Poverty Level (FPL) instead of the 1993 FPL, the Department increased the assistance allowance for all its financial assistance programs, including General Assistance.

Future Challenges

- We continue to work with the Legal Aid Society of Hawaii to improve our advocacy program.
- Our medical review process continues to be modified to expedite the system and bring it more in line with the review process used for our families.
- Our medical review process continues to be modified to better service our customers with dual disabilities.
- There was a significant increase in the General Assistance caseload in FY 2008.

GA Caseload

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



Citizenship of Individuals Served by GA Program

	FY 2008
United States Citizens	94%
Non-citizens	6%

Ethnicity of Individuals Served by GA Program

Ethnicity	FY 2008
Caucasian	41%
Hawaiian/Part-Hawaiian	29%
Chinese	1%
Filipino	9%
Japanese	6%
Black	3%
Other Asian	2%
Samoan	3%
Korean	1%
Other Pacific Islanders	5%
Others	0%

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

Program Description

The Aid to the Aged, Blind, and Disabled program provides cash benefits for food, clothing, shelter, and other essentials to adults who are elderly (65 years of age or older) or who meet the Social Security Administration (SSA) definition of disabled. To qualify, individuals must have countable income that is below 50% of the 2006 Federal Poverty Level and may not have resources in excess of \$2,000 for a single person and \$3,000 for a couple.

Program Goal

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

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

AABD Program Achievements

- The Department is current in its reimbursements of SSA warrants and is meeting the federally imposed timeframe. Also, the approvals and reimbursements from Supplemental Security Income have increased significantly due to the Legal Aid Society of Hawaii's advocacy contract. This is important as it provides more money to these individuals and shifts the cost from the State to the federal government. In addition, the Department initiated a project with the Legal Aid Society of Hawaii to review all AABD cases to review their SSI status and the award amount to maximize the use of federal dollars.
- The Legal Aid Society of Hawaii's advocacy contract for Social Security benefits was extended to maximize the number of people eligible for federal assistance. This service has been made available to families as well as single people. As a result of this contract, 418 individuals were converted from State assistance to Federal Social Security in FY 2007 and 89 individuals were converted in FY 2008.

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

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

- System changes were implemented to create alerts for staff when potentially eligible individuals are not referred to the SSA.
- A special project to maximize the number of individuals referred to the SSA and to increase the individuals receiving full SSI assistance rather than partial benefits was completed.
- A full review of our non-citizen cases to identify those potentially eligible for Social Security Benefits and referred to Legal Aid Society of Hawaii was completed.
- The payment standard for these households was increased for the first time since 1994 from 62.5% of the 1993 Federal Poverty Level (FPL) to 50% of the 1996 FPL.
- New procedures to increase the referrals to the SSI Advocacy contractor were developed.

Future Challenges

We must continue to monitor and improve our SSI referrals and re-referrals.

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

AABD Caseload

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

Ethnicity of Individuals Served by AABD Program

Ethnicity	FY 2008
Filipino	25%
Chinese	12%
Other Asian and Pacific Islanders	32%
Caucasian	10%
Hawaiian/Part-Hawaiian	7%
Korean	7%
Japanese	5%
Samoan	1%
Black	1%
Others	0%

Household Characteristics of Individuals Served by AABD Program

Characteristics of Individuals	FY 2008
<i>Age of Head of Household</i>	
Age 65 and Older	62%
Younger than Age 65	38%
<i>Marital Status of Head of Household</i>	
Married	21%
Widowed	31%
Single	25%
Separated	13%
Divorced	9%
Common Law	1%
<i>Gender of Head of Household</i>	
Female	60%
Male	40%

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

Citizenship of Individuals Served by AABD Program

United States citizens	44%
Non-citizens	56%

Other Data Pertaining to AABD Program


Length Of Time On Assistance	30 months
One-Member Households	89%
Two-Member Households	11%

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

Program Description

Effective October 1, 2008, the Food Stamp program was renamed the Supplemental Nutritional Assistance Program (SNAP). SNAP is a federal program funded through the U.S. Department of Agriculture that helped put food on the table for approximately 47,545 Hawaii families each day in FY 2007 and FY 2008. The SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores, to ensure that they have access to a healthy diet. The SNAP provides crucial support to Hawaii's needy households and to those making the transition from welfare to work.

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

	<p>The EBT card has the individual's cash benefits, child care assistance, and SNAP benefits that may be drawn down like a debit card.</p>
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To participate in SNAP:

- Households may have no more than \$2,000 in countable resources, such as a bank account (\$3,000 if at least one person in the household is age 60 or older, or is disabled). Certain resources are not counted, such as a home and lot and automobiles.
- The gross monthly income must be 130% or less of the federal poverty guidelines, which was \$2,140 for a family of three in Hawaii in FY 2008. Gross income includes all cash payments made to a household, with a few exceptions specified in the law or by program regulations.
- Net monthly income must be 100% or less of federal poverty guidelines, which was \$1,646 for a family of three in Hawaii in FY 2008. Net income is determined by adding all of a household's gross income, and then applying a standard household deduction and other deductions, if applicable and allowable, for child care, shelter costs, and medical expenses. Households with an elderly or disabled member are subject only to the net income test.
- Most able-bodied adult applicants must meet certain work requirements.
- All household members must provide a Social Security number or apply for one.

Program Goal

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

Program Objective

To meet Federal compliance standards.

SNAP Achievements

Hawaii achieved a payment accuracy rate of 96.6% and ranked 7th in the nation for lowest payment error rate for FY 2006. Hawaii was awarded a high performance bonus of \$567,407 for exceptional accuracy. The national accuracy average was 94.01%. Hawaii also had a program access rate of 56% in FY 2006 and was ranked 20th in the nation. The national average for program access was 51%.

Hawaii received a high performance bonus of \$462,480 in FY 2008 for an exceptional program access rate of 68.4% in FY 2007. Program access is the number of “potentially” eligible low income families in Hawaii measured against the actual number of families receiving SNAP

benefits in the State. Hawaii ranked 4th in the nation in program access, but was also ranked #1 in most improved program access in FY 2007.

Hawaii also achieved a payment accuracy rate of 96.8% and ranked 9th in the nation for lowest payment error rate for FY 2007. The national accuracy average was 94.4%. High performance bonuses are given to the top seven states, so Hawaii did not receive a high performance bonus for accuracy in FY 2008 for FY 2007, though Hawaii performed very well.

Ledger:

- TANF = Temporary Assistance for Needy Families recipients
- TAONF = Temporary Assistance for Other Needy Families recipients
- NA = Non-Assistance recipients
- GA = General Assistance recipients
- SSI = Supplemental Security Income recipients
- ABD = Aid to the Aged, Blind and Disabled recipients
- NPA = Non-Public Assistance recipients

**Food Stamp Program Participation FY 2007
(Monthly Average)**

Program	Number of Persons Participating	Number of Households Participating	Benefits Issued
TANF	11,503	3,927	\$1,742,655
TAONF	5,239	1,576	\$779,265
NA	2,465	669	\$327,659
GA	2,897	2,864	\$558,185
SSI	12,328	11,340	\$1,651,989
ABD	832	763	\$157,028
NPA	53,583	23,887	\$7,676,652
Total	88,847	45,026	\$12,893,433

**SNAP Participation FY 2008
(Monthly Average)**

Program	Number of Persons Participating	Number of Households Participating	Benefits Issued
TANF	10,558	3,573	\$1,644,696
TAONF	4,531	1,246	\$696,470
NA	3,383	964	\$511,016
GA	3,262	3,228	\$634,819
SSI	12,538	11,559	\$1,824,343
ABD	835	768	\$161,174
NPA	58,849	26,207	\$9,169,855
Total	93,956	47,545	\$14,642,373

Future Challenges/Goals

- The 2008 Farm Bill renamed the Food Stamp Program as the Supplemental Nutrition Assistance Program (SNAP) effective October 1, 2008. The name change requires that the Department develop a media plan to advertise/announce the name change to recipients, Departmental personnel and staff offices, retailers, the general public, and partnering agencies. The Department must also revise all the notices, forms, brochures,

and applications that are used by SNAP, as well as revise all the Hawaii Administrative Rules (HAR) that govern the SNAP. The Department is confident that this can be accomplished incrementally over a one-year period.

- In the first three months of FY 2009, the average monthly number of families receiving SNAP benefits has increased 7%. Due to the weakened economy at the national and State level and an expectation that the economy will continue to shrink in FY 2009, SNAP is bracing for the SNAP caseload to continue to grow.

To deal with the increasing caseload in a time of severe State fiscal constraints, SNAP is looking to ease the caseload burden by simplifying SNAP policies and processes. A greater emphasis will be placed on conducting all recertification interviews by telephone to reduce client contact and streamline casework.

SNAP also plans to expand the categorical eligibility option which will eliminate the asset test for all SNAP applicants and increase the gross monthly income limit from 130% to 185% of the federal poverty limit. Although this has the potential to further increase the SNAP caseload, the simplification of eligibility determinations and easing of other eligibility factors should offset this staff burden.

- Simplified reporting was implemented in August 2006 and has proved to be effective in error reduction and streamlining the workload. The 2008 Farm Bill contained a provision to allow states to extend simplified reporting to elderly, disabled, homeless, and migrant households. Hawaii plans to implement this expansion provision as soon as possible.
- SNAP will continue partnering with the Department of Health and the University of Hawaii, to administer a significant and cooperative SNAP Nutrition Education (SNAP-Ed) Program for FY 2009. SNAP-Ed is a very important aspect of the overall SNAP program as it provides meaningful nutrition education services that encourage SNAP recipients to shop wisely and eat healthy.

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

The Vocational Rehabilitation and Services for the Blind Division (VRSBD) administers three programs that have separate but related functions to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives. The underlying philosophy and goal of the VRSBD is that through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society. VRSBD had a State Fiscal Year (SFY) 2007 budget of \$17,917,817 and a SFY 2008 budget of \$18,364,471.

1) VOCATIONAL REHABILITATION PROGRAM (VR)

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

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

VR Program Achievements

- VR served 7,858 individuals with disabilities in FY 2007 and 6,990 individuals with disabilities in FY 2008.
- VR received 2,716 new referrals in FY 2007 and 2,491 new referrals in FY 2008.
- 560 individuals achieved successful employment outcomes in FY 2007 and 589 individuals in FY 2008. 549 individuals (98%) were placed into competitive positions in FY 2007 and 556 (94%) were placed into competitive positions in FY 2008.
- In FY 2007, there were 467 (83%) individuals placed who were individuals with significant disabilities. In FY 2008, 503 (85%) individuals with significant disabilities were placed.
- In FY 2007, 158 (28%) individuals received public assistance prior to their rehabilitation. In FY 2008, 140 (24%) individuals received public assistance.
- 89 (15%) were individuals from the SEVR/Transition Program. The Special Education-Vocational Rehabilitation Program (SEVR) is a cooperative effort between the Department of Education and the Department of Human Services to provide VR services to eligible students as they transition from the school into the workforce. Of the 589 individuals rehabilitated in FY 2008, 89 (15%) were students from the Department of Education.
- The VR program is cost effective. The average cost per individual rehabilitated in FY 2007 was \$4,481. In FY 2008, the average cost was \$4,031.

- The average annual earnings per individual before receiving VR services in FY 2007 was \$2,560. The average annual earnings per rehabilitated individual after receiving VR services was \$15,578.

The average annual earnings per individual before receiving VR services in FY 2008 was \$4,400. The average annual earnings per rehabilitated individual after receiving VR services was \$20,355.

- The average annual taxes paid per rehabilitated individual in FY 2007 were \$3,704. The average annual taxes paid per rehabilitated individual in FY 2008 were \$4,170.

(All figures are estimates based on an individual filing as a single household income with an annual earning of \$20,355.92)

<i>Indicators</i>	FY2005	FY2006	FY2007	FY2008
<i>Participants Served</i>	7,474	7,712	7,858	6,990
<i>Referrals Received</i>	2,604	2,315	2,716	2,491
<i>Placed into Jobs</i>	735	697	560	589
<i>Placed into Competitive Jobs</i>	692 (94%)	659 (95%)	549 (98%)	556 (94%)
<i>Participants with Severe Disabilities</i>	609 (83%)	602 (86%)	467 (83%)	503 (85%)
<i>Receiving Public Assistance</i>	229 (31%)	214 (31%)	158 (28%)	140 (24%)
<i>Net Gain in Annual Earning Power</i>	618%	618%	615%	463%

Maui Branch Rehabilitant and Employer of the Year 2007

For Rogie Pagatpatan, having a disability never stopped him from working for long periods. Finding a good job for Rogie requires assistance in completing applications and interviewing. Each time he needs to look for a new job, he enlists the help of Vocational Rehabilitation Specialist (VRS) Lydia Sheets in the Maui Branch Office. Rogie and Lydia have been a successful team for many years to help Rogie find and keep jobs.

Most recently, Lydia helped Rogie obtain a position with Maui Disposal Company, Inc. where he was hired as an assorter at the company's Material Recovery Facility – a processing plant for recyclable products including plastic, glass, aluminum, and mixed paper. Maui Disposal is a commercial hauler of mixed solid waste and recyclable products for businesses, condominiums, gated communities and contractors, as well as for the Federal, State and County agencies. The company operates 365 days a year and employs more than 100 men and women.

Maui Disposal has worked with VRSBD in employing several persons with disabilities at different facilities within the company. Maui Disposal exemplifies an employer who has embraced the concepts of work supports and reasonable accommodations into the work site as good business practices for all employees. Although some VR clients who gain entry-level jobs at Maui Disposal have left for higher-level positions with other companies, Rick Miller, Vice President of Operations, believes these men and women should move on if it means making better lives for themselves.

Rogie works with other processors and several supervisors. His job requires teamwork, cooperation, conscientiousness and tolerance to waste products, outdoors work, environmental factors and working around moving machinery. He has proven he can handle the job. In the beginning, it was rocky at times and it didn't appear to be working out. With the help of supervisors, Wes Pali and Wendell Parker, Rogie has become a valued employee.

This job is a perfect match for Rogie. Although his work can be chaotic on occasion, it works well for Rogie's personality. He has made some sense of order in an environment where the work can be disorganized and never ending. Also, his job at Maui Disposal offers full benefits such as retirement plan, profit sharing and medical and dental insurance. Although Rogie is eligible to receive Social Security Disability benefits, he chooses to work and has not wavered in his informed choice. In fact, you can see him on his customized bike, with his work packs, as he pedals along Mokulele Highway. On October 11, 2007, both Rogie and Maui Disposal Company were honored as Maui Branch of VRSBD's Rehabilitant and Employer of the SFY 2007. October was National Disability Employment Awareness Month and the theme for the year was, *Workers with Disabilities: Talent for a winning Team.*



Rogie's persistence is admirable, and his commitment has impressed his supervisors. He was honored as the "Employee of the Month" in June 2007. Rogie's success is due in part to his supportive and patient supervisors, who look at his abilities rather than his limitations.

l-r) Wendell Parker, Supervisor Maui Disposal; Lydia Sheets, Maui VRS; Rogie Pagatapan, Maui 2007 Rehabilitant; Rick Miller, VP Operations of Maui Disposal

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

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

Ho'opono Program Achievements

- The Adjustment Section served 56 individuals including 49 individuals with severe disabilities to adjust to their blindness and to live more independently in FY 2007. On the Neighbor Islands, 15 individuals were served. The Adjustment Section served 59 individuals in FY 2008.
- The Low Vision Clinic served 265 individuals in FY 2007 and 280 individuals in FY 2008, assisting them to maximize use of their residual vision for reading and distance viewing.
- VR Counselors placed 4 individuals with severe visual problems into a diversity of employment opportunities in FY 2007 and 22 individuals in FY 2008 with an average hourly wage at closure of \$19.37.

- In FY 2007, Home Rehabilitation Teachers provided services that equipped 305 persons who are older blind with personal, leisure, and home management activities to enable them to live as independently as possible in FY 2007. In FY 2008, 250 persons were provided services.
- A wide range of volunteers provided 367 hours of support services to the agency in FY 2007. The estimated value of these services totaled approximately \$3,580. Twenty volunteers provided 250 hours of support in FY 2008 with an estimate value of \$2,000.
- The Annual White Cane Safety Awareness Day walk was held on October 12, 2007 in the Capitol District with Lieutenant Governor James R. “Duke” Aiona and Director of Human Services Lillian Koller participating. In FY 2008, there were 200 participants, led by DHS Deputy Director Henry Oliva. The purpose of this annual event is to promote safety and to increase public awareness of white cane users.
- In FY 2007, the fourth Camp Ho’opono, a week long retreat for youth held at Camp Erdman on the North Shore of Oahu, challenged 10 young people to use blindness skills in an outdoor setting. The fifth annual Camp Ho’opono in FY 2008, for the first time, brought together New Visions students and youth from the various high schools. This integration added to the self confidence of the youth to use their blindness skills in an outdoor integrated setting.
- The Ho’opono Hale, a 24/7 residential program teaches blind individuals from the Hawaiian Islands, US Pacific Territories and the Federated States of Micronesia.
- The Business Enterprise (Vending Facility) program had 37 licensed vendors in FY 2007 with their business enterprise sites having total gross sales of over \$23 million. The average net income was \$72,412 per vendor. By comparison, the average income for blind vendors across the nation in FFY 2005 was \$43,584. In FY 2008, legally blind vendors at 38 business enterprise sites had total gross sales of \$26,471,377.

Business Enterprise Program (Randolph-Sheppard Vending Facility Program)

The Business Enterprise program was established under the Randolph-Sheppard Act passed by Congress in 1936. The Randolph-Sheppard Act established the priority for blind persons to operate vending stands on government and other properties. The first vending operation in Hawaii started in 1938 at the downtown territorial post office.

There are 48 States, the District of Columbia and Puerto Rico that participate in the Randolph-Sheppard Vending Program. There are three classifications of facilities: vending machines, cafeterias, and snack bars/other. Hawaii’s program is only one of twelve States that does not assess set-aside payments from net proceeds to fund its program operations, enabling the vendors to keep more of their vending income.

RANDOLPH-SHEPPARD VENDING FACILITY PROGRAM GROWTH

	2006	2007	2008
Gross Sales	\$22,178,806	\$23,485,513	\$26,498,946
Merchandise Purchased	\$10,474,532	\$11,698,470	\$12,208,219
Gross Profit	\$11,704,274	\$11,919,761	\$14,236,509
Other Operating Expenses	\$ 9,898,536	\$10,250,920	\$11,711,702
Operating Profit	\$ 1,805,738	\$ 1,688,841	\$ 2,524,807
Other Income	\$ 1,214,157	\$ 1,009,152	\$ 1,269,771
Net Proceeds	\$ 3,019,895	\$ 2,677,933	\$ 3,794,578
Set Aside Funds	0	0	0
Fair Minimum Return	0	0	0
Net Profit Vendors	\$ 3,019,895	\$ 2,677,994	\$ 3,794,578
Revolving Account Funds Added	\$ 460,959	\$ 522,612	\$ 574,531
VR Clients Trained and Placed	1	1	1

3) DISABILITY DETERMINATION PROGRAM

The Disability Determination Branch (DDB) determines eligibility for Social Security Disability Insurance (SSDI) benefits and Supplemental Security Income (SSI) payments. The SSDI (Title II of the Social Security Act) program provides benefits to insured workers with disabilities and their families based on the workers' employment and earnings history. The SSI (Title XVI) program serves financially needy, aged, blind, and disabled individuals, including those with no recent employment experience. DDB adjudicates and processes disability claims of Hawaii residents for SSDI authorized by Title II of the Social Security Act and SSI authorized by Title XVI of the Act.

Program Goal

To maximize program effectiveness and efficiency by determining the eligibility of applicants for assistance.

Disability Determination Program Achievements

- 9,125 disability determination claims were processed in FY 2007 with a 94.2% accuracy rate achieved on all determinations processed which was the best in Region IX in FY 2007. In FY 2008, DDB processed a total of 9,008 cases with a 95.8% accuracy rate.
- 4,353 favorable determinations (47.7%) were made in FY 2007 with 4,558 favorable determinations (50.6%) in FY 2008.
- In FY 2007, 22,100 individuals, plus dependents, received SSDI benefits and 16,274 individuals received SSI payments. A combined total of \$446,284,709 in SSDI (\$350,658,685) and SSI payments (\$95,626,024) were made to residents of Hawaii. In FY 2008, 23,934 and 23,328 Hawaii residents received SSDI and SSI benefits, respectively. Total payments made to these SSI and SSDI recipients was \$391,051,712.
- In FY 2007, 1,557 children were receiving benefits with an average benefit of \$496.88 per week or a yearly total in benefits of \$40,229,392.32. For FY 2008, 2,469 children received benefits.

- In FY 2007, Cynthia Kenmotsu, Vocational Specialist, received the Social Security Administration's Associate Commissioner Citation and Seis Arechy, Branch Administrator, received the Social Security Service Award.
- In FY 2008, Vikki Nakamura, Operational Unit Supervisor received SSA Commissioner's Citation for her exemplary leadership. Seis Arechy, DDB Branch Administrator, received the Associate Commissioner's Citation for his work/contribution on the Budget Allocation Workgroup.

DDB Program Accomplishments

Indicators	FY 2005	FY 2006	FY 2007	FY 2008
Claims Processed	9,809	8,077	9,125	9,008
Favorable Determinations	5,151	4,465	4,353	4,558
Accuracy Rate	97.1%	95.1%	94.2%	95.8%
Payments made to Hawaii's residents	\$299,657,000	\$321,284,000	\$446,284,709	\$391,051,712

DISABILITY DOESN'T MEAN INABILITY

The purpose of National Disability Employment Awareness Month in October is to acknowledge and celebrate the accomplishments of people with disabilities who have overcome barriers and are successfully employed by enlightened employers.

The National Organization on Disabilities pointed out that the disability community, comprising nearly one-fifth of the American population, is an untapped market worth over \$220 billion in collective spending power. Enlarging on this economic stimulus are families, friends and service providers of persons with disabilities. The disability community responds positively to companies whose marketing approaches are sensitive to their needs and interests. It means putting more money back in the economy and contributions as taxpayers with creativity, loyalty and consumer diversity in an expanded workforce.

VR assists eligible persons with disabilities to become successfully employed. Hawai'i is facing a serious shortage of workers due to having the nation's lowest unemployment rate, and, therefore, offers many opportunities for persons with disabilities who were skilled, experienced and motivated for employment.

Looking Ahead

VR is rolling out the new Partnership Plus Option of the Social Security Administration's Ticket to Work Program for SSDI and SSI beneficiaries. This is a voluntary employment program. VR continues to provide valuable training and rehabilitation services to get a person into the workforce. Partnership Plus allows beneficiaries to assign their Ticket to an Employment Network for services and supports needed to maintain their employment, after VR case closure. The Partnership Plus Option offers both VR and their partners (referred to as Employment Networks) revenue when these beneficiaries achieve employment earning milestones.

VR will continue to provide an emphasis on student transition services, an on-going priority from the Rehabilitation Services Administration (RSA). This past year, VR Oahu Branch has dedicated 20% of its workforce to specifically work with the transition population. This change has brought an increase in communication, greater collaboration, and an overall improvement in relationship between VR and the Department of Education (DOE).

Next year, VR will assemble a Transition Committee, comprised of staff members representing Oahu and each Neighbor Island. The focus will be to build on the relationship with the DOE and increase employment outcomes with the transition population statewide. This Committee will also focus on continuing the Hawaii VR Literacy Project, a successful 5-year research grant that will end in February 2009. The Committee will review the information collected from the Literacy Project and develop a method of providing literacy services to transitioning students. The goal will be to improve the literacy level for students exiting the DOE system.

CHAPTER FOUR PROTECTION

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

A. SOCIAL SERVICES DIVISION (SSD): Programs, Services, Achievement. And Looking Ahead

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

The Department has developed and implemented many new programs and improvements in both child welfare and adult services. In child welfare services, these include:

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

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

- Significant expansion of the Nursing Home Without Walls program by doubling in size.
- The Residential Alternative Community Care program and other home and community care Medicaid waiver programs increased services to consumers and reduced costs to taxpayers for costly institutional long-term care services.
- The frail elderly can remain in their homes longer through chore services and the respite and senior companion programs.
- Passage of Act 154, SLH 2008, expanded the Department of Human Services’ authority to intervene and investigate reports of suspected abuse, neglect, or financial exploitation of vulnerable adults. This act will go into effect on July 1, 2009.

CHILD WELFARE SERVICES (CWS)

The goal of the Child Welfare Services Branch (CWSB) is ensuring the safety, permanency and well-being of children in their own homes. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living, along with licensing of foster family boarding homes, group homes and child placing organizations. Services are available on the Islands of Oahu, Hawaii, Kauai, Maui, Molokai and Lanai. There are 36 CWSB units/sub-units and a staff of over 500.

When it becomes necessary to remove a child from the family home, family connections are preserved through regular visits with parents and siblings. When a child cannot be safely returned to the family within a reasonable timeframe, CWSB proceeds with a permanent placement through adoption, legal guardianship or other long-term substitute care. Additional information is available in “A Guide to Child Welfare Services” on the Department’s Web site at www.hawaii.gov/dhs.

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

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

Strategies for CWSB focus on:

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

We envision a Hawaii where:

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

Caseload

At the end of State Fiscal Year (SFY) 2008, there were 5,664 active CWSB cases compared to 5,773 active cases at the end of SFY 2007.

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

Reporting and Intake

Child abuse and neglect reports submitted to CWSB are assessed using an intake assessment protocol developed by the Department in collaboration with the National Resource Center on Child Protection. This system determines the least intensive and most effective intervention that will protect the safety of the child. Over the past four years, the number of reports assigned for investigation has decreased from 5,216 in SFY 2005 to 4,388 in SFY 2008. During this same period, the number of intakes with confirmed reports decreased from 2,704 in SFY 2003 to 1,136 in SFY 2008.

Types of Child Maltreatment Reports Statewide

Type of Maltreatment	SFY2005		SFY2006		SFY2007		SFY2008	
	Number	%	Number	%	Number	%	Number	%
Threatened Harm	1,729	64%	1,387	65%	1,425	74%	829	73%
Neglect/Deprivation	406	15%	342	16%	193	10%	125	11%
Physical Abuse	324	12%	256	12%	174	9%	102	9%
Sexual Abuse	162	6%	107	5%	96	5%	57	5%
Psych. Abuse	27	1%	21	1%	19	1%	11	1%
Medical Neglect	54	2%	21	1%	19	1%	11	1%
Number of Children	2,702		2,134		1,926		1,136	

In SFY 2008 there were 4,388 reports assigned for CWSB investigation, compared to 4,227 reports in SFY 2007. The reports include a total of 4,356 children, of which 1,955 were confirmed as victims of child maltreatment. In the majority of cases, children with confirmed reports had been threatened with harm to their safety and suffered no actual harm.

We are experiencing a decrease in the number of cases confirmed for abuse or neglect due to the implementation of the Differential Response System (DRS) in 2005. This decrease has also resulted in a corresponding decrease of children in foster care of approximately 42%. Significantly, this decrease in numbers of cases confirmed and children in care has occurred at the same time Hawaii's recurrence of abuse has dropped from 6% in FY 2003 to 3.1% in FY 2008 which is far better than the national standard of 6.1%.

Foster Care

A total of 3,368 children were in foster care during SFY 2008, compared to 3,982 children during SFY 2007. Children aged five and younger constituted nearly 36% of all children in State care. Of the 1,765 children who exited foster care in SFY 2008, 1,014 (57.45%) were reunified with their families, 398 (22.55%) were adopted, 147 (8.33%) left care to a legal guardianship, and 181 (10.25%) left to a permanent arrangement, such as emancipation. DHS continues with ongoing efforts to increase services to strengthen families and allow children to remain safely in their family home without CPS intervention; success in this endeavor is evidenced by the subsequent decrease in the number of children requiring foster care services to ensure their safety and the reduction in child re-abuse from 6% in FY 2003 to 3.1% in FY 2008.

The number of children in foster care during a month has decreased from a monthly average of approximately 3,000 children in 2004 to just 1,500 children today. This is the lowest number since 1993.

Number of Children in Foster Care

Age/ Years	SFY 2004		SFY2005		SFY2006		SFY2007		SFY2008	
	Number	%	Number	%	Number	%	Number	%	Number	%
0 to 5	2,123	41%	1,895	39%	1,535	35%	1,492	38%	1,201	36%
6 to 11	1,502	29%	1,361	28%	1,184	27%	1,023	26%	887	26%
12 to 18	1,553	30%	1,604	33%	1,666	38%	1,467	36%	1,280	38%
Total	5,178		4,860		4,385		3,982		3,368	

Licensed Resource Foster Homes Statewide

Type of Foster Home	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008
General Licensed Homes	753	731	734	666	629
Child-Specific Licensed Homes	1,173	1,160	955	821	649
Total	1,926	1,891	1,689	1,487	1,378

At the end of SFY 2008, there were 1,378 resource foster homes. This decline in the number of child specific homes reflects the decrease in the number of children in foster care.

There was an overall decrease in the total number of resource foster families from 1,926 in SFY 2004 to 1,378 in SFY 2008 and a corresponding decrease in the number of children in foster care from a monthly average of 2,834 in SFY 2004 to a monthly average of 1,678 in SFY 2008. However, as the following chart shows, there was an improvement in the ratio of resource foster families to foster children from 1:1.54 foster children in SFY 2004 to 1:1.27 foster children in SFY 2008.

Ratio of Licensed Resource Foster Home to Foster Children

	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008
Resource Foster Homes	1,929	1,891	1,689	1,487	1,378
Children in Care [average monthly count]	2,963	2,850	2,603	2,243	1,752
Ratio of Resource Foster Homes to Children in Foster Care	1:1.54	1:1.51	1:1.54	1:1.51	1:1.27

Child-specific licensed foster parents are relatives or individuals licensed for a specific child. Home studies and training of these prospective child-specific foster parents are provided by Catholic Charities of Hawaii as part of the larger Hui Ho'omalua contract. Interested individuals may call 1-808-527-4945 for more information.

In August 2004, a Federal grant from the Administration for Native Americans was awarded to the Partners In Development Foundation, a Native Hawaiian community-based organization, in partnership with DHS, to encourage statewide recruitment of Native Hawaiian foster homes for children. As a result of the partnership and aggressive efforts to recruit, train, and license Native Hawaiian resource foster parents, the percentage of Native Hawaiian children placed in Native Hawaiian foster homes continues to increase. As a result of these efforts, the majority of Native Hawaiian children who need foster placement are able to be placed with Native Hawaiian foster parents. In SFY 2008, 288 out of 524 (54.91%) of Native Hawaiian children who were in resource foster homes were placed in Native Hawaiian resource foster homes.

The data are showing that less Native Hawaiian children are being placed in out-of-home care and more of the Native Hawaiian children placed in out-of-home care are placed in Native Hawaiian homes. The Department has aggressively pursued a policy of looking within a child's `ohana for resources when a child has to be removed from the family home for safety reasons. Increased family strengthening services and involvement of the Native Hawaiian community has helped to dramatically decrease the number of Native Hawaiian children entering foster care.

Child Fatalities

Each death case was reviewed by the Child Protection Multi-Disciplinary Team for case planning and also the CWSB Program Development Office to determine if any CWSB rules or procedures require modification as a result of the deaths. There were 2 deaths in SFY 2008 in active CWSB cases or cases closed within 90 days, compared to 0 deaths in SFY 2007. The review team determined that both instances were accidental and there are no changes to CWSB rules or procedures that could have prevented them.

Child Welfare Goals and Outcomes

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

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

The Department's goals are to:

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

The Department is preparing for the next federal Child and Family Services Review, scheduled for June 1 to 5, 2009.

As a result of our efforts to implement and maintain systemic improvements to our child welfare system, the Department has been informed by the federal CFSR Team that we have already achieved or surpassed 4 of the 6 national data standards that are included in the next federal CFSR.

SFY 2008 Summary

The Department has adopted federal child welfare outcomes for performance monitoring. The outcomes listed below are for the reporting period July 2007 through June 2008.

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

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

For FY 08, only 3.1% or 59 children had another confirmed report within six months, far surpassing the national standard of 6.1% and continuing a trend that has resulted in Hawaii having one of the lowest child re-abuse rates in the country.

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

Measure: Of all children who were in foster care during FY 08, what percentage were the subject of confirmed maltreatment by a foster parent or facility staff?

In FY 08, 0.40% or 15 children in foster care were subject to confirmed maltreatment by a foster parent or facility staff. This outcome is better than the national standard of 0.57%.

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

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

In FY 08, 79.9% or 798 children were reunified with their parents or caregivers within 12 months from their entry into foster care, exceeding the national standard of 76.2%.

Goal 4: Reduce foster care re-entries

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

In FY 08, 8.7% or 116 children who were reunified with their parents or caregivers re-entered foster care within 12 months of a prior foster care episode. This figure is slightly above the national standard of 8.6%, but a significant improvement over the FY 07 13.9% re-entry rate.

Goal 5: Reduce time in foster care to adoption

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

In FY 08, we exceeded the national standard of 32.0%, with 33.2%, or 131 children in out-of-home care exiting care to adoption within 24 months from their latest removal from the home.

Goal 6: Increase placement stability

Measure: Of all children served who had been in foster care, what percentage had no more than two placement settings during that time period?

In FY 08, 87.8% or 1,322 children experienced two or fewer placements within their first twelve months of care, a significant improvement over FY 07 rate of 85.4% and better than the national standard of 86.7%.

Accomplishments

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

- DHS formerly used a “one-size-fits-all” approach when investigating reports of child abuse or neglect. Now DHS uses an innovative Differential Response System that carefully weighs the risk factors in a family's home. The system was developed in conjunction with the National Resource Center for Child Protective Services in New Mexico, and with the help of information technology faculty and students at Maui Community College.
- DHS has also lowered foster care numbers and increased child safety by investing Temporary Assistance for Needy Families (TANF) federal funds in poverty prevention programs. These community-based services use proven methods for helping parents find and retain employment and helping young people succeed in school and avoid drug abuse, crime and out-of-wedlock pregnancies.
- DHS successfully completed its first federal CFSR in 2006, which involved making systemic changes to the child welfare system and achieving more than 350 benchmark action steps.
- These positive foster care trends come as DHS prepares for its second federal CFSR, which the U.S. Department of Health and Human Services will conduct in June 2009. This nationwide review will help Hawai'i and other states identify aspects of child welfare services that need further improvement.
- In November 2008, DHS brought together Native Hawaiian community leaders from across the State to discuss ways of keeping at-risk keiki connected with their biological and hanai families and with their Hawaiian culture. Among the speakers at this one-day event on Oahu were Lt. Governor James R. “Duke” Aiona, Jr., Human Services Director Lillian Koller, Scott Seto (DHS – Maui), and Billy Kenoi (Mayor – Big Island). In addition, various community partners and stakeholders served as panel discussion facilitators including: Venus Rosete-Hill (Neighborhood Place of Wailuku – Maui), Kyle Nakanelua (Hale Mua – Maui), and Dr. Kimo Alamedo (DOH – Big Island).

Mass Adoption Ceremonies

DHS joined the Family Court and nonprofit community groups in November 2007 to conduct the State's first mass adoption of children from foster care. The event was part of “National Adoption Day” ceremonies held across the country. Hawaii's second mass adoption ceremony was conducted in November 2008.

- National Adoption Day is a collective effort to raise awareness about America’s children in foster care awaiting adoption. Each year, more than 20,000 foster youth across the country turn 18 and thus “age-out” of child welfare systems without being adopted.
- For the November 2007 National Adoption Day in Hawaii, 11 families adopted 16 children. For the November 2008 National Adoption Day in Hawaii, 24 families adopted 28 children.

Support For Foster Families

To boost efforts by DHS in providing safe and loving homes for Hawaii’s foster children, Governor Linda Lingle signed an administrative directive in July 2007 that supports State employees who are licensed foster parents for abused and neglected children.

- Under the directive, State employees are granted administrative leave so they can attend Family Court hearings involving their foster children. This leave program acknowledges the invaluable contributions of foster parents and encourages other State workers to consider opening their homes to foster children.
- Governor Lingle also signed two bills into law in June 2008 that help foster youth maintain relationships with their relatives and hanai families, as well as assist the youth in meeting their higher education goals. Both new laws took effect on July 1, 2008.
 - Under Act 198, an Administration-sponsored bill, former foster youth, including those adopted, are given additional time to apply for and receive higher education benefits. This allowance of \$529 per month helps pay for living expenses while attending school or taking part in vocational training.
 - Act 199 ensures that children in need of foster care are afforded an opportunity to stay with relatives or hanai family members who are willing and able to provide safe and nurturing home environments. This law, sponsored by the Office of Hawaiian Affairs, expands the definition of a relative to include hanai family members or “an adult other than a blood relative who performs or has performed a substantial role in the upbringing or material support of a child.”
- The Department was recognized in December 2007 by the U.S. Department of Health and Human Services for progress in promoting adoptions in recent years through a coordinated and multi-faceted approach in collaboration with the Family Court and community and faith-based organizations. For the past 5 years, Hawaii has consistently exceeded the national standard for timely adoptions.

Strengths-Oriented Practice

- DHS has implemented strategies to frontload family strengthening and voluntary case management services and to provide families in crisis access to community-based early response alternatives. These strategies are working in terms of keeping families intact, keeping children safe and engaging families through less restrictive/intrusive approaches. Approximately 1,500 families are participating in Family Strengthening and Voluntary Case Management services statewide at any point in time. This is a tribute to the Department’s intake staff and service providers, who have clearly demonstrated that our interventions can be provided based on the least intensive and most effective means for each family. This strategy has resulted in fewer children in foster care and one of the lowest recurrences of abuse rates in the country.

DHS and our Voluntary Case Management (VCM) and Family Strengthening Services (FSS) partners also utilize the services of Enhanced Healthy Start. Referrals by CWS staff and providers of VCM and FSS services are mandatory for families with children up to one year of age and optional for families with children 1 year to 30 months of age. CWS staff report that support, mediation, and guidance provided by Enhanced Healthy Start has resulted in a lessening and, in many cases, elimination of safety concerns. Additionally, Enhanced Healthy Start interventions and regular in-home support have enabled several parents to regain custody of their children and have taught parents how to handle their children's behavior in a positive, age-appropriate manner.

- DHS continues to collaborate with the University of Hawaii School of Social Work on an innovative work study program for social worker students interested in completing a Masters of Social Work degree. This has helped in addressing the chronic vacancies in social worker positions at CWSB.
- The placement stability of children in care continues to improve. We believe this is due to the Department's Family Finding efforts at the inception of a case and recruitment of extended family as resource foster families for children in out-of-home care. Stability also continues to improve because of community-based response alternatives that keep families intact and children safe, and because of increased funding for recruitment and retention of foster homes.
- 'Ohana Conferencing is a family decision-making practice that develops and implements safety and permanency plans agreed upon by family members. First started as a pilot project in 1995, 'Ohana Conferencing has helped more than 3,000 families since 1998. In SFY 08, 1,488 Ohana Conferences were conducted. In addition, 294 Youth Circles, which are conferences specifically convened for the youth, were conducted, making for more than 1,700 total conferences in SFY 2008.
- The 'Ohana Conferencing process enlists the support of key family members and others to work with the Department in addressing and resolving child safety issues. We have expanded the availability of 'Ohana Conferencing to all parties in a CWSB case, funded outreach into the community to provide information on conferences to potential participants, and increased the number of conferences available. The Department also added Youth Circle conferences for youth who are exiting the foster care system, to reconnect them with members of their extended family who can offer support and encouragement.

Partnerships

- The Department partnered with Casey Family Programs to establish a strategic planning committee to re-assess social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision, and (4) client engagement. The committee is also developing a CWSB Partnership Practice Model to align agency written policies and procedures with the Department's mission, guiding principles, practice strategies and activities. This Practice Model includes outcomes-based contracting for relevant and culturally appropriate community-oriented / community-based services. One of the highlights of the Casey/DHS collaboration was the recent Aha, or Native Hawaiian gathering, to "kuka kuka" or discuss Native Hawaiian involvement in the child welfare system. The Aha brought participants together from all of the Islands in a single meeting to help the Department develop strategies to work together for the sake of the children. Participants also discussed strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit, retain and support foster and adoptive families.

- DHS is working with the federally-funded Kokua `Ohana Project to increase recruitment and retention of Native Hawaiian foster and adoptive families. This builds statewide on the targeted recruitment plan which started in 2004 in West Hawaii, with on-site consultation from AdoptUSKids, the National Resource Center on Adoption, and Harvest Family Life Ministry on faith-based recruitment.
- DHS enlisted the participation and coordination with our community stakeholders during the first federal CFSR's Program Improvement Plan (PIP) for child welfare services. Over 200 trainings, community meetings, informational sessions, meetings and workgroups were held over the course of the PIP. This means there was one event held approximately every 3 days during the PIP.
- The CWSB continues to support and expand the involvement of the Hawaii Foster Youth Coalition, a youth-led organization that advocates for youth in foster care. The Coalition also helps foster youth develop leadership skills and provides a mechanism for youth feedback on CWSB.
- DHS also collaborated with community leaders and stakeholders to bring the Heart Gallery to Hawaii. The Heart Gallery enlists professional photographers who donate their time to take portraits of children in foster care who are in need of permanent homes. The program is now well established in Hawaii and has demonstrated its effectiveness in other states.
- CWSB and the Department of Health's Children and Adolescent Mental Health Division have implemented a streamlined process for referral and treatment of children. This process accommodates referrals of children with potential problems that would require intensive mental health treatment, expedites treatment and increases access to mental health services, including therapeutic foster homes for children with severe emotional and behavioral needs.
- CWSB continues to collaborate with the Family Court, Volunteer Legal Services of Hawaii and the Foster Family Program to support Project Visitation. This project recruits and trains volunteers to provide transportation and facilitate visits with siblings living in different foster homes on Oahu.
- About 189 foster/adoptive families were recruited, trained and approved statewide using the Child Welfare League of America's PRIDE curriculum in 2008.
- DHS collaborated with the National Resource Center for Adoption, AdoptUSKids and local organizations to provide training and technical assistance for faith- and community-based organizations to help them recruit and support foster parents.
- CWSB expanded funding and the scope of services for comprehensive service contracts to allow access by foster parents.
- CWSB expanded efforts to locate, recruit and place children with extended family and kin. These efforts help to ensure a permanency for children, increasing the identification of connections and placement resources within their own family.
- DHS is collaborating with service providers and the Hawaii Foster Youth Coalition to help youth transition from foster care to independent living.

- In 2007, comprehensive medical assessment and health evaluation services by the Project HOPE (Hawaii Outreach Pre-Placement Evaluation)/CARE (Child-At-Risk Evaluation) program for foster children were expanded through a Robert Wood Johnson Grant awarded to Kapiolani Medical Center. HOPE/CARE is an on-going collaboration with CWSB, Kapiolani Medical Center, the University of Hawaii School of Medicine's Hawaii Dyson Initiative, the City Prosecutor's Office and the Honolulu Police Department to further expand the CARE program. This program provides all children entering foster care with complete forensic medical and psychological evaluations. In FY 2006, the Department provided additional funding for CARE to expand this service.
- The Family Drug Court is an on-going successful partnership with CWSB, the Family Court and the Department of Health's Alcohol and Drug Abuse and Public Health Nursing Divisions to assist child welfare families that have substance abuse problems.
- DHS participates in on-going collaborative groups, including the Child Welfare Services Advisory Council, Title IV-B/2 Statewide and Regional Planning Committees, the Blueprint for Child Welfare Reform and the Court Improvement Project.
- CWSB continues to work with the State Continuous Quality Improvement (CQI) Council to review/analyze supervisory review data, case review findings and data gathered on specific cases.
- CWSB has increased the promotion of `Ohana Conferencing early on for identification and involvement of kin as placement options.

Looking Ahead

The CWSB will be striving to:

- Maintain the progress made as a result of the first Federal CFSR's PIP in order to prepare for the second CFSR in June 2009.
- Evaluate and adjust our current service array to fully utilize our funding and ensure that clients receive appropriate, effective and quality services.
- Ensure a stable and professional workforce.
- Sustain our ability to respond to emerging needs.
- Secure sufficient funding, maximizing federal revenue whenever possible, to ensure compliance with federal mandates and other requirements.
- Strengthen our collaboration and partnerships with State and community stakeholders.
- Maintain our ability to access and utilize Federal funding.

2) ADULT PROTECTIVE SERVICES in the ADULT AND COMMUNITY CARE SERVICES BRANCH (ACCSB)

The Adult and Community Care Services Branch (ACCSB) provides Adult Protective Services to protect vulnerable dependent adults and home and community-based services to prevent premature institutionalization of vulnerable dependent adults.

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

Program Goals

Safety – Protection of Vulnerable Dependent Adults

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

ADULT PROTECTIVE SERVICES

	FY 04 Actual	FY 05 Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual
Reports investigated	671	598	514	575	625
Confirmed abuse or neglect	168	135	120	118	110
% confirmed	25%	23%	23%	21%	18%
Re-abuse within 12 month period	1.6%	5.1%	5.8%	4.2%	1.8%

Adult Protective Services Outcomes

- In FY 2007, adult protective reports were received and investigated on 575 dependent adults: 78% of the reports involved individuals age 60 and older; 118, or about 21% of the reports investigated, were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred for 4.2 % of the confirmed reports.
- In FY 2008, adult protective reports were received and investigated on 625 dependent adults: 78% of the reports involved individuals age 60 and older; 110, or about 18% of the reports investigated, were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred for 1.8% of the confirmed reports.

Adult Protective Services Achievements

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

Referrals to this project are from the Department's Adult Intake Unit and the Adult Protective Services Unit. The total number of new clients served during FY 2007 was 69 and 92 new clients for FY 2008.

- ACCSB coordinated with the Hawaii Credit Union League to conduct informational seminars relating to Act 94, SLH 2007, that requires financial institutions to report suspected instances of financial abuse directed towards, targeting, or committed against an elder age 62 and over to the Department of Human Services. The informational seminars will train Credit Union employees in understanding criteria which DHS Adult Protective Services requires in order to investigate reports of financial abuse.

Planning for the Future

- Act 154, SLH 2008, Relating to Adult Protection, expanded the Department of Human Services' authority to intervene and investigate reports of suspected abuse, neglect, or financial exploitation of vulnerable adults. This Act will go into effect on July 1, 2009.

The following changes were made to Chapter 346, Part X, Hawaii Revised Statutes:

- Deleted the term "dependent adult" and replaced it with "vulnerable adult". As defined, "vulnerable adult" is a person 18 years of age or older who, because of mental, developmental, or physical impairment, is unable to communicate or make responsible decisions to manage the person's own care or resources; carry out or arrange for essential activities of daily living; or protect oneself from abuse. This expands the potential client base for the DHS Adult Protective Services program.
- Added new definitions for "caregiver"; "caregiver neglect"; "financial exploitation"; "physical abuse"; "psychological abuse"; "self-neglect"; and "sexual abuse".
- Expanded the criteria by which DHS determines whether an Adult Protective Services investigation will commence to include reports from reporters who know or have reason to believe that a vulnerable adult has incurred abuse or is in danger of abuse if immediate action is not taken.

Implementation of the expansion of Adult Protective Services in Act 154 will require the Department of Human Services to reorganize existing resources and staff. The Department estimates that the requirements of Act 154 will increase Adult Protective Services intakes by thirty (30) percent which also means the need for increases in services.

CHAPTER FIVE HEALTH

The Department helps low-income adults and children obtain needed health care through the federal Medicaid program. State-funded programs help provide health care for low-income adults and children and immigrant children and women who are not eligible for Medicaid. The various programs cover primary care, nursing facility and hospital care. Innovative home and community-based programs help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services (HCBS) and Medicaid HCBS waiver programs.

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

The MQD administers the State's Medicaid and other health insurance programs. Medicaid, a federal program created by Congress in 1965, was designed to provide access to medical care for the low-income population. For FY 2007, the MQD had an annual budget of \$1,061,302,553 (\$607,751,220 in federal funds). For FY 2008, the annual budget for MQD, \$1,224,342,849 (\$690,656,980 in federal funds) was used for benefits and administration of the Medicaid program. Dr. Kenneth Fink is the Med-QUEST Division Administrator.

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

These programs enable those in need to maintain and improve their health by providing payment for medical, dental and other professional health services, hospital, nursing home, home health and other institutional health care, drugs, and other related health care services, including transportation and burial services.

Application and Eligibility

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

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

The MQD coordinates with other health insurers to ensure Medicaid FFS and Medicaid QUEST recipients who have other health insurance coverage exhaust these benefits before FFS or QUEST benefits are utilized. The MQD also recovers medical expenses when FFS or QUEST recipients are injured in motor vehicle accidents and employment-related accidents, and when QUEST or

FFS clients recover damages from malpractice suits, product liability suits, and other lawsuits. Under certain conditions, a claim may also be filed against the estate of a deceased Medicaid recipient for funeral, burial, or medical expenses.

The MQD Eligibility Branch (EB) staff processed 78,284 dispositions at a rate of 6,523 applications per month in addition to maintaining an active caseload of over 62,791 cases statewide in FY 2007. In FY 2008, 91,963 dispositions were processed at a rate of 7,663 applications per month in addition to maintaining an active caseload of over 72,600 cases statewide. The EB also provided assistance to the Benefit, Employment and Support Services Division (BESSD) for their medical cases. Altogether, the MQD oversees the provision of health care to more than 200,000 eligible residents. EB staff continues to actively work with community agencies and groups to ensure easy access to health insurance and swift problem resolution. In one instance, the EB worked with a group of public, private and government agencies in the development of a simplified application form, the pregnant women and children-only application form, and the pre-printed and passive renewal forms and processes. These new forms and processes have made it easier for individuals to apply for and continue to receive services.

In FY 2007, the MQD continued the use of the pre-printed Eligibility Renewal Form implemented statewide for annual eligibility renewals conducted by the MQD. This simplified pre-printed computer generated form requires the recipients to only re-confirm and/or report changes of information for their annual eligibility renewal. Previously, recipients had to fill out the entire Eligibility Re-determination form with information that they had already reported to the Department. Adult participants in the Medicaid programs must sign and return their annual renewal forms.

In FY 2007, there were 2,417 more residents receiving medical assistance than in FY 2006. In FY 2008, there were 7,092 more residents receiving medical assistance than in FY 2007.

RECIPIENT GROWTH IN FY 2007 and FY 2008								
Enrollment	Jun-06	Jun-07	Growth	% Increase	Jun-07	Jun-08	Growth	% Increase
Oahu	136,024	137,210	1,186	.87	137,210	138,730	1,520	1.1
Kauai	9,869	9,702	(167)	(1.69)	9,702	10,749	1,047	10.79
Hawaii	38,402	39,730	1,328	3.46	39,730	42,409	2,679	6.7
Maui	16,168	16,225	57	.35	16,225	17,810	1,585	9.8
Molokai	2,204	2,200	(4)	(.18)	2,200	2,406	206	9.4
Lanai	313	330	17	5.31	330	385	55	16.7
Statewide	202,980	205,397	2,417	1.19	205,397	212,489	7,092	3.5

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

During FY 2007, the Department received 6,711 medical applications from the FQHCs statewide. During FY 2008, the Department received 7,142 medical applications from the FQHCs statewide.

Applications from FQHCs in FY 2007 and FY 2008						
Date	East-HI	West-HI	Kauai	Maui	Oahu	Monthly
FY 2007 Total	560	810	328	1,288	3,725	6,711
FY 2008 Total	622	457	352	1,701	4,010	7,142

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

At the end of FY 07, the number of pregnant women receiving medical assistance was 7,508 compared to 6,862 at the end of FY06. At the end of FY 08, the number of pregnant women receiving medical assistance was 8,104 compared to 7,508 at the end of FY 07.

1) HAWAII QUEST MANAGED CARE (QUEST)

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

QUEST enrollment was 161,447 at the end of FY 2007 and 169,324 at the end of FY 2008.

Benefits under QUEST include:

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

Enrollment (QUEST): In FY 2007, new QUEST contracts were awarded for a three-year period and all QUEST clients were required to select a health plan (Positive Enrollment). To prevent disruption in coverage, clients who did not respond were auto-assigned a health plan. Once enrolled into a health plan, clients were able to change health plans within a 90-day period.

The MQD worked with focus groups and community advocates to prepare outreach and educational materials for QUEST clients. Activities included surveys to QUEST clients, feedback on design and content for advertisements, and reviewing written communications to ensure the message was in a clear and concise manner while taking into consideration cultural sensitivity. The MQD performed outreach in various mediums to maximize its campaign efforts, which included TV and radio commercials, bus posters, direct mailing, community events with incentives, and phone calls.

As many as 81.4% of the State’s Medicaid QUEST members actively chose a health plan between April 1 and October 29, 2007.

Annual Plan Change (QUEST): For FY 2008, the Division offered a plan change period from May 1-15, 2008. Only 1.46% of the 225,482 recipients enrolled in QUEST made a health plan change. Annual Plan Change is a passive enrollment change period for QUEST members and therefore, no auto-assignments took place.

2) MEDICAID FEE-FOR-SERVICE (FFS)

The FFS program covers eligible residents who are age 65 and older, blind and/or disabled at any age. The income eligibility requirements are the same as for the QUEST Managed Care program. In the FFS program, recipients may see any participating Medicaid provider and the State will pay for eligible medical services. The benefits under FFS are the same as those for QUEST.

At the end of FY 2007, there were 40,679 participants enrolled in this program.
At the end of FY 2008, there were 41,781 participants enrolled in this program.

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

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

EPSDT provides coverage for:

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

Annual EPSDT Participation Report	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Total individuals eligible	114,494	121,477	125,902	126,344	146,659
Total screens performed	81,652	81,758	90,273	91,323	92,301

* Some data may be inflated due to positive enrollment that occurred in 07. Positive enrollment led to greater flexibility between health plans.

4) QUEST-NET

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

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

QUEST-Net enrollment was 1,243 at the end of FY 2007 and 1,193 at the end of FY 2008.

5) QUEST-SPENDDOWN

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

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

QUEST Spenddown enrollment as of June 2008 was 2,416 individuals.

6) QUEST-ACE (Adult Coverage Expansion)

The QUEST-ACE program, implemented in March 2007, provides the same benefits as the QUEST-Net program. To qualify, an individual need not have been enrolled in either QUEST or Medicaid FFS. QUEST-ACE provides medical coverage to adults between age 19 through 64 who could not receive QUEST benefits due to the QUEST enrollment cap. DHS currently pays the premium for those individuals who qualify under the QUEST-ACE income and asset tests.

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

- An adult 19 years or older with or without children;
- In a household with countable income that does not exceed 200% FPL; and
- Without other insurance coverage, unless the individual is a financial assistance recipient who participates in the Department's Grant Diversion or Supporting Employment Empowerment programs.

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

MQD conducted numerous public presentations and outreach efforts to inform the community about QUEST-ACE. MQD maintains a contract with Aloha United Way 211 call center to provide interactive information about the program.

For FY 2007, the countable annual income could not exceed 100% of the Federal Poverty Level (FPL), or \$11,760 for a single adult and \$15,756 for a married couple.

In FY 2008, the QUEST-Ace program was expanded to the countable annual income not exceeding 200% of the Federal Poverty Level (FPL) or \$23,928 for a single adult and \$32,208 for a married couple.

For FY 2009, the QUEST-ACE program will continue to cover uninsured adults, which will result in the strengthening of the State's health safety net. QUEST-ACE coverage will lessen the amount of uncompensated care costs for health care providers. MQD will continue to expand public awareness of the QUEST-ACE program throughout FY 2009. The State of Hawaii is required to meet an enrollment benchmark of 2,750 enrollees by June 30, 2009.

QUEST – ACE enrollment was 750 in FY 2007 (program started March 2007) and 3,782 in FY 2008.

7) TRANSITIONAL MEDICAL ASSISTANCE (TMA)

Prior to the Welfare Reform Act of 1996, a person who was eligible for Aid to Families with Dependent Children, (AFDC), the predecessor to the TANF program, was automatically eligible for Medicaid. The Welfare Reform Act delinked TANF and Medicaid eligibility and concurrently created section 1931 of the Social Security Act to provide health coverage to persons who formerly would have been eligible for both AFDC and Medicaid. At the end of FY 2007, TMA program enrollment was 5,062. At the end of FY 2008, TMA program enrollment was 4,493.

Previously, when a recipient lost AFDC eligibility due to increased earnings or work hours, the recipient was entitled to AFDC transitional Medicaid for up to twelve months. Under Section 1931 provisions, a recipient who qualifies for medical assistance using Section 1931 standards can receive free medical assistance. When a recipient loses Section 1931 status, continued free medical coverage for up to twelve months is provided under the provisions of Section 1925 of the Social Security Act. To be eligible for the Section 1925 extension, a family must: (1) have been eligible under Section 1931 provisions in three of the past six months, (2) have lost Section 1931 eligibility due to increased earnings or loss of earned income exemptions of a family member, and (3) the family must include a child under age 19. To be eligible for the second six-month extension, the family must include a child under 19 and report income and child care information. In addition, free medical assistance can be provided for a four-month period to recipients who lose Section 1931 eligibility due to increased child or spousal support.

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

S-CHIP was created to help states expand health coverage to more children whose families may be working but do not earn enough to pay for private coverage for their children. At the start of FY 2007, Federal funds covered 70.29% of the program costs, and the State's Tobacco Settlement Funds covered the remaining 29.71%. Enrollment in S-CHIP increased from 15,396 in FY 2006 to 15,984 in FY 2007. For FY 2008, Federal funds covered 69.55% and the State's Tobacco Settlement Funds covered 30.45% of the program's cost. Enrollment in S-CHIP increased from 15,984 in FY 2007 to 16,803 in FY 2008.

S-CHIP was implemented in Hawaii as a Medicaid expansion. Blind and disabled children receive coverage through the Medicaid FFS program. Those who are not blind or disabled are covered under the QUEST managed care program. To avoid confusion by the public, S-CHIP is not referenced as a

separate program. Instead, the Medicaid FFS and QUEST programs are identified as providing coverage to all eligible children with family incomes not exceeding 200% of the FPL.

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes less than 200% of the FPL. In 2007, this was a monthly income of \$3,292 for a three-person household and a monthly income of \$3,960 for a four-person household. In 2008, this was a monthly income of \$3,374 for a three-person household and a monthly income of \$4,064 for a four-person household.

In October 2006, S-CHIP began providing coverage to children with family incomes between 201% to 300% of the FPL. A graduated cost-sharing schedule (\$15, \$30, and \$60) was implemented for children when countable family income exceeded 250%, 265%, and 280% of the FPL, respectively.

On January 1, 2008, Act 236, SLH 2007, that authorized the elimination of the cost-sharing requirement for children under age 19 with family incomes not exceeding 300% FPL, was implemented. Starting 01/01/08, all eligible children under age 19 received coverage at no cost.

However, a new directive for S-CHIP, released by the Federal Centers for Medicare & Medicaid Services (CMS) in mid-August 2007, negatively affected states like Hawaii that provide coverage for children with family incomes above 250% FPL. Hawaii covers children with family income up to 300% FPL. There were approximately 300 children under age 19 with family incomes between 250% and 300% FPL in FY 2007 and 396 in FY 2008.

One of the provisions in the federal Centers for Medicare & Medicaid Services (CMS) directive requires the affected states to impose a cost-sharing requirement for S-CHIP children under age 19 with family incomes between 250% and 300% FPL. As stated earlier, Act 236, SLH 2007, authorized healthcare coverage at no cost. As a result, the Department has been complying with Act 236, providing healthcare coverage to keiki under age 19 with family incomes between 250% and 300% FPL free of charge, by utilizing State funds only. The Department continues to work with CMS to grant Hawaii the authority to claim Federal funding for the affected children.

For FY 2008, approximately 18,693 children under age 19 with family incomes not exceeding 300% FPL received S-CHIP coverage at no cost. S-CHIP was reauthorized on April 1, 2009 through September 30, 2013.

9) IMMIGRANT CHILDREN'S PROGRAM

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

At the end of FY 2007, there were 3,236 children enrolled in this program.

At the end of FY 2008, there were 3,466 children enrolled in this program.

10) MEDICAL ASSISTANCE FOR PREGNANT LEGAL IMMIGRANT WOMEN PROGRAM

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

year waiting period for legal immigrants to receive Medicaid coverage. The income range for eligibility is up to 185% of the FPL.

There were 200 participants for FY 2007 and 203 participants for FY 2008.

11) BREAST AND CERVICAL CANCER PROGRAM

Medicaid FFS is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix as allowed by Public Law 106-354. These individuals must be screened and diagnosed by a physician approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health. In addition, they cannot have medical coverage that would pay for the treatment of their breast or cervical cancer, and their gross family income cannot exceed 250 % of the FPL. Assets are not considered in determining eligibility. In FY 2007, 23 individuals and in FY 2008, 16 individuals received coverage from this program.

Hawaii also provides the same coverage to women, who are legally admitted immigrants and are barred from any federally-funded medical assistance program or are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau, through a look-alike program funded entirely with State funds. The State companion program for individuals with breast and cervical cancer was established in 2001 by the Hawaii Legislature under Act 278. In FY 2007, only 1 individual and in FY 2008, 2 individuals received coverage from this program.

Breast and Cervical Cancer Program Recipients

Program	July 2006	July 2007	July 2008
Federal Breast Cancer	30	21	15
Federal Cervical Cancer	3	2	1
State Breast Cancer	2	1	2
State Cervical Cancer	0	0	0

12) FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial funeral expense payments to qualified applicants, up to a maximum of \$400 for mortuary expenses and \$400 for burial expenses. Any person may apply for the deceased. Applicants need to apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. For FY 2008, there were 464 payments processed.

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

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

13) THIRD PARTY LIABILITY PROGRAM

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

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

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

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

14) MEDICARE MODERNIZATION ACT - MEDICARE PART D

Under the federal Medicare Modernization Act of 2003 (MMA) effective January 1, 2006, Medicare, instead of Medicaid, now provides prescription drug coverage for more than 26,600 (FY 2007) and 35,106 (FY 2008) Medicaid recipients who also have Medicare insurance. Drug coverage is provided through Medicare Part D Prescription Drug Plans (PDPs). The PDP's are responsible for the prescription drugs for the Medicare eligible population much like commercial health plans are responsible for medical services of an enrolled membership. Medicaid will still provide prescription drug coverage for some drugs that are excluded for coverage by the MMA.

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

15) STATE PHARMACY ASSISTANCE PROGRAM (SPAP)

The State Pharmacy Assistance Program (SPAP) began on January 1, 2006, in response to the initiation of the Medicare Prescription Drug Benefit Program. The SPAP assists in the transition of prescription drug coverage from Medicaid to Medicare for elderly or disabled Medicaid recipients who have Medicare insurance and whose income does not exceed 100% of the FPL, (earning no more than \$11,280 per year for one person and \$15,180 per year for a two-person family).

Many elderly and disabled people take multiple prescription drugs each month and the addition of co-payments required by Medicare Part D can be expensive. The SPAP provides benefits to complement the new Medicare drug benefits. Specifically, the SPAP covers the cost of co-payments required under the various Medicare plans, \$1 per script for generic drugs and \$3 per script for branded drugs.

Act 264, Session Laws of Hawaii 2006, raised the eligibility for SPAP from 100% FPL to 150% FPL to match the federal Medicare law. The number of participating residents at 100% FPL was 26,767 residents for January 1, 2006 through June 30, 2006. For FY 2007 (July 1, 2006 to June 30, 2007), with the implementation of the 150% eligibility on July 1, 2006, there were 31,055 residents enrolled in SPAP. Expenditures increased respectively from \$562,970 to \$1,167,164 for the same time periods.

For FY 2008, July 1, 2007 through June 30, 2008, there were 35,106 eligible Hawaii residents enrolled in SPAP. The Department expended \$1,289,837 on eligible prescription drug co-payments for persons who are both Medicare and Medicaid eligible with incomes not exceeding 150% of the FPL.

From the previous State fiscal year, the number of participating residents (includes residents up to 150% of FPL) increased 13.0% from 31,055 to 35,106, while expenditures increased 10.5% from \$1,167,164.22 to \$1,289,836.61.

16) HAWAII RX PLUS PROGRAM

The implementation of the Hawaii Rx Plus program in July 2004 enabled the State to offer a prescription drug discount program to all Hawaii residents with incomes equal to or less than 350% of the FPL and who have no prescription drug coverage or insufficient prescription drug coverage. The application process is simple and quick. To apply, a Hawaii resident only has to answer three questions: 1) are you a resident of the State, 2) are all available drugs covered by your drug insurance all of the time, and 3) what is your income for the last 12 months. After signing and submitting their application, eligibility is determined and two membership cards are issued, one to the eligible applicant and one to their household within 72 hours of application. This program was designed to reduce the cost of prescription drugs to qualified participants through a simple application process.

At the close of FY 2007, 107,434 members were enrolled in the Hawaii Rx Plus program compared to 111,977 members enrolled in FY 2006. In FY 2008, 100,583 members were enrolled.

The Hawaii Rx Plus program continued to experience a decrease in membership during FY 2007 and FY 2008. The number of members who utilized their Hawaii Rx Plus benefits began to decline in the second quarter of FY 2006. This was expected as the Medicare Part D program was implemented on January 1, 2006. Hawaii Rx Plus members who were Medicare beneficiaries became eligible for prescription drug coverage from the new Medicare Part D Prescription Drug Plans (PDP). Members with Medicare were very likely to find it more cost-effective to obtain medications from the Medicare Part D PDPs rather than through Hawaii Rx Plus, where the pricing is based on the Medicaid discount price. These members may choose to limit their Hawaii Rx Plus utilization for coverage of the Medicare Part D deductibles and periods of non-coverage (the Medicare Part D “doughnut hole”).

Medicare Part D provides actual prescription drug coverage to seniors and disabled persons of any age who are eligible for Medicare. By contrast, Hawaii Rx Plus offers only Medicaid pricing to discount the cost of drugs to its members.

The number of members who used Hawaii Rx Plus benefits also declined in FY 2007 to 3,353 members compared to 6,858 members who used Hawaii Rx Plus benefits in FY 2006. The number of members who used Hawaii Rx Plus benefits declined again in FY 2008 to 2,473 members.

In FY 2007, prescriptions for 5,471 brand name drugs were filled compared to 11,368 in FY 2006 and 18,436 generic drugs were filled in FY 2007 compared to 32,188 in FY 2006 for Hawaii Rx Plus members. Participants who opted for brand name drugs experienced average savings of approximately 13.7% and those who requested generic drugs saved an average of 34.3%. The total drug savings to our residents was \$297,045.50.

Price Savings Comparison for FY 2007

Category	Number of Prescriptions	Ingredient Cost plus Dispensing Fee	Retail Pricing Comparison	Cost Savings	Savings in %
Brand	5,471	\$463,075.73	\$536,447.11	\$ 73,371.38	13.7%
Generic	18,436	\$428,743.55	\$652,417.67	\$223,674.12	34.3%
Totals	23,907	\$891,819.28	\$1,188,864.78	\$297,045.50	25.0%

In FY 2008, prescriptions for 3,162 brand name drugs and 14,434 generic drugs were filled. Hawaii Rx Plus participants who opted for brand name drugs experienced average savings of approximately 13.1% and those who requested generic drugs saved an average of 33.9%. The total drugs savings to our residents was \$224,252.50.

Price Savings Comparison for FY 2008

Category	Number of Prescriptions	Ingredient Cost plus Dispensing Fee	Retail Pricing Comparison	Cost Savings	Savings in %
Brand	3,162	\$288,440.82	\$332,011.52	\$43,570.70	13.1%
Generic	14,434	\$352,046.98	\$532,728.78	\$180,681.80	33.9%
Totals	17,596	\$640,487.80	\$864,740.30	\$224,252.50	25.9%

Prescription Costs FY 2007 and FY 2008

	FY 2007	FY 2008	Comparison of FY 2007 to 2008
Average Generic Prescription Cost	\$23.26	\$24.39	Increase 4.9%
Average Prescription Cost	\$37.30	\$36.40	Decrease 2.5%
Brand Multi Source Prescription Cost	\$54.95	\$50.33	Decrease 8.4%
Brand Single Source Prescription Cost	\$86.30	\$94.56	Increase 9.6%

Hawaii Rx Plus has received \$2,966.89 in "rebates" from January 1, 2006 to April 30, 2007. Payments lag claims by approximately one year. The Department received clarification from the Pharmacy Benefit Manager (PBM) for the Hawaii Rx Plus program that the moneys received are not "rebates" per se but actually compensation for data provided to its third party partner. Currently, \$0.10 - \$0.15 per claim is received in exchange for the data and that this compensation amount can change at any time. The data provided does not include any Personal Health Information that can identify any specific member.

This is the only form of "rebates" that the PBM has been able to obtain for the Hawaii Rx Plus program. The PBM has also clarified that discount card programs like the Hawaii Rx Plus program are not eligible for "normal rebates" that are provided to funded programs, i.e., programs funded by an entity such as Medicaid, union health insurance plans, or State employee health insurance plans, that have a set formulary as opposed to an open formulary like the Hawaii Rx Plus program.

17) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The MQD continually monitors Federal HIPAA Privacy, Security and Transaction and Code Set compliance throughout the Division. The MQD, in collaboration with other Hawaii health care organizations, has also been active in the continuous education of State health care providers with on-going implementation of HIPAA provisions.

In FY 2007, HIPAA compliance included the development of Security Policies and Procedures, on-going reviews of existing practices, periodic audits of MQD compliance efforts, and staff training of security policies.

In FY 2008, a HIPAA compliance audit was completed. The DHS, through the MQD, contracted with a consulting firm to provide a comprehensive business and information technology audit of DHS compliance with the HIPAA Privacy and Security Rules. The audit documented improvements with the protection of confidential information, assessed changes required by recent federal and state laws and developed remediation plans.

The MQD implemented the HIPAA National Provider Identifiers (NPI) standard, which requires a standard unique health identifier for health care providers. All health care providers who are covered entities must obtain and use NPIs. All health care payors, such as the MQD, will be required to accept the NPI as the only national health care provider identifier. As of May 23, 2008, Hawaii Medicaid providers required to use the NPI, must now include the NPI on their claims, otherwise the claim will be denied.

Looking Ahead

- **QUEST EXPANDED ACCESS (QExA):**

The planning for the integration of the Medicaid Fee-For-Service population into managed care plans continued in FY 2007. The MQD participated in numerous statewide meetings with a coalition of government and community agencies for input into the design of the new program.

The goal of QUEST Expanded Access (QExA) is to amend the current Medicaid Section 1115 demonstration project, Hawaii QUEST, to include all aged (individual 65 years and older), blind, and disabled individuals, and to expand the services to include long-term care services, both institutional and home and community-based waiver services. The design of the QExA program is for Medicaid clients to receive service coordination, outreach, improved access, and enhanced quality healthcare services coordinated by health plans through a managed care delivery system. In QExA, the aged, blind and disabled (ABD) clients, with a few exceptions, will receive their primary, acute, and long-term care services through a managed health care plan. The long-term care services offered will include both home and community-based services (HCBS) as well as institutional care (nursing facilities).

During FY 2007, MQD resubmitted an application to CMS to amend our current Medicaid Section 1115 demonstration project, Hawaii QUEST, to allow the ABD population to receive services through managed health care plans. MQD has been working closely with CMS to obtain approval of the 1115 Waiver amendment. MQD released a Request for Information (RFI) for the initiative which generated multiple questions from interested parties. All comments to the RFI were released by MQD.

During FY 2008, MQD continued to work on the planning for the integration of the Medicaid Fee-For-Service ABD population into QExA managed care plans in FY 2008.

MQD released a Request for Proposals (RFP) in October 2007 for managed care health plans interested in serving the QExA population. MQD received five proposals in December 2007. On February 1, 2008, MQD awarded contracts to two health plans: Evercare and 'Ohana Health Plan. A protest was filed against the award of the QExA contracts. The State Procurement Officer released his decision in May 2008 and found no evidence that DHS violated any of the State of Hawaii procurement statutes, rules and RFP requirements.

In January 2008, MQD released a RFP for a QExA Enrollment Choice Counselor (QECC) contract. MQD received one proposal and in March 2008, awarded the contract to Affiliated Computer Services (ACS). MQD designed the QECC contract to enroll QExA clients in the health plans as well as provide outreach and education to QExA stakeholders and clients.

In February 2008, CMS amended our current Medicaid Section 1115 demonstration project, Hawaii QUEST, to allow the ABD population to receive services through managed health care plans. The approval of the current Section 1115 waiver for QExA is from February 1, 2008 to June 30, 2013.

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

For FY 09, MQD will continue working on the implementation of the integration of the Medicaid Fee-For-Service ABD population into QExA managed care plans. QExA clients will be able to choose their health plans from October 1 through December 1, 2008. MQD is working with the QExA health plans to transition Medicaid FFS clients during December 2008 and January 2009. QExA implementation will occur on February 1, 2009.

- **GOING HOME PLUS PROGRAM**

In May 2007, MQD received a \$10.3 million "Money Follows the Person" grant from CMS to transition MQD clients from an institution (i.e., nursing facility, acute care hospital or ICF-MR facility) into the community. The Going Home Plus program is the continuation of an already established Going Home program, which has successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). This 1915 Medicaid Waiver program places clients in community care foster family homes and expanded care-adult residential care homes. The planning for the Going Home Plus program started in the fall of 2007 through use of a stakeholders planning group which includes a coalition of community partners and government agencies. Program development continues in FY 2008 and the Going Home Plus program will be implemented in FY 2009.

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

In November 2007, the MQD, Hale Makua and Kaiser Hospital submitted a joint application to CMS to offer Rural PACE services on the Island of Maui. PACE is a comprehensive health and long-term managed care program that provides services for elders certified as requiring nursing facility care (minimum intermediate care facility or ICF) through a fixed per-person per-month rate. Individuals must voluntarily select PACE which includes primary medical care provided by a PACE physician. The Maui PACE program will be implemented in FY 2009.

- **HIPAA SECURITY REMEDIATION**

For FY 2009, the MQD continues to be challenged to address, update, and implement technologies to provide for new business processes, meet Federal mandates, and protect against possible threats to the DHS information and computer networks. MQD will be challenged to allocate resources required to address disaster planning, recovery and business continuity of operations mandated by Federal regulations. Recent CMS requirements for reporting of data breaches require additional resources for oversight of Medicaid providers and health plans. The MQD continues to review resources and strategies to implement the Privacy and Security audit recommendations.

Federal and new State mandates will require that information is protected from inappropriate access and disclosure, and recovery during a man-made or natural disaster. Threats to the Department's information infrastructure require resources to develop mitigation technologies to prevent data loss and damage. New State identity theft laws and recent incidents of data security breaches throughout the nation emphasize the need for a robust and adequately staffed information security compliance program. The DHS Information Security Compliance team (ISCT) continues to review and develop strategies to protect and prevent data security breaches.

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

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

ADULT AND COMMUNITY CARE SERVICES (ACCS)

The Social Services Division's Adult and Community Care Services Branch (ACCSB) administers twelve innovative programs, described below, to help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services and Medicaid waiver programs.

Program Goals

Prevention of Premature Institutionalization

- Provide a continuum of comprehensive home and community-based services.
- Increase the availability and choices of home and community-based service alternatives for frail and disabled adults and children.
- Maximize federal funds for reinvestment to expand home and community-based service alternatives.

The twelve home and community-based services include:

Adult Day Care assists a limited number of disabled adults with placement into and for the cost for licensed adult day care services in the community. To receive adult day care services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department.

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

Chore Services provides essential housekeeping services to enable eligible disabled clients to remain in the community. To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from the Department. Services may also be provided without regard to income in Adult Protective Services situations.

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

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

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

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

The Medicaid waiver programs include:

Nursing Home Without Walls (NHWW) Program, established in 1983 to provide in-home services, as an alternative to institutional care, to Medicaid-eligible individuals, including children, certified as requiring nursing facility level of care.

Residential Alternatives Community Care Program (RACC) Program, established in 1983 to provide residential placements in foster homes, Expanded ARCHs (Adult Residential Care Homes), and assisted living facilities as alternatives to more costly institutional care for Medicaid-eligible adults who require nursing facility level of care but who are not able to benefit from in-home services because they have no caregivers or a residence.

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

HIV Community Care (HCC) Program, established in 1989 to provide persons diagnosed with HIV infection and/or AIDS who are Medicaid-eligible and certified as requiring nursing facility level of care with care services that support living in the community during the last stages of the disease.

Medically Fragile Community Care (MFCC) Program, established in 2000 to serve children under 21 years old, who are Medicaid-eligible, needing sub-acute or nursing facility level of care, and whose families need support to keep them in the home or in a licensed child foster home.

Program of All-inclusive Care for the Elderly (PACE), established in 1995, is a comprehensive health and long-term managed care program that provides services for elders certified as requiring nursing facility care (minimum intermediate care facility (ICF)) through a fixed per person per month rate. Individuals must voluntarily select PACE which includes primary medical care provided by the PACE physician. Services are primarily provided at the Maluhia and Leahi

Day Centers. The PACE program was discontinued on June 30, 2007 with the majority of the clients transitioning to the Nursing Home Without Walls (NHWW) program.

ACCS Program Achievements in FY 2006

- In FY 2007, institutionalization was prevented or delayed for 6,449 frail elders, and disabled adults and children in the State: 1,339 through the chore services program, 51 through the adult day care program, 51 through adult foster care services, and 5,058 individuals through the Medicaid waiver programs.

In FY 2008, institutionalization was prevented or delayed for 6,622 frail elders, and disabled adults and children in the State: 1,155 through the chore services program, 68 through the adult day care program, 45 through adult foster care services, and 5,354 individuals through the Medicaid waiver programs.

- In FY 2007, the Senior Companion program enrolled 102 companions who provided 99,397 hours of service to 293 clients and provided respite to 168 caregivers.

In FY 2008, the Senior Companion program enrolled 96 companions who provided 99,666 hours of service to 271 clients and provided respite to 175 caregivers.

- In FY 2007, the Respite Companion Service program enrolled 41 individuals who participated in 1,152 hours of job training and provided 25,089 hours of service work.

In FY 2008, the Respite Companion Service program enrolled 41 individuals who participated in 1,200 hours of job training and provided 26,480 hours of service work.

- In FY 2007, the RSVP program enlisted 753 senior volunteers who provided 53,170 hours of service at various community organizations.

In FY 2008, the RSVP program enlisted 676 senior volunteers who provided 106,024 hours of service at various community organizations.

- In FY 2007, the Foster Grandparent program recruited 155 foster grandparents who worked with 750 children with special needs, with 117,880 hours of service (an average of 760 hours annually per foster grandparent).

In FY 2008, the Foster Grandparent program recruited 140 foster grandparents who worked with 703 children with special needs, with 115,876 hours of service (an average of 828 hours annually per foster grandparent).

- The RACC program served 1,434 clients in FY 2007 and 1,790 clients in FY 2008.
- The NHWW program served 961 individuals in FY 2007 and 927 individuals in FY 2008.
- The DD/MR HCBS program served 2,462 individuals in FY 2007 and 2,531 individuals in FY 2008.
- The MFCC program served 56 individuals in FY 2007 and 50 individuals in FY 2008.
- The HCC program served 58 individuals in FY 2007 and 56 individuals in FY 2008.
- The PACE program served 87 individuals in FY 2007. The PACE program was discontinued in FY 2008.

HOME AND COMMUNITY BASED SERVICES CLIENTS

PROGRAM	FY 05 Actual	FY 06 Actual	FY 07 Actual	FY 08 Actual
Chore	1,011	1,605	1,339	1,155
Adult Day Care	85	63	51	68
Adult Foster Care	62	64	51	45
Senior Companion*	161 / 488	113 / 264	102 / 293	96 / 271
Respite Companion**	62 / 170	56 / N/A***	41 / 25,809	41 / 26,480
Foster Grandparent****	165 / 800	160 / 810	155 / 750	140 / 703
RSVP*****	N/A	N/A	753 / 53,170	676 / 106,024
Medicaid Waiver Programs				
NHWW	929	950	961	927
RACCP	1,144	1,233	1,434	1,790
DD/MR HCBS	2,006	2,318	2,462	2,531
HCCP	61	64	58	56
MFCC	62	58	56	50
PACE ⁺	90	86	87	-----
Medicaid Waiver Total	4,292	4,795	5,058	5,354

* # of Senior Companions / # of clients served

** # of Respite Companions / ***work is now in group settings, e.g., day care and health care facilities and no longer with individual clients. FY 07 data represents number of Respite Companions and hours of service, FY08 represent # of clients served at group settings.

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

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

+ Pre-PACE program at Maluhia voluntarily ceased operation on 6/60/07.

- The Foster Grandparent Program received a \$9,000 grant from the Breztlaff Endowment Foundation. The funds were used to support two foster grandparent positions with the Sultan Schools Easter Seal Afternoon Reading Program. The foster grandparents assisted with literacy activities for special needs children from various Department of Education schools.
- Act 236 (SLH 2006) makes permanent the Department's responsibility for the licensure of Home and Community-Based Case Management Agencies (HCCMAs) and Community Care Foster Family Homes (CCFFHs). Previously, the Department's regulatory activities were performed as part of a demonstration project. HCCMAs and CCFFHs are long-term care, community-based services for individuals with nursing home level needs. Both services are utilized by non-Medicaid, private clients and Medicaid clients in the Department's Medicaid waiver Residential Alternatives Community Care (RACC) Program. CCFFHs offer a less expensive, non-institutional alternative to placement in a nursing facility.
- Act 220 (SLH 2006) established requirements for criminal history record checks to ensure the reputable and responsible character of individuals serving ACCSB clients.
- The Pre-PACE program on Oahu transitioned to become a pre-paid in-patient health plan (PIHP) effective July 1, 2006.
- ACCSB was awarded a grant to sponsor the Retired and Senior Volunteer Program (RSVP). RSVP is a grant from the Corporation for National and Community Service in which adults age 55 and older are recruited and linked with volunteer opportunities in the community.

- The Department applied for a new 1115 Medicaid Waiver with CMS. This is similar to the QUEST waiver but will provide a managed care approach to health care services for the Aged, Blind, and Disabled population, many of whom are served by the ACCSB. This new managed care program will be called QUEST Expanded Access (QExA). Current Medicaid waiver services and clients in NHWW, RACCP, HCCP and MFCC will be transitioned into the QExA program. QExA will enhance health care delivery by improving access to health care for an expanded range of services and increasing the integration of all health care into a seamless system. This will include home and community-based services and consumer directed personal care options. ACCSB will be working closely with the MedQUEST Division, providers, clients and the community to ensure a smooth transition. Approval for the Medicaid 1115 Waiver was approved by CMS for the period of February 1, 2008 to June 30, 2013.

Looking Ahead

- DHS has been working closely with Hale Makua to develop a Rural PACE program for Maui. The Maui PACE program will be Hawaii's first full PACE program site and expected to open in October, 2008. Hale Makua received a \$500,000 planning grant from CMS to develop this program. Maui PACE offers frail, nursing home level of care seniors with medical and support services to enable them to remain in their homes for as long as possible. The Maui PACE program is all-inclusive providing participants with a staff doctor, registered nurse, a day health program, occupational and recreational therapies, transportation to and from the Maui PACE Center, and in-home services as needed.
- The ACCSB will be looking for opportunities to further expand cost effective programs, such as the Residential Alternatives Community Care (RACC) Medicaid waiver program, which help to prevent premature institutionalization.
- ACCSB is continuing to work closely with the Med-QUEST Division to ensure a smooth transition of services when the QUEST Expanded Access (QExA) program begins in February, 2009. Clients from the current Medicaid waiver services in NHWW, RACCP,

CHAPTER SIX

DHS ADMINISTRATION AND SUPPORT SERVICES

A. DHS ADMINISTRATION

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

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

The Administrative Appeals Office (AAO), led by Susan Wong, provides administrative due process hearings in contested cases for the Department. The AAO has contracts with twelve (12) attorneys in private practice to conduct hearings through appointment by the Director of Human Services under Hawaii Revised Statutes §346-12. The AAO receives approximately 1,200 administrative hearing requests and referrals annually and it issues about 700 administrative hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of departmental rules.

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

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

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

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

B. INVESTIGATION AND RECOVERY OFFICE (INVO)

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

In FY 2007, INVO received 1,357 complaints and referrals from fraud hotlines and DHS eligibility workers. A total of 373 Administrative Disqualification Hearing waivers, where the individual waives the hearing and agrees to accept a penalty of being ineligible for benefits for a set time, were obtained from individuals who fraudulently obtained financial and food stamp benefits. In addition, the INVO referred 107 individuals to the appropriate County Prosecutor's Office after investigations. The total fraud amount involved in these cases was \$2,099,531.

In FY 2008 INVO received 1,208 complaints and referrals from fraud hotlines and DHS eligibility workers. A total of 359 Administrative Disqualification Hearing waivers were obtained from individuals who fraudulently obtained financial and food stamp benefits. In addition, INVO referred 111 individuals to the appropriate County Prosecutor's Office after investigations. The total fraud amount involved in these cases was \$1,917,141.00.

FY 2008	OAHU	MAUI	KAUAI	HILO	KONA	TOTAL
COMPLAINTS	805	111	43	188	61	1,208
REFER TO AG	74	12	3	17	5	111
INDICTED/PVC	79	14	2	16	2	113
CONVICTED	54	10	3	8	8	83
REFER ADH	176	2	0	0	0	178
ADH GUILTY	63	3	0	0	0	66
ADH WAIVERS	238	42	16	59	4	359
REFER TO AG	\$	\$	\$	\$	\$	\$
FINANCIAL	679,050	39,905	-	96,901	27,119	84,2975
FOOD STAMPS	455,227	30,451	3,946	51,449	10,740	551,813
MEDICAL	139,115	44,069	-	24,566	1,692	209,443
CHILD CARE	134,845	3,214	-	29,647	-	167,706
OTHER	117,000	28,068	-	136	-	145,204
TOTAL	1,525,237	145,707	3,946	202,699	39,551	4,917,141
INDICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	911,963	39,905	4,105	50,908	39,021	1,045,902
FOOD STAMPS	584,702	38,581	1,941	25,942	23,295	674,461
MEDICAL	189,291	51,560	-	7,693	5,965	254,510
CHILD CARE	174,456	3,214	-	1,895	-	179,565
OTHER	135,110	28,068	-	136	-	163,315
TOTAL	1,995,523	161,328	6,046	86,575	68,281	2,317,752
CONVICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	604,706	36,366	5,218	75,484	102,462	824,236
FOOD STAMPS	360,609	23,731	5,907	42,020	41,538	473,805

MEDICAL	135,469	16,293	2,203	24,941	9,231	188,138
CHILD CARE	58,141	2,270	986	1,894	12,656	75,948
OTHER	17,263	-	1,437	-	-	18,700
TOTAL	1,176,189	78,660	15,751	144,340	165,887	1,580,827
REFER ADH	\$	\$	\$	\$	\$	\$
FINANCIAL	51,062	-	-	-	-	51,062
FOOD STAMPS	56,697	535	-	-	-	57,232
TOTAL	107,759	535	-	-	-	108,294
ADH & WAIVERS	\$	\$	\$	\$	\$	\$
FINANCIAL	131,673	15,737	12,575	28,763	4,869	193,617
FOOD STAMPS	209,302	24,204	11,167	27,357	3,060	275,090
MEDICAL	2,328	15,240	3,689	-	-	21,257
CHILD CARE	-	6,231	-	-	-	6,231
TOTAL	343,303	61,412	27,431	56,120	7,929	49,6195

CHAPTER SEVEN ATTACHED AGENCIES

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

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

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

Programs & Service Areas

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

1) Positive Youth Development (PYD)

The PYD programs offered by 22 private providers funded by the OYS served over 4,000 youth, including urban and rural youth. Targeted were youth who were homeless, truant, in foster care and group homes, pregnant and parenting youth, and youth at-risk who had contact with the police. Because these youth were at-risk for educational failure or involvement in the juvenile justice system, services and activities aim at helping youth develop resiliencies so that they would successfully transition to young adulthood.

2) Youth Gang Prevention And Intervention

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

3) Truancy Prevention And In-School Suspension

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

4) Adolescent Diversion – Ho`okala

Ho`okala provided arrested status offenders and non-violent law violators ages 10 – 17 with a safe, secure alternative to police lock-ups and 24-hour access to immediate crisis intervention services, assessment services, referral services, and short-term case management services. The program ranges from one-to-one supervision (attendant care) for youth whose parents cannot be contacted to case management and/or access to emergency shelter services for youth needing longer stays. These services helped to divert juveniles from further involvement with the juvenile justice system and to provide immediate intervention at the point of arrest. In FY08, over 200 youth were served by four OYS-funded contracts.

5) Community-Based Outreach And Advocacy

The OYS provided intervention case advocacy services to youth whose unhealthy, risky behaviors placed them at-risk for initial or further penetration into the juvenile justice system. Four funded providers identified and engaged youth and family in order to provide intake and assessment, assist in creating a youth/family driven service plan, to support youth/family in accessing services, and to provide follow-up to ensure services were properly provided. In FY2008, over 300 youth were served by the OYS-funded providers.

6) Community-Based Residential Services

Youth who cannot or will not remain at home were served by community-based residential programs that helped these youth prepare for return to community living by improving their decision-making, social, and independent living skills; and enhancing their commitment to learning and education. Under the umbrella of 21 contracts, seven different providers offered a range of residential programs on all major islands, helping over 200 youth to remain on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10—18 who were recently arrested status offenders, non-violent law violators, or intoxicated youth, or troubled, abused, or neglected youth requiring short-term shelter and related services that addressed a present crisis.
- Independent Living Programs for youth ages 17—22 who were troubled, abused, neglected, or adjudicated, and lack the attitudes, skills, and resources for independent living.
- Level I Non-Intensive Programs for youth ages 12—18 who were troubled, abused, neglected, or adjudicated, and who had been identified as moderate risk in one or more areas of need.
- Level II Intensive Programs for youth ages 12—19 who were troubled, abused, neglected, or adjudicated, identified as high risk in one or more areas of need, unable to function in a pro-social manner without constant supervision and support, and assessed as high flight risk.
- *Ke Kama Pono* (“Children of Promise”) Safe Houses are important community-based residential alternatives for youth to prevent penetration into the juvenile justice system by providing an appropriate caring, highly structured and closely supervised rehabilitative environment that can address their needs. The initial Safe House opened in Honoka’a on the Big Island in December 2005, and has to date successfully served 35 females. During FY08, the DHS laid the foundation for the FY09 launching of three more Safe Houses—in Kona, Wailuku, and Kalealoa.

The Safe House is an innovative, evidence-based approach that has reduced the costs (as compared to HYCF costs) of serving these troubled youth and, more importantly, increased the success rate of these youth. Last year's 13 graduates of the *Ke Kama Pono* Safe House program were reintegrated into the community, with most demonstrating improvements in mental health, physical health, educational achievement, civic responsibility, social skills, vocational skills, and the ability to resist substance abuse. The implementation of three additional Safe Houses will expand the DHS' ability to serve not only females, but also males.

7) The Hawaii Youth Correctional Facility (HYCF)

The primary purpose of the HYCF is to provide safe and secure housing for the most violent and dangerous juvenile offenders who pose a threat to the community. The HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth ward. The programs conducted within the facility are intended to be a part of this effort to provide guidance and opportunities for positive changes in the behavior of the youth.

8) Federal Grant Programs

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

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

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

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

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

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

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

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

OYS Achievements in FY 2008

In-Community Programs

OYS awarded over 80 contracts to community-based agencies to enhance the continuum of services offered within geographic regions and to address the needs of at-risk youth and their families statewide. Over 10,000 children and youth were served under the umbrella of these new contracts and other continuing contracts in FY08.

In response to Act 281, SLH 2006, the OYS implemented a Non-School Hour program for at-risk youth. Planning activities were undertaken with the DOE and the City and County of Honolulu to collaborate on this initiative. The OYS funded 10 community agencies to provide non-school hour services ranging from instructions in tennis and nutrition to leadership and service projects. Over 1,100 students participated in these programs.

The OYS provided contract oversight and support for grants-in-aid Capital Improvement Projects for *Nanakuli Teen Center* and *Nanakuli Youth Education Town (YET) Center* that will serve as drop-in centers for positive youth development activities and services for residents on the Leeward Coast of Oahu.

The OYS also facilitated the selection of Hawaii as a Juvenile Detention Alternatives Initiative (JDAI) Program Site by the Annie E. Casey Foundation. The OYS is partnering with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to implement JDAI which focuses on detention reform efforts. Implementation of JDAI core strategies will help to eliminate inappropriate or unnecessary use of secure detention, minimize failures to appear and incidences of delinquent behavior, redirect public finances to successful reform strategies, improve conditions in secure detention facilities, and reduce minority overrepresentation in the juvenile justice system.

The OYS staff continued to provide professional support to the Juvenile Justice State Advisory Council (JJSAC). Its members take an active role on both the state and national level in supporting juvenile justice reform and attention to juvenile justice issues. The JJSAC funded eight programs/research activities in 2008 with federal funds from the Office of Juvenile Justice and Delinquency Prevention.

In response to a pending crisis over the closure of Honolulu Police Department diversion programs, the OYS took the leadership role to convene a collaboration of agencies to ensure that diversion at the point of police arrest for first time status offenders and minor law violators continued in 2008. Over 3,000 juveniles who would have further penetrated the system, either at the Department of the Prosecuting Attorney or the Family Court, were instead diverted to these services.

Hawaii Youth Correctional Facility

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

Since that time, considerable progress has been made in working towards substantial compliance with the terms of the MOA. Policies and Procedures have been developed and implemented to reflect contemporary juvenile corrections standards and practices, ranging from suicide prevention to behavioral management to security measures. The number of permanent security positions has increased from 55 to 76, with all but two filled at this time. As a result, greater supervision is provided, enhancing safety for youth and staff. In 2008, a Training Center opened with three staff to provide pre-service and in-service training to current and new staff.

In addition to the increased security positions, other new positions have been created to improve services to youth and management of the facility, including Youth Grievance Officer, Youth Advocate, Corrections Supervisor, Administrative Investigator, Youth Correctional Training Officer, nurses, etc. The OYS also established a Deputy Facility Administrator position to guide security operations at the facility, among other administrative duties.

In 2007, the National Commission on Correctional Health Care (NCCHC) provided technical assistance by conducting an NCCHC standards audit of HYCF's Health Care Services Section and a staffing analysis for medical services. HYCF is close to becoming an NCCHC accredited facility.

HYCF continues to see great fluctuations in its population (from 56 to 87 in Calendar Year 2008). New programs are being developed and implemented to expand the rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs will not only assist with population control but also reduce recidivism by better preparing our youth for adult life in the community.

The Settlement Agreement was continued for an additional year, until February 2010, to allow time for achieving substantial compliance in all 53 provisions. Our goal is to be in compliance with all provisions by September 2009 and allow the Federal Monitor a period to evaluate sustainability of the progress made. The OYS will accomplish this goal.

OYS Focus in FY 2009

- Improve provider accountability to ensure that youth programs meet the needs of children and communities.
- Collect outcomes data in order to improve program performance and youth success.
- Prioritize youth needs and enhance fiscal responsibility to ensure that moneys are being directed to meet the most serious needs of youth.
- Research local youth issues and leverage resources to address these issues.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program that promotes detention reform efforts.
- Increase community input on programs and mobilize community resources.
- Improve conditions and programs at the HYCF.
- Lower recidivism rates.

Provider Focus in FY 2009

- Improve reporting systems and reduce paperwork for both contractors and the OYS.
- Provide training opportunities for contractors, including the Forgiveness Project Training of Trainers; gender specific training for providers and adolescent females; Solution-Focused Outreach Practices for providers; NJDA training of HYCF staff; compliance training for police and detention staff; and gender specific training for HYCF and Family Court.
- Increase continuity in programs and services for youth and their families.
- Increase funding resources by seeking additional grants for community services.

B. HAWAII PUBLIC HOUSING AUTHORITY (HPHA)

The Hawai'i Public Housing Authority (HPHA) administers and manages State and Federal low-rent public housing projects and subsidy programs, as well as facilities and services to assist the homeless. Previously known as the Housing and Community Development Corporation of Hawai'i (HCDCH), the agency was reorganized on July 1, 2006, with HPHA transferred to DHS and the Hawai'i Housing Finance Development Corporation (HHFDC) transferred to the Department of Business, Economic Development and Tourism (DBEDT).

The need for affordable housing runs along a continuum from no shelter to permanent rentals and for-sale housing. The continuum of housing begins with the unsheltered homeless who need immediate relief. The first response is outreach and assessment to identify an individual's or family's needs and unite them with facilities and services.

Moving along the housing continuum, emergency shelters provide safe, decent housing alternatives to living on the streets. The next step is transitional housing, which provides appropriate supportive services such as job training, childcare, substance abuse treatment, mental health services and life skills instruction. The different needs of the homeless are coordinated with and among various State, Federal, county agencies, as well as private nonprofit groups.

Further along the continuum is permanent housing for rental or homeownership. State and Federal low rent public housing and rental subsidy programs provide individuals and families with very low and low incomes with access to safe, decent, and affordable housing.

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

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

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

In its 42 years, the Commission has worked to ensure women and girls full and equal coverage under the law by informing governmental and non-governmental agencies and the public of women's rights, opportunities, contributions, and responsibilities; advocating for the enactment or revision of laws and/or policies that eliminate gender discrimination; identifying and supporting programs and projects that address women's concerns and needs; and establishing and

maintaining an active presence in the community by facilitating information dissemination, acting as a liaison, clearinghouse, and coordinating body for issues relating to women. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawaii County Committees on the Status of Women, and the University of Hawaii President's Commission on the Status of Women.

In the recent past, the HSCSW has functioned in a diminished capacity due to budgetary and consequently staffing restriction. In 2005 we began the process of revitalizing the HSCSW. A new Executive Director, Sharon Ferguson-Quick, has been hired to head the office, along with an administrative services assistant.

The work of the HSCSW is largely based upon effective public/private partnerships and its networking among a variety of diverse boards, coalitions, professional and community groups and organizations. Its efforts address a wide range of issues impacting women and girls, including education and employment; the social, political and legal arenas; and in economics and healthcare. HSCSW continues to connect with the women of the state and to actively represent them during the Legislative Session. HSCSW once again took up its role of supporting women's organizations in the community by Co-Chairing the Hawaii Women's Coalition.

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

Future Plans

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

September is Women's Health Month in Hawaii. Women's Health Month was initiated in 1994 by the HSCSW with the purpose of maximizing public awareness of women's health issues, empower women to be their own health advocates, reduce health care disparities, and promote the physical and emotional well-being of women in Hawaii. For the 14th year the Hawaii State Commission on the Status of Women has organized Women's Health Month. The goal of Women's Health Month is to widely communicate that women's health is more than the absence of disease; it encompasses physical, mental, emotional and social well-being. The month of events include educational workshops, health fairs, lectures, fitness activities and other special events. The HSCSW will continue to grow this signature event.

- ***Hawaii Women's Oral History Collection***

The HSCSW began collecting interviews to establish the Hawaii Women's Oral History Collection. The official opening of the collection, making it available to the public, was Women's History Month 2007. The goal of the collection is to record the women's stories in their own voices, to have them tell their own stories to enable them to speak to Hawaii's future, sharing their wisdom and knowledge. We hope the women's community will embrace the Hawaii Women's Oral History Collection and work with us to ensure their stories and those of the women who have touched their lives are told. HSCSW will encourage statewide events highlighting the contributions of women in the community, including those in keeping with the 2009 national theme of Women Taking the Lead to Save our Planet.

- ***Ready to Run™***

Ready to Run™ is a bi-partisan effort to recruit and train women to run for all levels of public office. Its mission is to promote greater knowledge and understanding about women's participation in politics and government and to enhance women's influence and leadership in public life. This one-day training presents a unique opportunity for potential women candidates

and campaign managers to hear directly from prominent elected and appointed leaders, campaign consultants, and party officials about how to get ready to run. *Ready to Run™* is for women considering seeking public office, running for higher office, or working on a campaign and will build a strong foundation for the HSCSW's mandate of *educating women on their political rights and responsibilities*.

- ***Wage Club***

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

- ***Legislative Agenda***

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

- ***Women's Safety***

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

Looking Ahead

One of the major challenges for the Hawaii State Commission on the Status of Women will be reconnecting with the women of the community and those organizations focused on supporting them. We have begun to re-evaluate the needs of women in the State and design programs to address them.

D. HAWAII COMMISSION ON FATHERHOOD

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

APPENDIX I

THE BUDGET FOR FISCAL YEAR 2007

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	201	Temporary Assistance for Needy Families	0.00	\$61,365,886
BESSD	202	Payments to Assist the Aged, Blind and Disabled	0.00	\$5,352,539
BESSD	203	Temporary Assistance for Other Needy Families	0.00	\$31,164,660
BESSD	204	General Assistance Payments	0.00	\$19,362,912
BESSD	206	Federal Assistance Payments	0.00	\$2,035,806
BESSD	236	Eligibility Determination & Employment-Related Services	584.00	\$28,794,034
BESSD	237	Employment and Training	0.00	\$1,688,755
BESSD	302	Child Care Services	24.00	\$7,598,062
BESSD	305	Child Care Payments	0.00	\$56,662,565
BESSD	903	General Support for Benefit, Employment & Support Services	110.00	\$65,236,492
MQD	230	Health Care Payments	0.00	\$601,874,583
MQD	245	QUEST Health Care Payments	0.00	\$430,540,932
MQD	902	General Support for Health Care Payments	207.00	\$26,921,721
SSD	301	Child Welfare Services	451.50	\$56,003,175
SSD	303	Out-of-Home Care Payments	0.00	\$64,911,679
SSD	601	Adult Community Care Services Branch	117.50	\$15,063,202
SSD	603	Home and Community-Based Care Services	0.00	\$122,772,980
SSD	605	Community-Based Residential Support	0.00	\$14,969,915
SSD	901	General Support for Social Services	47.00	\$3,274,355
VRSBD	238	Disability Determination	45.00	\$5,218,275
VRSBD	802	Vocational Rehabilitation	119.00	\$17,604,983
HCDCH	220	Rental Housing Services	220.00	\$47,361,836
HCDCH	222	Rental Assistance Services	23.00	\$26,874,206
HCDCH	224	Homeless Services	5.00	\$7,956,874
HCDCH	225	Private Housing Development and Ownership	13.00	\$6,923,397
HCDCH	229	HCDCH Administration	35.00	\$11,902,083
HCDCH	807	Teacher Housing	0.00	\$360,917
OYS	501	Youth Services Administration	21.00	\$3,579,457
OYS	502	Youth Services Program	0.00	\$5,221,534
OYS	503	Youth Residential Programs	115.00	\$12,903,485
CSW	888	Commission on the Status of Women	1.00	\$97,492
ADMIN	904	General Administration of the DHS	<u>189.00</u>	<u>\$9,596,806</u>
DHS TOTAL:			2,327.00	\$1,771,195,598

APPENDIX II

THE BUDGET FOR FISCAL YEAR 2008

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	206	Federal Assistance Payments	0.00	\$2,035,806
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	\$79,182,284
BESSD	212	Cash Support for Aged, Blind & Disabled Individuals	0.00	\$31,055,304
BESSD	236	Case Management for Self-Sufficiency	622.00	\$31,162,203
BESSD	237	Employment and Training	0.00	\$1,688,755
BESSD	302	General Support for Child Care Services	42.00	\$7,757,975
BESSD	305	Cash Support for Child Care	0.00	\$56,662,565
BESSD	903	General Support for Self-Sufficiency Services	120.00	\$69,523,627
MQD	401	Health Care Payments	0.00	\$1,196,393,503
MQD	902	General Support for Health Care Payments	206.00	\$27,948,446
SSD	301	Child Protective Services	544.50	\$64,187,558
SSD	303	Child Protective Services Payments	0.00	\$64,911,679
SSD	601	Adult Community Care Services Branch	117.50	\$16,895,604
SSD	605	Community-Based Residential Support	0.00	\$16,982,395
SSD	901	General Support for Social Services	47.00	\$5,516,137
VRSBD	238	Disability Determination	45.00	\$5,400,884
VRSBD	802	Vocational Rehabilitation	122.50	\$18,364,471
HCDCH	220	Rental Housing Services	224.00	\$58,056,028
HCDCH	222	Rental Assistance Services	19.00	\$26,796,359
HCDCH	224	Homeless Services	5.00	\$12,645,716
HCDCH	225	Private Housing Development and Ownership	11.00	\$7,070,533
HCDCH	229	HCDCH Administration	40.00	\$12,416,141
HCDCH	807	Teacher Housing	0.00	\$322,625
OYS	501	In-Community Youth Programs	21.00	\$12,936,285
OYS	503	Hawaii Youth Correctional Facility	119.00	\$10,477,217
CSW	888	Commission on the Status of Women	1.00	\$208,056
ADMIN	904	General Administration of the DHS	<u>190.00</u>	<u>\$10,844,633</u>
DHS TOTAL:			2,496.50	\$1,847,442,789

APPENDIX III

DEPARTMENT OF HUMAN SERVICES

BENEFIT, EMPLOYMENT & SUPPORT SERVICES DIVISION

STANDARD OF ASSISTANCE FOR FINANCIAL AND FOOD STAMP PROGRAMS

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ALLOWANCE STANDARD (Effective April 1, 2009)														
HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA	HH SIZE	SON	1 SOA	2 SOA	3 SOA
1	939	469	375	234	6	2568	1284	1027		11	4197	2098	1678	
2	1265	632	506	316	7	2894	1447	1157		12	4523	2261	1809	
3	1590	795	636		8	3220	1610	1288		13	4849	2424	1939	
4	1916	958	766		9	3545	1772	1418		14	5175	2587	2070	
5	2242	1121	896		10	3871	1935	1548		15	5500	2750	2200	
										15+	+326			

- *Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.*
 1. *Standard of Assistance is 50% of the Standard of Need, applicable to AFDC, AABD categories, and Refugees receiving GA, effective July 1, 2007.*
 2. *Standard of Assistance is 40% of the Standard of Need, applicable to mandatory work required AFDC households, effective July 1, 2007.*
 3. *Standard of Assistance is 25% of the Standard of Need, applicable to GA category, effective April 1, 2009. The standard shall be established by the department and shall not exceed 25% of the Standard of Need.*
- *Excludes medical care costs which are met in full by the Department through its Medicaid Program*
- *Excludes Food Stamp bonus (additional benefits) which varies by family size and net income*
- *Emergency assistance due to natural disaster provided.*
- *Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.*

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

FEDERAL FOOD STAMP ACT (Effective April 1, 2009)											
HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan	HH Size	Monthly Gross Income	Monthly Net Income	Thrifty Food Plan
1	1296	997	314	6	3539	2722	1491	11	5783	4447	2592
2	1745	1342	575	7	3987	3067	1648	12	6232	4792	2828
3	2193	1687	824	8	4436	3412	1884	13	6681	5137	3064
4	2642	2032	1046	9	4885	3757	2120	14	7130	5482	3300
5	3090	2377	1243	10	5334	4102	2356	15	7579	5827	3536
								15+	+449	+345	+236

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

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,000 regardless of family size
	Households with a totally disabled person	\$3,000 regardless of family size
	Other households including 1 person households:	\$2,000 regardless of family size
Standard Deduction:	For household size of 5 members or less	\$203
	For household size of 6 members or more	\$226
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$601
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

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

*Effective. 04/01/09, GA dec. to 25% of the SON and SNAP inc. TFP by 13.6 %.