

DEPARTMENT OF HUMAN SERVICES

FREQUENTLY ASKED QUESTIONS

The Department of Human Services (DHS) provides timely, efficient and effective programs, services and benefits for the purpose of achieving the outcome of empowering Hawai'i's most vulnerable people; and to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

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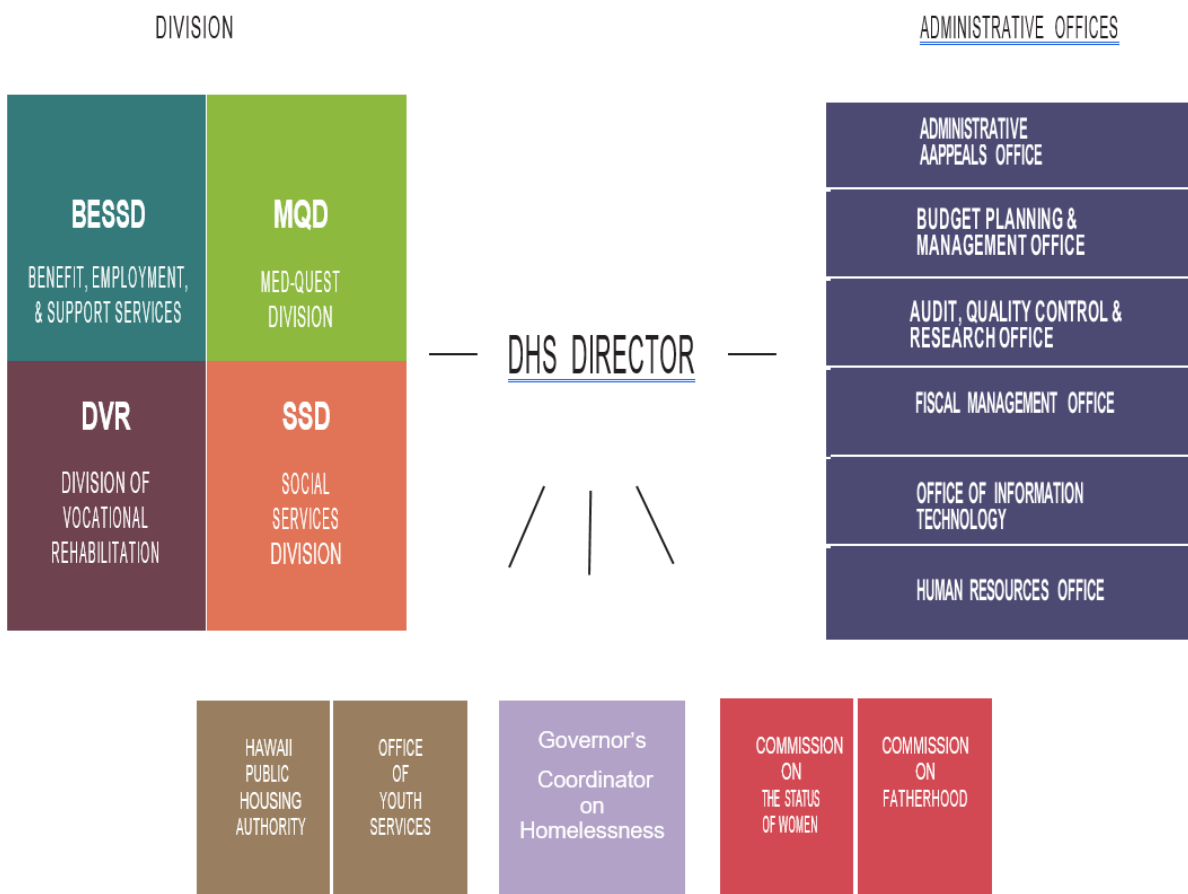
I. DEPARTMENT OF HUMAN SERVICES GENERAL QUESTIONS

A. WHAT IS THE DEPARTMENT OF HUMAN SERVICES (DHS)?

DHS touches one in four of Hawai'i's residents and nearly half of Hawai'i's children. The work we do supports our residents' ability to meet their full potential and achieve well-being in a holistic sense. We understand that for someone to achieve true well-being, he or she must feel supported in areas of health, housing, safety, work, environment, education, family, and community. Our programs provide support in each of these areas, with the ultimate vision that the people of Hawai'i are thriving.

B. HOW IS DHS STRUCTURED AND WHAT ARE THE PROGRAMS AND FUNCTIONS OF DHS?

Below are brief descriptions of the DHS Office of the Director, divisions, attached agencies, commissions, and staff offices and the programs and services they provide.



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C. OFFICE OF THE DIRECTOR

The **Office of the Director** has primary responsibility for overall leadership, oversight and operations of DHS. The Director is appointed by the Governor, confirmed by the Senate and assisted by a Deputy Director. The Director's office staff responds to public and media inquiries and maintains the DHS website.

The **Governor's Coordinator on Homelessness** is administratively located in the Director's Office, however, it is physically located in the Governor's Office. The Coordinator serves as the state's point person for homelessness, which includes leading the Hawai'i Interagency Council on Homelessness (HICH), and working closely with Director of Human Services and the rest of the cabinet on its coordinated statewide plan.

D. DIVISIONS

The **Benefit, Employment and Support Services Division (BESSD)** administers Supplemental Nutrition Assistance Program (SNAP, formerly known as Food Stamps), financial assistance, employment support, dependency diversion and prevention services, and child care licensing.

The **Med-QUEST Division (MQD)** administers Medicaid, Child Health Insurance Program (CHIP) health coverage, and state-funded medical assistance programs, primarily through managed care plans, to low-income families, children and individuals.

The **Division of Vocational Rehabilitation (DVR)** administers rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives.

The **Social Services Division (SSD)** administers child welfare services that include child protective services, permanency placement and case management. SSD is also responsible for adult protective services. SSD focuses on addressing safety and risk issues of children and adults in need of protection; family strengthening services; and prevention services.

E. ATTACHED AGENCIES

Hawai'i Public Housing Authority (HPHA) is the sole public housing agency for the State of Hawai'i, guided by a Board of Directors consisting of eleven (11) members appointed by the Governor. HPHA strives to provide safe, decent, and sanitary housing for low-income residents of Hawai'i. HPHA administers the federal and state Low Income Public Housing programs, Section 8 program, Veterans program, and Rent Supplement and project-based housing.

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The **Office of Youth Services (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. A core responsibility of OYS is to manage and operate the state's only Hawai'i Youth Correctional Facility.

F. COMMISSIONS

Hawai'i State Commission on the Status of Women (HSCSW) is a non-partisan state commission that consists of seven (7) appointed commissioners from across the state and currently, one staff member. The commission works toward equality for women and girls by acting as a catalyst for positive change through legislative and community advocacy, education, collaboration, and program development. Currently, HSCSW is administering a U.S. Department of Labor Women's Bureau grant award to study and analyze family leave insurance programs.

Commission on Fatherhood is a Governor-appointed board comprised of representatives from all counties, DHS, the Department of the Attorney General, Department of Education, and OYS. The commission advises state agencies and recommends programs and services to promote healthy family relationships, by emphasizing the importance of involved, nurturing, and responsible fathers in children's lives.

G. STAFF OFFICES

The **Administrative Appeals Office (AAO)** is mandated by federal and state rules to conduct "due process" administrative hearings and issue written decisions within 60 or 90 days from the date of the hearing requests submitted by department clients statewide who contest the department's decisions. In State Fiscal Year (SFY) 2017, the AAO received 1,905 administrative hearing requests. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of Department rules.

The **Audit, Quality Control and Research Office (AQCRO)** conducts federally mandated audits of federal sub-recipients, and the reviews of the Department's client eligibility determinations for the SNAP and Medicaid Programs. The AQCRO also coordinates the annual Single Audit with Office of the State Auditor. The AQCRO develops and analyzes management statistics for use by the Director, division administration, staff offices, and other personnel in decision-making, administrative and fiscal control, program planning, budgeting, program analysis and evaluation, and statistical reporting and research.

The **Budget, Planning and Management Office (BPMO)** coordinates and prepares the DHS budget, monitors expenditures, provides technical assistance, completes budget preparation and financial training to staff, translates DHS mission and goals into

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operational goals and objectives through the development of a department-wide strategic plan, and works to promote and improve managerial policies and practices through reviews and evaluations.

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

The **Human Resources Office (HR)** oversees the personnel programs of the department, including recruitment, examination and placement, position classification and pricing analysis, labor relations, civil rights, employee relations and safety relations, employee training and development, personnel transactions, and maintenance of personnel records.

The **Office of Information Technology (OIT)** is responsible for the overall administration, planning, direction, management, development, implementation and maintenance of all information technology and information systems processing for the department statewide. OIT provides project planning and management, business application systems development and maintenance, systems software and hardware management, telecommunications and network management and support and technical training. OIT operates the Data Center including computing facilities management, data control and technical help desk functions. 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). This is separate from the state's mainframe system. Additionally, this office directs and coordinates all IT matters within and between DHS and the other state and county agencies, federal agencies and commercial hardware and software vendors including private consultants.

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II. DHS CONTACT LIST

Who do I call if I have questions about DHS services?

- Public Assistance Information Line: 855-643-1643
- Child Abuse Reporting: 808-832-5300
- Child Abuse Reporting from neighbor islands Toll Free: 1-800-494-3991
- Adult Abuse Reporting: 808-832-5115
- Medical Assistance Info: 211
- Emergency: 911
- Public Housing Application: 808-832-5960

If you are reporting child or adult ABUSE or NEGLECT or benefit FRAUD, you must call the hotline numbers listed on this page. DO NOT email the above address.

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| DIRECTOR'S OFFICE <ul style="list-style-type: none"> Mailing Address: P.O. Box 339, Honolulu, HI 96809-0339 Street Address: 1390 Miller Street, Room 209, Honolulu, HI 96813 FAX: 808-586-4890 Email: dhs@dhs.Hawaii'i.gov | Pankaj Bhanot Director | 808-586-4993 |
| | Catherine Betts Deputy Director | 808-586-4993 |
| | Amanda Stevens Public Information & Communications Officer & UIPA Contact | 808-586-4892 |
| | Malia Taum-Deenik Complaints Liaison & Legislative Coordinator | 808-586-4994 |
| | Daisy Lynn Hartsfield Special Assistant to the Director | 808-586-4993 |
| | Katherine Korenaga Community and Project Development Director | 808-586-4993 |
| | Mark Choi Enterprise Officer | 808-778-5587 |
| | Joseph Campos Administrative Assistant & Emergency Management Officer (EMO) | 808-586-4888 |

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| BENEFIT, EMPLOYMENT SUPPORT SERVICES DIVISION (BESSD) <ul style="list-style-type: none"> • Fraud Hotline (relating to EBT, SNAP, TANF, etc.) 808-587-8444 • Central Files 808-692-7770 • Public Assistance Information Line 855-643-1643 | Brian Donohoe Administrator | 808-586-5230 |
| | Scott Nakasone Assistant Administrator | 808-586-7054 |
| | Julie Morita Statewide Branch Administrator | 808-587-3329 |
| Med-QUEST DIVISION (MQD) <ul style="list-style-type: none"> • QUEST and Medicaid Information 808-586-5390 • Client Call Center 808-524-3370 | Judy Mohr Peterson, Ph.D. Administrator | 808-692-8056 |
| | Meredith Nichols Assistant Administrator | 808-692-8052 |
| | Lim Yong HIPAA Coordinator | 808-692-8971 |
| SOCIAL SERVICE DIVISION (SSD) <ul style="list-style-type: none"> • Adult Protective Services (APS) Hotline 808-832-5115 • Child Protective Service (CWS) Hotline 808-832-5300 | Kayle Perez Administrator | 808-586-5679 |
| | Lisa Amador Adult & Community Care Services Branch Administrator | 808-586-5560 |
| | Elladine Olevao Child Welfare Services Branch Administrator | 808-586-5708 |
| DIVISION OF VOCATIONAL REHABILITATION (DVR) | Maureen Bates Administrator | 808-586-9744 |
| | Iva-Starr Cain Assistant Administrator | 808-586-9745 |
| | Vikki Nakamura Disability Determination Branch Administrator | 808-973-7013 |
| | Lea Dias Services for the Blind Branch Administrator | 808-586-5275 |
| ADMINISTRATIVE APPEALS OFFICE (AAO) | Irene Nakano Administrative Appeals Officer | 808-586-5290 |
| FISCAL MANAGEMENT OFFICE (FMO) | Ken Kitamura Administrative Services Officer | 808-586-4855 |

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| AUDIT, QUALITY CONTROL AND RESEARCH OFFICE (AQCRO) | Paul Sasaki Business Management Officer | 808-586-4867 |
| OFFICE OF INFORMATION TECHNOLOGY (OIT) | Ryan Shimamura Chief Information Officer | 808-586-5141 |
| BUDGET, PLANNING, AND MANAGEMENT OFFICE (BPMO) | Linda Komatsu-Wong Budget, Planning, and Management Officer | 808-586-5120 |
| | Sandie Hata Budget Supervisor | 808-586-5122 |
| HUMAN RESOURCES OFFICE (HRO) | Brenna Hashimoto Departmental Human Resources Officer | 808-586-4950 |
| | Patti Taketa Recruitment Information | 808-586-4969 |
| | Employment Verification | 808-586-5003 |
| OFFICE OF YOUTH SERVICES (OYS) | Merton Chinen Executive Director | 808-587-5710 |
| HAWAI'I PUBLIC HOUSING AUTHORITY (HPHA) | Hakim Ouansafi Executive Director | 808-832-4694 |
| HAWAI'I STATE COMMISSION ON THE STATUS OF WOMEN (CSW) | Khara Jabola-Carolus Executive Director | 808-586-5757 |
| COMMISSION ON FATHERHOOD (COF) | Caleb Milliken Acting Chair | 808-747-0267 |
| GOVERNOR'S COORDINATOR ON HOMELESSNESS (GCH) | Scott Morishige Governor's Coordinator on Homelessness | 808-586-7556 |

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III. 'OHANA NUI

A. WHAT IS 'OHANA NUI?

Translated as “extended family” from Hawaiian, 'Ohana Nui is Hawaii's adaptation of the national two-generation approach. The Department of Human Services uses the 'Ohana Nui strategy to introduce this approach and capitalize on the multigeneration family structure common in the state. On June 7, 2019, Governor David Y. Ige signed Act 82 (2019) which imbeds this integrated and multigeneration approach into the human services statute. Initiated in 2016, 'Ohana Nui seeks to help families thrive by addressing the needs of the whole family, early and concurrently; prioritizing the needs of children ages birth to 5 years old. The family needs may include housing, food and nutrition, health and wellness, education and economic stability, and social capital.

Public assistance was designed as a safety net for individuals and families. 'Ohana Nui is meant to act as springboard towards self-sufficiency. Optimally, programs would be designed to increase parenting and career skills (for a livable wage) in conjunction with quality early child learning and development (school readiness).

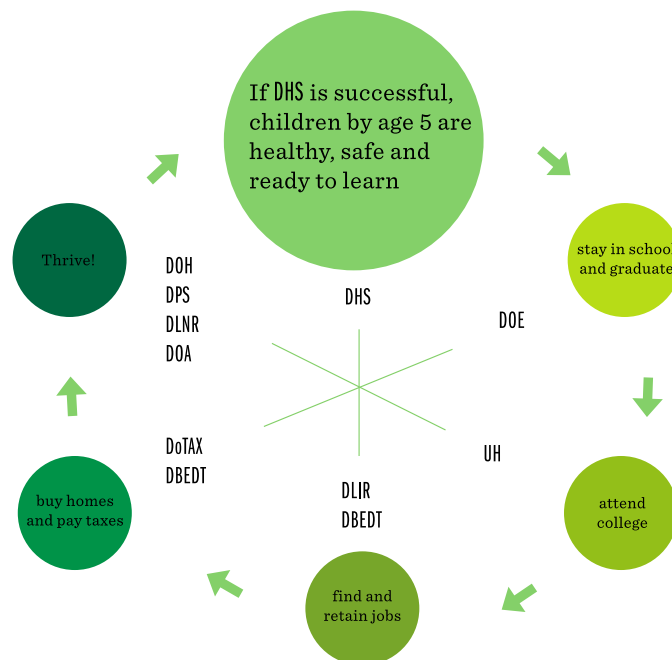
To achieve these goals, 'Ohana Nui acts as a mindset of breaking down silos of parent-only or child-focused to whole family-focus, and encouraging the family voice. It opens up communication pathways for programs to collaborate, integrate services, and work across the all sectors to improve family outcomes.



If 'Ohana Nui is successful, children by age 5 are healthy, safe, and ready to learn (DHS, EOEL); they stay in schools and graduate (DOE); they attend college (UH); they find and retain jobs (DLIR, DBEDT); they buy homes and pay taxes (DoTAX, DBEDT); and thrive (DOH, DPS, DLNR, DOA). It is a cyclic pattern of connectiveness to the community and giving back to the community.

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B. WHY IS 'OHANA NUI IMPORTANT?

The research behind the two-generation approach is compelling. Potentially, addressing the needs of the whole family can put the family on a cycle of opportunity, towards self-sufficiency. This approach not only yields the best outcomes for families, it is also efficient business, which will result in cost savings to the state in the long run.

By meeting the needs of the whole family, early and concurrently; 'Ohana Nui is designed to avoid Adverse Childhood Experiences (ACEs). ACEs (homelessness, hunger, abuse/neglect, witness violence against mother, substance abuse, mental illness, divorce, and incarceration of a parent) have long-term effects on children. According to the CDC-Kaiser ACE Study conducted in 1995-1997, children, who experienced four or more ACEs (out of 10), resulted in poor outcomes as adults of risky health behaviors, chronic health conditions, low life potential, and early death.

In that DHS is committed to good stewardship of tax payer dollars and maximizing the impact of limited resources, 'Ohana Nui illustrates DHS' progression from the regulatory/compliance end of the Human Services Value Curve to the opposite end of the Curve, where the most value is gained by the co-creation of innovative strategies, integrated funding, and generative partnerships for the individuals and families we serve.

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To operationalize ‘Ohana Nui, DHS is undertaking a complete redesign of the way we deliver human services in Hawai‘i, the manner in which we partner with hold community providers accountable, and joining with other states and jurisdictions to influence the national policies affecting human service delivery in our country. This new framework requires unprecedented collaboration, a new approach to data collection and sharing, and an active commitment to overcoming structural systems and processes, cultural biases, and policy barriers. New DHS team members are oriented to ‘Ohana Nui from the point they consider a position opening through on-boarding in the new position and throughout their careers at DHS.

DHS’ new Enterprise System will also reflect the values of ‘Ohana Nui. This department-wide IT system will provide families with a “one-stop” or “no wrong door” remote access to application for the benefits and services provided by DHS. Integrated data systems will allow DHS to analyze program and department-wide outcomes to improve resource allocation and identify best practices across the spectrum of services.

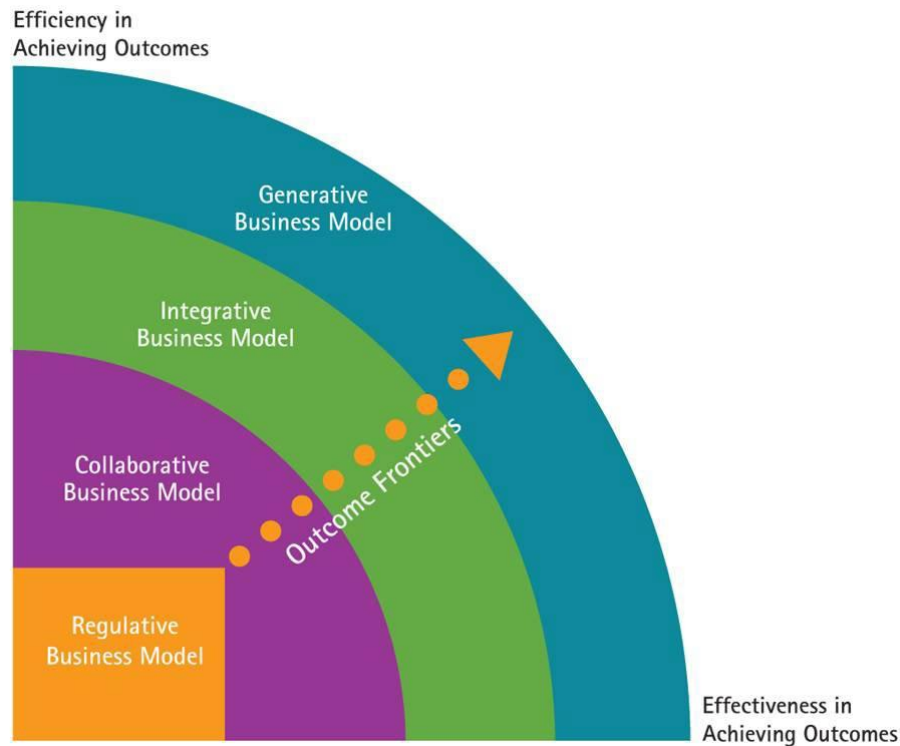
C. WHAT ARE THE PRINCIPLES OF ‘OHANA NUI?

The principles of ‘Ohana Nui should be imbedded into two-generation programs, policies, and strategies utilizing the Human Services Value Curve.

- Co-create and engage with families to build a system that is responsive to families (measurement and outcomes);
- “Meet families where they dream.” The idea that we need to go to where families are in the community;
- Ensure equity – fix structural problems that create gender and/or racial and ethnic disparities in the ways that programs provide services and assistance;
- Integrated funding – align and sync funding streams that fully address the needs of children, parents, and families which lead to improved outcomes for two-generation success, rather than only child-focused or parent-focused;
- Generative partnerships – new cross sector partnerships with service providers to see Hawaii families thrive.

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Antonio M. Oftelie. *The Pursuit of Outcomes: Leadership Lessons and Insights on Transforming Human Services: A Report from the 2011 Human Services Summit on the Campus of Harvard University*. Leadership for a Networked World. 2011.

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IV. HOUSING SERVICES

A. HOMELESSNESS AND THE HOMELESS PROGRAMS OFFICE (HPO)

1. WHAT IS THE HOMELESS PROGRAMS OFFICE (HPO)?

HPO develops, implements and manages a variety of state and federal programs for homeless and at-risk individuals and families. State programs include Outreach services which provide comprehensive coverage throughout the state; Emergency and Transitional Shelters which provide a secure environment where individuals and families can stabilize their lives and address their needs; and housing-focused services such as State Homeless Emergency Grants, Housing Placement Program, Housing First, and Rapid Re-housing. Federal programs include the Department of Housing and Urban Development's (HUD) Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). All services are required to follow a Housing First approach with the goal of obtaining/retaining permanent housing.

2. WHAT ARE THE SERVICES OF HPO?

- Facilitate the development of programs, strategic planning efforts, and affordable housing and transitional living facilities;
- Contract with private entities for the delivery of shelter, outreach, and other homeless services to mitigate and eliminate homelessness;
- Manage programs and properties to maximize the state's homeless resources;
- Work with the Continuum of Care (CoC) for Oahu and the neighbor islands, federal, state, and local government agencies to systemically coordinate efforts and resources to effectively provide for homeless families and individuals, i.e., through a coordinated entry system;
- Ensure that the needs of all homeless sub-populations are addressed and included in the locally developed CoC systems;
- Support agencies in the provision of services which promote the homeless CoC systems;
- Continue to promote and encourage public awareness and understanding of the causes and problems associated with homelessness and to stimulate the participation in efforts to address homelessness throughout the state;
- Develop an effective mechanism for leveraging resources in the development and submission of grant applications for federal funds; and
- Actively participate in the development, implementation and operation of the Coordinated Entry System (CES) and the Homeless Management Information System (HMIS).

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B. HOUSING FIRST

3. WHAT IS HOUSING FIRST?

The Housing First (HF) Program is intended to provide the chronically homeless population with immediate, low barrier access to permanent housing and support services based on participant choice, without requiring psychiatric treatment or attaining a period of sobriety in order to obtain housing. The HF program was fully implemented in 2014, prioritizing services to the chronically homeless who have the highest assistance needs on O'ahu. The neighbor islands of Hawai'i, Kaua'i and Maui have subsequently implemented HF in 2017.

4. WHY IS THIS PROGRAM CALLED HOUSING FIRST?

The concept of Housing First is to provide housing first, then implement wrap-around treatment and life skill services necessary to help these individuals stabilize, improve quality of life, and maintain housing. The goals are to help homeless households access permanent housing as rapidly as possible by removing barriers to program entry, assisting with quickly locating and accessing housing options, providing case management services, supporting post housing to promote stability, and helping to prevent evictions and returns to homelessness. The state HF Program is designed to end homelessness by providing housing and support services to the chronically homeless, assist participants in making application for mainstream benefit programs (Medicaid, Social Security Disability, food stamps, etc.), and to provide sustainable and stable housing for participants.

5. HOW LONG DOES IT TAKE FOR SOMEONE TO GO THROUGH THIS PROGRAM?

The state Housing First Program, which is a type of permanent supportive housing (PSH), provides housing and ongoing support to homeless individuals and families who might otherwise be unlikely to sustain housing on their own. The goal of HF is not to move individuals quickly through the program, but rather to provide support on an ongoing basis so that an individual can retain housing. The housing retention rate for the state HF program averages +90%. If funding for state HF Program is not maintained, the individuals currently served by the program may return to unsheltered homelessness due to the lack of ongoing housing and supportive services.

6. HOW DO CONCURRENT SYSTEMIC INTERVENTIONS RELATE TO COST SAVINGS?

Currently, funding for state HF Program is provided through general funds and pays for both direct housing costs (e.g. rent) and supportive services (e.g. case management,

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tenancy supports, etc.). Many of the homeless individuals served by HF are Medicaid-eligible, however current Medicaid currently provide for case management services to be offered for all Medicaid-eligible chronically homeless individuals. The DHS Med-QUEST Division (MQD) received technical assistance in 2017 through the Centers for Medicare and Medicaid Services (CMS) Medicaid Innovation Accelerator Program (IAP) Community Partnership track on how to expand Medicaid services for the chronically homeless population to include case management and tenancy support services.

7. WHAT OTHER COST SAVINGS DOES HOUSING FIRST OFFER?

Housing First also contributes to public cost savings by targeting chronically homeless individuals who are often the highest utilizers of hospital emergency rooms and other public services. A recent analysis of a small cohort of state Housing First clients by the University of Hawai'i Center on the Family found that "among the housed clients, the health care costs per client per month decreased by \$6,197 . . . which was 76% less than the costs at baseline." After factoring in the average monthly rent cost per client and average cost of supportive services, the net healthcare cost savings equated to \$4,247 per month per client. In addition, the analysis showed that, "while providing treatment and recovery services helped lowering health care cost in general, stable housing was the key contributor to significant cost savings among those who experienced chronic homelessness and behavioral health disorders." (Hawaii Pathways Project: Final Report, August 2014-September 2017, University of Hawai'i Center on the Family).

C. KAKA'AKO FAMILY ASSESSMENT CENTER

8. WHAT IS THE KAKA'AKO FAMILY ASSESSMENT CENTER (KFAC)?

The State, headed by the Governor's Leadership Team on Homelessness, opened the new Kaka'ako Family Assessment Center (FAC) on O'ahu in September 2016. The FAC reflected a new approach to shelter that emphasizes rapid placement to housing.

During the one-year period from 7/1/18 to 6/30/19, the KFAC transitioned 30 of 41 families to either permanent or transitional housing (18 and 12 respectively), a 73% placement rate. The FAC moves families quickly into permanent housing, with an average placement rate of 118 days, or just under four months.

Following the success of KFAC, DHS subsequently implemented a Family and Individual Assessment Center (FIAC) in Waianae. The target population served by this program is the documented unsheltered, most vulnerable, chronically homeless living on Oahu. For the first time, individuals are eligible for services, and bridge housing is made available to qualified participants who are in transition from temporary to permanent housing. In 2019, a Family Assessment Center was opened in the Puna district on island of Hawaii, a first for the neighbor islands.

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9. WHAT ARE THE EXPECTED BENEFITS OF KFAC?

KFAC uses the HF approach to provide safe, appropriate, and immediate temporary low-barrier shelter for families who have no viable alternatives and serves as a first step to being quickly and permanent re-housed. KFAC services focus on helping people access permanent housing as rapidly as possible by removing barriers to program entry, assisting with quickly locating and accessing housing options, assisting to access income and benefits, and connecting to community services and supports to promote stability and prevent evictions and returns to Homelessness. Program admission does not have pre-conditions for entry such as sobriety or completion of a treatment program. KFAC staff utilize assertive engagement strategies, assist to develop housing plans immediately, obtain needed documents for the housing application process, obtain income through public benefits and employment, identify and locate suitable housing options and provide support through the housing location and application processes. Services provided by KFAC include helping with preparation for housing by teaching tenancy skills and how to meet lease obligations.

D. RAPID RE-HOUSING

10. WHAT IS RAPID RE-HOUSING?

The Rapid Re-housing (RRH) Program is an intervention designed to help individuals and families prevent or quickly exit homelessness by retaining or obtaining housing in the community, and not returning to homelessness in the near term. The core activities of this program include housing identification, move-in and rent assistance, case management, and support services. Programs funded under this opportunity use the HF approach to service delivery (see HF description).

The RRH Program targets individuals and families who would be homeless but for this assistance. These include individuals and families who are transitioning from homelessness in emergency or transitional shelters to permanent housing, and are in need of assistance locating an affordable rental unit. The funds provide for a variety of assistance, including: short-term or medium-term rental assistance and housing relocation and stabilization services; landlord/tenant mediation; credit counseling; security or utility deposits; utility payments; moving cost assistance; and case management. In addition to supporting homeless households, the RRH Program also includes a prevention component to provide financial assistance to those who are imminently at risk of homelessness (eviction within 14 days).

RRH funding is allocated as follows:

1. Minimum 60% to rapid re-housing activities for unsheltered individuals and families, and those residing in emergency or transitional shelters.

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2. Maximum 40% to homeless prevention activities for individuals and families who are at imminent risk of homelessness.

Those who benefit from the RRH Program will be able to concentrate efforts on reentering the workforce and attaining self-sufficiency, thereby producing economic activity and enhancing the number of jobs created/saved.

11. HOW IS RAPID RE-HOUSING FUNDED?

The DHS Homeless Programs Office (HPO) posted a Request for Proposals (RFP) to contract state funds for RRH. The procurement resulted in statewide coverage with five agencies from O'ahu and one each on Hawai'i, Kaua'i and Maui being contracted. The RRH Program will provide assistance to homeless individuals or families to move as quickly as possible into permanent housing and achieve stability in that housing through a combination of rental assistance and supportive services (during and after financial assistance ends). In addition, the RRH Program strives to prevent homelessness in the first place by assisting those who are imminently at risk of losing their current housing situation. Rapid Re-Housing is currently funded on a statewide basis at the local, state, and federal levels. During the one-year period from 7/1/18 to 6/30/19, 3,949 clients received Rapid Re-Housing type services.

12. WHAT IS THE SUCCESS RATE? HOW MANY BECOME SELF-SUSTAINING?

According to the U.S. Department of Housing & Urban Development (HUD) Rapid Re-Housing Brief, "the long-term impacts of rapid re-housing are still being studied, but initial research indicates that people assisted by rapid re-housing experience higher rates of permanent housing placement and similar or lower rates of return to homelessness after the assistance ends." National research also suggests that Rapid Re-Housing is more cost-effective when compared to other homeless services (e.g. emergency shelter and transitional shelter). Statewide Homeless Management Information System (HMIS) data over the one-year period from 7/1/18 to 6/30/19 found that the Rapid Re-Housing project type had the highest rate of exit to permanent housing (83.2%) when compared to other homeless service project types (i.e. homeless street outreach, emergency shelter, and transitional shelter). The permanent housing exit rate noted above is based upon 2,648 clients exiting these types of projects during the period. HMIS data over the period found that the average length of stay from intake to exit to permanent housing for clients served in Rapid Re-Housing projects was 218 days, or just over seven months.

The HUD Rapid Re-Housing Brief can be found online here:

<https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf>

13. HOW ARE THE ENTITIES WHO PROVIDE SERVICES COMPENSATED?

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The state RRH funds are contracted to qualified organizations to perform the services. As part of the Request for Proposals (RFP) process, the nonprofits are required to submit an application to DHS which includes its proposal to address program requirements as described in the Service Specifications of the RFP. DHS thoroughly evaluates each proposal and select the best qualified applicants based on each score. Providers will be compensated based on a mutually agreed pricing structure. During the course of the RFP term, a base cost is determined in which the state pays the provider an established amount (up to 90% of the maximum annual contract amount) for personnel, operating, and administrative costs. In addition, performance measures and outcome rates are determined in which the state pays the Provider up to 30% of the contract amount when program outcomes are met. The State and the Provider agrees on the number of units of service to be delivered for the stated contract amount as specified in the Providers Work Plan.

14. IF THEY ARE CONTRACTED OUT, WHAT DATA IS AVAILABLE TO SHOW THE AMOUNT OF MONEY THAT IS BEING SPENT? BREAKDOWN?

HPO will administer the RRH contracts and monitor performance and expenditures through payments requests; site-visits/file reviews; the Homeless Management and Information System (HMIS) database; and activity/financial reports from providers. The criteria that performance of the contract will be monitored and evaluated are:

- Performance/Outcome Measures;
- Input and Output Measures;
- Quality of Care/Quality of Services;
- Financial Management; and
- Administrative Requirements.

E. HOMELESS OUTREACH PROGRAM

15. WHERE ARE THE SERVICES OF THE HOMELESS OUTREACH PROGRAM?

The state Homeless Outreach Program provides comprehensive geographic coverage of the state's four counties: O'ahu, Maui, Kaua'i and Hawai'i. The agencies contracted by the state sought out the unsheltered homeless on beaches, in parks, on the streets, and other places where the homeless congregate.

16. HOW MANY PEOPLE REQUEST FOR ASSISTANCE? HOW MANY PEOPLE ARE ASSISTED?

During the one-year period from 7/1/18 to 6/30/19, 4,950 individuals received homeless street outreach services. The following table outlines service numbers by county over

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the period. Aggregate data based on HMIS data shows a PH exit rate of 14%. When excluding Oahu, the PH exit rate rises to 28% for the Neighbor Islands. The Outreach Program facilitates a more stable living condition through access to permanent housing. Due to the nature of the homeless street outreach program, exits to other types of non-permanent sheltered facilities are generally also positive outcomes.

| County | Persons Served | Total Exits | Exits to PH | PH Exit Rate |
|--------|----------------|-------------|-------------|--------------|
| Maui | 937 | 508 | 128 | 19% |
| Hawaii | 444 | 329 | 130 | 40% |
| Kauai | 381 | 310 | 62 | 20% |
| Oahu | 3,188 | 2,475 | 169 | 7% |
| Total | 4,950 | 3,622 | 489 | 14% |

17. HOW ARE PEOPLE SELECTED FOR THIS?

DHS selects qualified organizations to provide homeless outreach services through a competitive procurement process. Outreach services are offered to all homeless individuals/families encountered in the community. The jurisdiction continues to make progress in coordinating homeless outreach services through the establishment of a Coordinated Entry and case conferencing process in each county. Outreach workers meet regularly to update and evaluate a “by-name list” of homeless individuals and families that have completed a pre-screening and triage via the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). Extensive training opportunities were made available to contracted Outreach providers’ front-line staff throughout the program year.

18. ARE THERE BETTER WAYS/HIGHER STANDARDS/CRITERIA THAT COULD BE USED TO MAKE THIS MORE EFFICIENT?

DHS is currently looking to expand eligibility for case management and supportive services for Medicaid-eligible individuals that are identified as chronically homeless. By expanding Medicaid coverage, managed care health plans could potentially pick up some of the cost of homeless outreach activities that help people attain housing, and other activities to support a person’s ability to maintain housing after placement. In addition, DHS is exploring partnerships with other systems that serve as “touch points” for the homeless (e.g. Judiciary, Hospital system, etc.) to increase the efficiency of outreach services by concentrating services at particular entry/exit points, such as when a person is exiting the court or prison system.

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19. HOW MANY HAVE BEEN ABLE TO MOVE OUT AND BECOME SELF-SUFFICIENT? SUCCESS RATE?

In a paradigm shift from historic practices, starting in SFY17, outreach services are required to be provided in a manner that is consistent with the Housing First approach. Staff use assertive engagement strategies and assist individuals and families to develop housing plans, obtain needed documents for the housing application process, obtain income through public benefits and employment, identify and locate suitable housing options and provide support through the housing location and access processes. Homeless outreach is one piece of a broader housing-focused system aimed at transitioning individuals quickly from homelessness to permanent housing. Transition from outreach to permanent housing data for the time period of 7/1/18 to 6/30/19 following the new model is available in the table in section 17 above.

20. CAN MEDICAID SERVICES BE USED TO PAY HOUSING?

Medicaid may be able to pay for housing costs in limited circumstances. The Centers for Medicare and Medicaid Services (CMS) recently approved an 1115 Medicaid Waiver for DHS Med-QUEST Division, which includes a Community Transition Services Pilot Program that can provide a one-time payment for security deposit and/or first month's rent. Med-QUEST Division is still in the process of developing an implementation plan for the newly approved Pilot Program services.

F. TEMPORARY STORAGE FOR THE HOMELESS

21. WHY IS IT IMPORTANT FOR THE STATE TO MAINTAIN TEMPORARY STORAGE FOR THE HOMELESS POPULATION?

Specifically relating to homeless persons and property, recent cases in the Ninth Circuit have determined that government agencies cannot take and dispose of a homeless persons' belongings without proper notice. In particular, *Lavan v. City of Los Angeles* deals specifically with these issues, as well as local case *Martin, et al. v. City and County of Honolulu*. The courts have found that taking and disposing of belongings without notice could be a violation of the Fourth and Fourteenth Amendments of the U.S. Constitution. In general, communities that do not have the means to temporarily store seized or abandoned property have been vulnerable to litigation. In light of these considerations, maintaining temporary storage for property in some circumstances is consistent with the evolving best practices to deal compassionately with this issue.

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22. WHAT HAPPENS IF THERE IS NO TEMPORARY STORAGE FOR THE HOMELESS POPULATION?

A main barrier to a homeless person's ability to access permanent housing is the lack of photo identification or other identification documents. According to service providers, identification documents may be lost as a result of enforcement of trespass actions impacting homeless individuals when items are left behind or disposed of. The establishment of a temporary stored property program will address this barrier and establish a process by which homeless persons may easily retrieve their items. This is consistent with the overall homelessness strategy that aims to reduce barriers to permanent housing.

23. WHAT ARE THE CHALLENGES OF REMOVING PROPERTY THE HOMELESS POPULATION LEAVES BEHIND?

Locally, Hawai'i Revised Statutes 171-31.5 outlines a procedure for state agencies to address property that is abandoned on most public lands. However, HRS 171-31.5 does not address all types of state lands, and does not allocate or address the provision of resources to facilitate this process.

G. LEGAL SERVICES FOR THE HOMELESS

24. WHY IS IT IMPORTANT TO PROVIDE CIVIL LEGAL SERVICES TO THE HOMELESS?

The delivery of legal services to the homeless requires not only specific legal knowledge, but also a familiarity in approaching and assessing the needs of unsheltered homeless individuals. In October 2016, the Homeless Programs Office issued a request for proposal for funding opportunities through the state Outreach Program. For the first time, civil legal services were eligible under this program. Initially, the primary focus was to provide assistance to resolve legal problems that prohibit program participants from obtaining permanent housing or will likely result in the loss of permanent housing. The state contracted with a qualified legal service provider staffed with attorneys who are licensed to practice law in Hawai'i. Currently, due to funding constraints, the provision of civil legal services is limited to assisting participants obtain vital documents leading up to a Social Security Card. HPO would like to see an increase in funding to provide more robust civil legal services at previous levels. See examples below:

- **EXAMPLE #1 – Lack of Photo I.D. and other vital records.**

It is not uncommon for a homeless person to lose their photo identification (i.d.) and other vital records (e.g. birth certificate, social security card, etc.). If the homeless person is from out-of-state, obtaining replacement i.d. or records may be even more

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challenging because the laws regarding i.d. or vital records varies from state to state. An attorney or legal professional could provide assistance in researching legal processes in other jurisdictions, and assisting a homeless person in requesting waivers of fees or other requirements to obtain i.d. and other vital documents. In addition, some jurisdictions require that an attorney request the vital documents on the homeless person's behalf.

- **EXAMPLE #2 – Assistance with applications and appeals for government benefits (e.g. TANF, General Assistance, SSI, and SSDI, etc.)**

Many homeless persons may lack a steady source of income to afford housing, and may be prevented from working due to an ongoing or temporary disability. The application forms and processes to apply for public benefits can sometimes be confusing, and require an explanation of the various policies related to eligibility. In addition, if an applicant is denied for public benefits, the assistance of an attorney or legal professional may be required to assist with the appeal, and to assist in requesting documents necessary for an appeal. In the case of applicants for SSI, an initial denial of the application for federal SSI benefits is not uncommon, and the assistance of an attorney may be required to navigate the appeals process and to request medical records to strengthen the appeal of denial.

- **EXAMPLE #3 – Assistance with Fair Housing complaints.**

Some homeless persons may experience difficulty locating and obtaining housing due to discrimination based on their gender, ethnicity, or other protected class. An attorney or legal professional could advise a homeless person on their fair housing rights, and educate them on local landlord-tenant laws. An attorney or legal professional could also provide counsel and advice, or assist with filing a complaint or appeal to the civil rights commission or housing authority if needed.

25. WHY ARE STATE FUNDS NEEDED FOR HOMELESS LEGAL SERVICES?

The activities described above had been previously federally funded through the U.S. Department of Housing & Urban Development (HUD) Continuum of Care (CoC) funds, administered by Aloha United Way. However, due to a recent change in HUD funding priorities, the CoC no longer funds civil legal service activities specifically for the homeless. If legal services are not funded and sustained, many homeless individuals may be unable to obtain photo i.d. or public benefits due to the lack of access to a qualified and knowledgeable legal professional.

26. WHAT ARE EXAMPLES OF THE EFFECTIVENESS OF LEGAL SERVICES FOR THE HOMELESS?

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Research has demonstrated the effectiveness of civil legal services in preventing eviction and assisting individuals to maintain housing. Specifically the following two reports demonstrate the effectiveness of legal services related to prevention:

- **EXAMPLE #1 – The Importance of Representation in Eviction Cases and Homelessness Prevention** (March 2012), <http://legalaidresearch.org/wp-content/uploads/boston-bar-importance-representation-20121.pdf>
Two randomized pilots in Massachusetts were conducted in 2009 and were reviewed. The pilots provided free legal representation to specific categories of low-income tenants. The review found that both pilot projects “prevented evictions, protected the rights of tenants, and maintained shelter in a high rate of cases.”
- **EXAMPLE #2 – The Homelessness Prevention Program: Outcomes and Effectiveness** (January 1990), <http://legalaidresearch.org/wp-content/uploads/NYS-Dept-social-services-Homelessness-Prevention-program-1990.pdf>
An evaluation of New York City’s Homelessness Prevention Program found that the costs of legal assistance to prevent eviction was low. The evaluation estimated that the eviction component of the program saved \$115M in homeless shelter costs. It was estimated that the program returned \$4 for every dollar of public funds invested.

27. HOW ARE PEOPLE SELECTED FOR THIS SERVICE?

The DHS Homeless Programs Office (HPO) conducted a competitive procurement through the Outreach Program to select a qualified organization to provide civil legal services to homeless persons. The selected provider will go out into the community, in collaboration with homeless outreach providers, to identify and connect with homeless individuals who may be encountering legal challenges or need assistance with resolving a housing barrier (e.g. lack of i.d. or difficulty accessing a public benefit). The selected provider may also station themselves at locations where homeless people commonly congregate (e.g. at a drop-in center or food pantry), or partner with a homeless shelter to deliver civil legal services on site.

28. HOW MANY REQUESTS ARE MADE AND HOW MANY CASES ARE FORMED?

Over the period from 7/1/18 to 6/30/19, the HPO-funded Legal Services Program provided services to 671 total clients. Program services were rendered by the Legal Aid Society of Hawaii (LASH). LASH was able to assist 121 total participants to obtain vital documents, including birth, marriage, or death certificates.

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H. GOVERNOR'S COORDINATOR ON HOMELESSNESS

29. DATA/EVIDENCE ON THE INCREASED LEVEL OF COMMUNITY OUTREACH/ENGAGEMENT.

The Governor's Coordinator on Homelessness and staff coordinate and align efforts both within and outside state government. In addition, the Coordinator serves as Chair of the Hawaii Interagency Council on Homelessness (HICH). The responsibilities of the HICH are outlined in section 346-81, Hawaii Revised Statutes.

In 2016, the HICH adopted a strategic framework that builds upon the ten-year action plan to end homelessness. The Coordinator and staff evaluate the progress in implementing the following components of the HICH strategic framework and ten-year action plan:

Retool to the Homeless Crisis Response System

- **Promote best practices for crisis response programs** – HICH members, including the Department of Human Services (DHS) Med-QUEST Division and the City & County of Honolulu, conducted trainings for service providers and health plans regarding a 'Housing First' approach to addressing homelessness, including the use of trauma informed approaches, effective use of rapid rehousing, and landlord engagement strategies. The Department of Health (DOH) is also working closely with State law enforcement agencies, such as the Department of Public Safety's Sheriff Division, to provide training on crisis intervention, and mental health emergency services.
- **Increase number and diversity of community stakeholders** – The diversity of community stakeholders involved in addressing homelessness has increased. The Medicaid health plans are represented and actively participating in both Continua of Care, and each health plan has established a specific position to address the housing needs of members experiencing homelessness. In addition, law enforcement agencies, such as County police and the Sheriff Division, are actively engaged in homeless services and Law Enforcement Assisted Diversion (LEAD) pilot programs have been launched in all four counties. Native Hawaiian serving organizations, such as the Office of Hawaiian Affairs and Liliuokalani Trust, are also actively engaged and proved support for the 2019 Point in Time Count that included an analysis of demographic data for Native Hawaiians experiencing homelessness.
- **Continued support for the Statewide outreach network, which engages and identified unsheltered homeless persons** – Outreach remains a critical

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function of homeless services. In addition to contracted outreach providers, key State departments such as Department of Land and Natural Resources (DLNR) and the Department of Transportation (DOT) have established homeless coordinator positions to coordinate homeless outreach efforts within their organization. The Honolulu Police Department's coordinated Health Efficiency and Long-Term Partnerships (HELP) outreach efforts that partner outreach providers with police officers has also expanded. The number of homeless individuals connected to shelter through HELP increased from 17 people in 2017 to 178 people in 2018 and to 101 in the first three months of 2019.

- **Develop and implement a comprehensive plan of education and communications for the general public** – HICH launched a new website in 2019, <http://homelessness.hawaii.gov>, which includes information regarding the HICH strategic plan, regular meeting, and data regarding housing inventory and the point in time count. HICH members also continue a two-year ongoing partnership with KHVH radio that includes a regular monthly radio segment, 'Road to Home,' which features State and County officials and homeless service providers.

Increase Access to Stable and Affordable Housing

- **Increased overall housing production** – About 5,300 new housing units have been produced over the past three years, with another 1,400 units under construction and 4,500 in various stages of planning. These efforts have been supported by a combined appropriation of \$150 million in State general funds over the past two years for the Rental Housing Revolving Fund, Dwelling Unit Revolving Fund, and other rental housing financing tools.
- **Partnership with Counties and the private sector to increase permanent housing options for homeless families** – The State continued to partner with the counties and private sector to increase permanent housing options for homeless individuals and families statewide. The State provided land to the City and County of Honolulu and private sector stakeholders to open the Kahauiki Village project in January 2018; the project provided 30 new housing units to serve 120 homeless individuals. The second phase of Kahauiki Village, which will add additional inventory, is expected to be completed in August 2019. The State is also partnering with Hawaii County, Maui County, and Kauai County to utilize State funding for affordable housing projects specifically targeted for homeless individuals and families.
- **Partnered with local landlords to maximize inventory** – Landlord summits were convened in every county to expand the number of landlords, property

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managers, and rental supply of homes. In addition, faith-based summits were convened on Oahu and Hawaii Island to discuss opportunities for partnership with local churches and faith-based leaders.

Increase Economic Stability and Self-Sufficiency

- **Initiation of Job Training programs in partnership with emergency shelter –** The Next Step shelter provides job training opportunities to shelter residents in partnership with the Hawaii Community Development Authority (HCDA); at Next Step, shelter residents assist in providing janitorial and maintenance services for the Kaka’ako area parks under HCDA jurisdiction. Next Step residents also are employed as overnight staff at the nearby Family Assessment Center as a means of gaining entry-level experience in the human service sector. The new DHS contracts for homeless shelters also include specific performance metrics related to employment services and support for homeless families.
- **Address the needs of children and families early and concurrently –** The state DHS and DOH are developing the state's ‘Ohana Nui multi-generational approach to streamline and improve the delivery government services to individuals and families by addressing the needs of children and families early and concurrently. This approach has resulted in increased collaboration between DHS and DOH. An example of the ‘Ohana Nui approach is the Family Assessment Center, which involves a wide network of community partners – including DHS, DOH, Department of Education (DOE), Catholic Charities Hawaii, Honolulu Community Action Program, the University of Hawaii John A. Burns School of Medicine, Partners in Development, and others – to address the needs of families at the facility.

Improve Health and Stability

- **Strengthened intersection between healthcare and housing –** The DHS 1115 Medicaid waiver amendment for tenancy support services for chronically homeless individuals and those at imminent risk of homelessness was approved by the Centers for Medicare and Medicaid Services in October 2018. In July 2019, DHS was informed that an additional waiver amendment request to allow housing payments for medical respite was also approved. DHS is continuing engagement and training for health plans and homeless service providers to implement the recently approved waiver amendment programs. In addition, the State and City and County of Honolulu have partnered to launch new Joint Outreach Centers in downtown Honolulu and Windward Oahu, which combine urgent care medical services with homeless

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outreach efforts to stabilize and connect unsheltered individuals to long-term housing options.

- **Continued to pilot new models for Permanent Supportive Housing (PSH)** – The State and City and County of Honolulu partnered to place chronically homeless persons from the Hawai'i Pathways Project (HPP) into housing at various city-owned properties. In this model, the state provides funding for supportive services and case management, while the City provides funding for housing units and housing vouchers. Governor David Ige's emergency proclamations to address homelessness allowed County governments to accelerate the development of permanent housing projects that will specifically benefit homeless persons and brought at least 392 additional units online over the past year.
- **Continued to address discharge planning and transition of inmates exiting from incarceration** – The Department of Public Safety (PSD) established Memorandums of Agreement with DOH and the Department of Transportation (DOT) to streamline the process for offenders to obtain birth certificates and state identification prior to discharge. In addition, a partnership between PSD, Waikiki Health, and DHS has helped to ensure that offenders maxing out of the longest jail/prison sentences are enrolled in Hawaii's Medicaid program QUEST integration for health insurance coverage prior to release.

For more information on the HICH strategic plan and framework, visit <http://homelessness.hawaii.gov> or e-mail gov.homelessness@hawaii.gov.

I. HAWAI'I PUBLIC HOUSING AUTHORITY (HPHA)

30. WHAT IS HPHA?

The Hawai'i Public Housing Authority helps provide Hawai'i residents with affordable housing and shelter without discrimination. HPHA efforts focus on developing affordable rental and supportive housing, public housing and the efficient and fair delivery of housing services to the people of Hawai'i.

31. HOW LONG IS THE WAIT LIST FOR PUBLIC HOUSING?

The waiting list for public housing is 2-7 years. There are a disproportionate number of families applying for housing against a finite number of units.

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32. WHY DOES IT TAKE 2-7 YEARS FOR SOMEONE TO GET A HOME IF THERE ARE VACANCIES?

There are vacancies but as these are made rent ready (i.e., repaired or renovated) people from the wait list fill the units.

Unlike Section 8, where a participant can earn too much money and no longer be eligible for assistance, tenants in public housing only need to be income qualified at their initial placement. This also limits the opportunity to free up units.

33. WHAT IS THE VACANCY OF EACH FACILITY?

State Elderly has a vacancy rate of 99.5% (.5% of units not filled).

State Family has a vacancy rate of 94.7% (5.3% of units not filled).

This vacancy rate also includes three family buildings that are currently vacant and undergoing renovations.

34. HOW MANY BUILDINGS ARE CURRENTLY USED IN THIS PROGRAM?

Rent Supplement is a rental assistance program, unlike public housing.

The HPHA currently houses its staff in one building.

35. HOW MANY ROOMS/FAMILIES/VACANCIES ARE THERE?

Under the current funding HPHA could potentially lease up 100 more families this year.

36. HOW MANY PEOPLE ARE CURRENTLY BEING ASSISTED?

157 families

37. WHAT ARE THE CRITERIA FOR PEOPLE THAT ARE ASSISTED?

The Rent Supplement Program (RSP) requires an interview process. The interview establishes if the applicant will be processed for acceptance. The common requirements are:

- Interview of the head of household, spouse, or adult household members;
- Establishing Legal Identity;
- Social Security number requirement of all household members;
- Residency Requirements;

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- Income and assets for the household, and If they meet the Federal Poverty limit per household size;
- RSP uses the Federal Poverty Limit to establish the maximum income per household size; and
- There is an asset limit for the (RSP) program. Non elderly families are allowed one and one half times the income limit per their house hold size. Elderly households are allowed two times the income limit per their house hold size.

38. HOW IS THE MAINTENANCE WORK FOR HOUSING FUNDED?

State Family and Elderly revenue represents less than 100% of operation expenses. Families and elderly individuals who live in public housing are required to pay only 30% of their adjusted income for rent. Public housing tenants also receive a utility allowance to offset the cost of their utility expenses. Under these programs, it is not uncommon for a family to pay less than \$50-100 in rent per month.

Unlike in the private sector, the full cost to operate a housing unit cannot be covered by rental income alone. In the private sector, a property owner would set the rents at an amount which would cover expenses regardless of how much income a renter earns. However, in public housing, the rent increases/decreases with a family's income.

39. HOW MUCH REVENUE IS CURRENTLY COLLECTED ANNUALLY?

- \$2,126,932 total rent revenue, State Elderly for SFY15-16,
- \$1,147,426 total rent revenue, State Family for SFY15-16.

40. WHAT WOULD THE COST FOR EACH OF THESE MAINTENANCE SERVICES BE?

- Maintenance expense for SFY15-16 State Family \$198,697.
- Maintenance expenses for SFY15-16 State Elderly \$1,145,320.

41. HOW ARE THESE MAINTENANCE ISSUES CURRENTLY PAID FOR?

These maintenance expenses are currently paid using state family revolving funds, state elderly revolving funds, and state general fund appropriations.

Note: Last update for HPHA was on September 2017.

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V. MEDICAID SERVICES – MED-QUEST DIVISION (MQD)

A. MED-QUEST, MEDICAID GENERAL INFORMATION AND ELIGIBILITY

1. WHAT IS MED-QUEST?

Med-QUEST (Quality, Universal Access, Efficiency, Sustainability, Transformation) is a division of the Department of Human Services that provides healthcare benefits to Hawai'i residents who are eligible for Medicaid.

2. WHAT IS MEDICAID?

Medicaid started in 1965 along with Medicare as a safety net program for low income women, children and people with disabilities as a federal and state endeavor and evolved to one of the largest health insurance programs in every state. Medicaid is funded jointly by state and federal government.

3. WHAT IS THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)?

The Children's Health Insurance Program (CHIP), provides health coverage to eligible children through both Medicaid and separate CHIP programs. CHIP is administered by states according to federal requirements. CHIP was created in 1997 and is funded jointly by states and the federal government. In Hawai'i, the CHIP program was implemented in July 2000, and is part of the Medicaid program.

4. HOW MANY PEOPLE RECEIVED MEDICAID BENEFITS IN HAWAI'I IN 2016?

In Hawaii, a little over 350,000 people were assisted with Medicaid in 2016. This represents nearly a quarter (25%) of the 1.4 million people in Hawai'i. Additionally, forty five percent (45%) of all children in Hawai'i were assisted with Medicaid.

5. WHO QUALIFIES FOR MEDICAID ASSISTANCE?

People whose Medicaid eligibility is based primarily on their income will be eligible under the following Federal Poverty Level (FPL) thresholds:

- Children – up to 313% FPL

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- Pregnant Women – up to 196% of the FPL
- Parent/Caretaker relatives – up to 105% of the FPL
- Adults under the age of 65 (not receiving Supplemental Security Income or Medicare)– up to 138% of the FPL

People who are 65 and over, or blind or disabled, may have eligibility determined using the following income and asset thresholds:

- Income up to 100% of the FPL and up to \$2,000 in assets for a single person household or up to \$3,000 for a household of two; or
- If income is greater than 100% of the FPL and assets up \$2,000 for a single person household or up to \$3,000 for a household of two, applicant(s) may be eligible for medical assistance under the Medically Needy Spenddown program, provided he or she has medical expenses greater than the determined spenddown amount.

6. HOW DO I KNOW IF I QUALIFY FOR MEDICAID?

The best way to see if you or your household members qualify for Medicaid is to apply. There are three simple ways to apply for benefits.

- 1) Submit an on-line application at www.mybenefits.hawaii.gov ; or
- 2) Apply over the phone by calling Med-QUEST's Call Center (1-800-316-8005; TTY/TDD users call 711; or
- 3) Apply using the Medicaid application form which can be downloaded from the [Department of Human Services \(DHS\) website](#) or Hawaii's [MedQUEST Website](#)

7. WHICH HEALTH PLANS ARE OFFERED THROUGH MEDICAID?

There are currently five choices for QUEST Integration Health Plans:

| Health Plans | Phone | Website |
|--------------|----------------|----------------|
| AlohaCare | 1-877-973-0712 | alohacare.org |
| HMSA | 1-800-440-0640 | hmsa.com/QUEST |

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| | | |
|---------------------------------|----------------|-------------------------|
| Kaiser Permanente | 1-800-651-2237 | kpquest.org |
| ‘Ohana Health Plan | 1-888-846-4262 | ohanahealthplan.com |
| UnitedHealthcare Community Plan | 1-888-980-8728 | uhccommunityplan.com/hi |

8. WHAT ARE THE HEALTH BENEFITS COVERED BY MEDICAID FOR PRIMARY AND ACUTE CARE SERVICES?

The following are a few examples of covered benefits under Quest Integration Health Plans:

- Inpatient hospital medical and surgical services
- Inpatient hospital maternity and new-born care services
- Doctor visits and services
- Emergency and urgent care services
- Durable medical equipment and medical supplies
- Prescription drugs

9. WHAT ARE THE HEALTH BENEFITS COVERED BY MEDICAID FOR BEHAVIORAL HEALTH SERVICES?

If you have a serious mental illness, you may be able to receive services through a specialized plan. This includes such services as:

- Acute inpatient hospital for behavioral health services
- Substance abuse treatment programs
- Ambulatory mental health services
- Psychiatric or psychological evaluation
- Prescription drugs

10. WHAT IF I NEED LONG-TERM CARE?

There are additional assessments needed in order to receive Long Term Services and Support (LTSS) benefits. You must complete an application and work with your

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physician to have your required level of care evaluated. These home and community-based services may include, but are not limited to:

- Adult day care
- Personal care
- Chores
- Skilled nursing
- Residential care like Community Care Foster Family Home (CCFFH) or Expanded Adult Residential Care Home (EARCH).

11. DOES MEDICAID COVER DENTAL SERVICES?

Dental services are provided by dentists who are enrolled to see Medicaid patients. You can call the Community Case Management Corp (CCMC) to find a dentist who accepts Medicaid:

- O'ahu: 792-1070
- Neighbor Islands: 1-888-792-1070 toll-free

If you're under age 21, your coverage includes:

- Diagnostic and preventive services once every six months.
- Non-emergency care that includes:
 - Endodontic therapy
 - Oral surgery
 - Periodontic therapy
 - Prosthodontic services
 - Restorations

If you're age 21 or older, you are covered for emergency services that include:

- Eliminating dental infection and pain.
- Treating acute injuries to teeth and supporting structures.

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VI. FOOD AND OTHER FINANCIAL ASSISTANCE PROGRAMS – BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES DIVISION (BESSD)

A. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) GENERAL INFORMATION AND ELIGIBILITY

1. WHAT IS THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)?

The Supplemental Nutrition Assistance Program or SNAP (formerly the Food Stamp Program) is a federal program funded through the U.S. Department of Agriculture's Food and Nutrition Service (FNS) and is the nation's largest nutrition assistance program.

It is a federal nutrition program that supplements a household's food budget.

SNAP issues monthly benefits to eligible households that can be used at authorized grocery and convenience stores, and some farmers markets.

SNAP is a mandatory, or entitlement, program that is funded by the federal government and governed by a complex set of federal regulations. It is administered by states under the oversight of the federal government. The government funds 100 percent of benefits and 50 percent of administrative costs. The state funds the remaining 50 percent administrative costs.

2. WHO IS ELIGIBLE FOR SNAP?

SNAP rules require that participants be at or below 130% of the Federal Poverty level.

Households must meet certain standards which include income and resource standards. Some members of a household must also meet work requirements to qualify for SNAP.

Special rules apply to households containing individuals who are elderly or disabled.

Cost of Living Adjustments. The SNAP uses federal poverty guidelines to set its income eligibility standards. The poverty guidelines are adjusted every year to take into account changes in the Consumer Price index.

3. HOW ARE SNAP BENEFITS CALCULATED?

Benefits are based on the Thrifty Food Plan (TFP) which is developed by USDA and is the least expensive of the food plans developed by USDA. Since the cost of food is traditionally higher in Hawai'i than in the 48 States and D.C, SNAP benefits are higher in

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Hawai'i. Households with little or no income receive the full TFP amount. Other households receive a TFP amount based on their net income.

4. HOW DOES A HOUSEHOLD ACCESS THEIR BENEFITS?

SNAP benefits are given to households on an electronic benefits transfer (EBT) card which works like a debit card. The (EBT) card may contain an individual's TANF or TAONF cash benefits, child care assistance and SNAP benefits that can be drawn down like a debit card. The EBT card was implemented in Hawai'i in 1998 for disbursement of nutrition assistance and financial assistance benefits.

5. HOW MANY PEOPLE DOES SNAP SERVE?

In 2016, 179,138 individuals were helped through the SNAP program.

6. WHAT CAN SNAP BENEFITS BE USED FOR?

The current SNAP law defines eligible foods as any food or food product for home consumption except alcoholic beverages, tobacco, and hot foods or hot food products ready for immediate consumption and seeds and plants for use in gardens to produce food for the personal consumption of the eligible household. USDA provides oversight of retailers participating in SNAP as well as regulations governing eligible food items.

B. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF) PROGRAMS GENERAL INFORMATION AND ELIGIBILITY

7. WHAT ARE TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF)?

TANF and TAONF provide monthly cash benefits to qualifying families which can be used to pay for food, clothing, shelter, and other essentials.

8. WHAT IS THE DIFFERENCE BETWEEN TANF AND TAONF?

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

When all family members are U.S. citizens, they are eligible for federally funded assistance under TANF.

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Families that include at least one non-U.S. citizen are eligible for state-funded assistance under TAONF. Non-citizens are legal immigrants or permanent resident aliens residing in the U.S. as well as those from the Micronesian nations under the Compact of Free Association (COFA), which includes the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands. Other than these funding sources, there is no difference between the two programs.

9. WHO IS ELIGIBLE FOR TANF / TAONF?

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

10. WHAT OTHER REQUIREMENTS ARE THERE TO PARTICIPATE IN THIS PROGRAM?

Benefits are time-limited for work-eligible, needy adults with dependent children. All adults, except for those receiving SSI or SSDI or are age 65 or older, are required to participate in some work-related activity such as training, counseling, treatment, or work. Recipients also must promote self-reliance, responsibility, and family stability. TANF/TAONF work program provide help to obtain employment, child care, and transportation support and reimbursement for pre-approved work-related expenses such as tools, uniforms, union dues, etc.

11. WHAT IF I'M A CHILD AND I DON'T LIVE WITH MY PARENTS? WHAT ARE THE BENEFITS?

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

12. WHAT IF I AM DISABLED?

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

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

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

13. WHAT OTHER BARRIERS DOES BESSD ASSIST WITH?

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

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

14. HOW MANY PEOPLE DOES TANF SERVE?

Monthly average number of families receiving assistance: 5750 families.

Monthly average number of individuals receiving assistance: 15,848 individuals.

15. WHAT IS THE AVERAGE AMOUNT OF BENEFITS RECEIVED?

The average monthly assistance for a TANF household is \$578.

The average monthly assistance for a TAONF household in SFY 16 is \$497.

C. FIRST-TO-WORK (FTW) GENERAL INFORMATION AND ELIGIBILITY

16. WHAT IS THE FIRST-TO-WORK PROGRAM (FTW) PROGRAM?

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

17. HOW LONG CAN I PARTICIPATE IN FTW?

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

18. WHAT IF I'M A COLLEGE STUDENT?

Bridge to Hope is a nationally recognized model partnership between the University of Hawai'i system and DHS. Bridge to Hope helps FTW participants enroll as full-time UH students to earn college degrees while they work on campus. Additional efforts are being made to encourage FTW participants to enroll in college or complete their high school diplomas. This shifted focus helps increase participants' earning potential, which inevitably can help participants succeed in the future.

19. HOW MANY STUDENTS HAVE BEEN ASSISTED WITH THE BRIDGE TO HOPE PROGRAM?

FTW participants also served by Bridge to Hope is 68.

20. WILL I RECEIVE ANY OTHER TRAINING?

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

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

21. HOW DOES SEE HAWAI'I WORK PROGRAM RECEIVE FUNDS TO PROVIDE ON-THE-JOB TRAINING AND EMPLOYMENT OPPORTUNITIES FOR FTW PARTICIPANTS?

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

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D. GENERAL ASSISTANCE (GA) GENERAL INFORMATION AND ELIGIBILITY

22. WHAT IS GENERAL ASSISTANCE (GA)

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

23. WHAT ARE THE BENEFITS OF GA?

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

24. WHO IS ELIGIBLE FOR GENERAL ASSISTANCE (GA)?

GA is available to adults, ages 18 through 64 with no minor dependents, who are temporarily disabled, and who do not qualify for Social Security (SSI) benefits, or, who are waiting for approval for SSI or SSDI benefits. Legally married adults must apply together as one household.

25. HOW DO YOU QUALIFY TO RECEIVE GENERAL ASSISTANCE (GA) BENEFITS?

To be eligible for GA, you must have little or no income, not qualified for a federal category of assistance, and been certified by a DHS medical board as unable to engage in any substantial employment of at least 30 hours per week for a period of at least 60 days.

To remain eligible, assets may not exceed \$2,000 for a single person and \$3,000 for a couple.

26. HOW MUCH IN MONTHLY BENEFITS AM I ELIGIBLE FOR?

Since March 2017, the monthly benefit has been \$388 per month. Monthly payments fluctuated between the highest in 2007 (\$469) to the lowest in 1996 (\$217).

To qualify, the family's total gross income must be under 185% of the 2006 Federal Poverty Level (FPL).

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E. AID TO THE AGED, BLIND, AND DISABLED PROGRAM

27. WHAT IS AID TO THE AGED, BLIND AND DISABLED (AABD)?

AABD is a state-funded program that provides cash benefits for food, clothing, shelter, and other essentials to adults with no minor dependent children who are 65 years of age or older, legally blind or permanently disabled as determined by the standards of the Social Security Administration.

To qualify, the family's total gross income must be under 185% of the 2006 Federal Poverty Level and the net income must be under the standard of assistance established for the AABD program.

28. HOW MUCH IN MONTHLY BENEFITS AM I ELIGIBLE FOR?

The current the AABD monthly benefit is \$388. Monthly have fluctuated between the highest in 2007 (\$469) to the lowest in 1996 (\$217).

F. CHILD CARE CONNECTION HAWAI'I (CCCH) GENERAL INFORMATION AND ELIGIBILITY

29. WHAT IS CHILD CARE CONNECTION HAWAI'I (CCCH)?

The Child Care Connection Hawai'i (CCCH) Program provides statewide services that offer licensing oversight to child care homes and facilities and payment assistance to needy families. Similar to other DHS assistance programs, Child Care Connection Hawai'i serves families from a variety of cultural backgrounds.

There are two programs within Child Care Connection: licensing and payment assistance.

30. HOW ARE THE GOALS OF CHILD CARE CONNECTION HAWAI'I ACHIEVED?

The overall goal of Child Care Connection Hawai'i is to assist able-bodied persons receiving cash assistance obtain employment and to become self-sufficient by providing access to a full-range of child care services, which assure the basic health and safety of children. Each program has more specific goals.

The primary goal of the licensing program is to ensure the safety, health, and well-being of children attending licensed and registered child care homes and facilities by developing and enforcing minimum standards for each type of regulated child care.

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Under the child care payment assistance program, low-income families can apply for child care subsidy assistance if they are working, in school, or participating in employment training to become self-sufficient.

31. WHAT IS THE PRESCHOOL OPEN DOORS (POD) PROGRAM?

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

32. WHO IS ELIGIBLE FOR CHILD CARE ASSISTANCE?

The other child care payment assistance program assists low-income families with children ages birth up to 13 years of age and whose parent(s)/guardian(s) is working, in school, or participating in employment training. The income eligibility limits for families may be found [here](#). If the child residing in the family is between 13 years old up to 18 years and the child cannot do self-care, the family may apply for child care payment assistance as well and verification would be needed. Child care payment assistance may be used to help pay for a variety of legal child care settings, including care in the child's home, care by relatives or family friends, family child care homes, school age programs, or preschools. All child care providers, even if they are not licensed by DHS, need to undergo comprehensive [background checks](#) in order for the eligible family to receive the child care payment assistance. Families receive detailed information about these requirements during the [application](#) process at child care units [statewide](#).

33. WHAT KINDS OF PROVIDERS ARE REGULATED BY DHS?

The Department regulates family child care homes (caring for 3-6 children in a family home), group child care homes (caring for 7-12 children in a home), group child care centers (facilities caring for children 24 months and up), infant and toddler child care centers (facilities caring for children between 6 weeks – 36 months old), and before and after school care facilities (facilities caring for children attending elementary school).

34. HOW DO I FIND OUT IF A CHILD CARE PROVIDER IS REGULATED BY DHS?

To find out if a child care provider is regulated by DHS, please contact the appropriate child care licensing unit ([Click here to see List of Statewide Child Care Licensing Units](#)). The licensing unit will verify whether the child care provider is regulated by DHS and has any history of complaints.

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35. HOW DO I FILE A COMPLAINT ABOUT A CHILD CARE PROVIDER WITH DHS?

Any complaint made against a child care provider should be reported to the appropriate child care licensing unit ([Click here to see List of Statewide Child Care Licensing Units](#)). The licensing unit will determine whether there is a child care law or licensing rule violation that needs to be investigated. If an investigation is warranted, the child care licensing unit shall conduct an unannounced visit to the provider's home or child care facility. The department shall not release the names of or any other identifying information on the complainants.

If a complaint allegation concerns the abuse or neglect of a child, please contact the Department of Human Services' Child Abuse/Neglect Hotline at (808) 832-5300 for O'ahu and Toll Free number from neighbor islands: 1-800-494-3991.

In accordance with Hawai'i Revised Statutes (HRS) §346-152.3 ([Click here to review HRS §346-152.3](#)), upon receiving a report that a person may be caring for more than two children unrelated to the caregiver by blood, marriage, or adoption, or providing care for a child for more than six hours per week, without a child care license issued by the department, the Department may conduct an investigation for the limited purpose of determining the number of children in care who are unrelated to the caregiver by blood, marriage, or adoption, and the number of hours of care provided per week.

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VII. ASSISTANCE FOR THE BLIND AND DISABLED – DIVISION OF VOCATIONAL REHABILITATION (DVR)

A. ASSISTANCE FOR THE BLIND AND DISABLED GENERAL INFORMATION AND ELIGIBILITY

1. WHAT IS THE DIVISION OF VOCATIONAL REHABILITATION (DVR)?

DVR is a federally and state-funded program that assists individuals with disabilities in the pursuit of gainful employment, independence, self-sufficiency, and full integration into community life. Services support eligible individuals to secure, retain, advance, or regain employment.

The Division offers a broad range of services to support the goals of each individual based on their strengths, resources, priorities, concerns, abilities, capability, interests, and informed choice.

DVR administers three primary programs:

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

2. WHAT SERVICES ARE AVAILABLE THROUGH THE VOCATIONAL REHABILITATION PROGRAM?

- Assessments
- Vocational Training
- Pre-Employment Transition Services for Students
- Work Resources and Transportation
- Personal Attendant Services for Employment
- Assistive Technology
- Counseling and Guidance
- Personal Adjustment
- Job Placement and Follow-up for Retention
- Independent Living
- Supported Employment
- Post-Employment Services
- Comprehensive Services for deaf, hard-of-hearing, and deaf-blind

3. WHAT SERVICES DOES HO'OPONO OFFER, AND HOW DOES THE OLDER BLIND INDIVIDUALS PROGRAM SERVE OUR COMMUNITY NEEDS?

Ho'opono Services support blind and visually impaired students and adults from Hawai'i to attain maximum vocational and functional independence. These services are available through the Older Individuals who are Blind Program, the Low Vision Clinic, the

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Summer Employment Program, the New Visions Program, and the Hawai'i Business Enterprise Program.

The Independent Living for Older Individuals who are Blind (IL-OIB) program provides independent living services to individuals age 55 or older who have severe visual impairments. These services include visual screenings; Braille; orientation and mobility; personal and home management; low-tech and high-tech devices such as closed-circuit TVs and other magnification devices; glasses; accessible medical devices not covered by insurance; counseling to individuals and families; and referrals to other agencies, both public and private non-profit, which can assist with other independent living needs.

4. WHAT DOES THE DISABILITY DETERMINATION BRANCH PROVIDE?

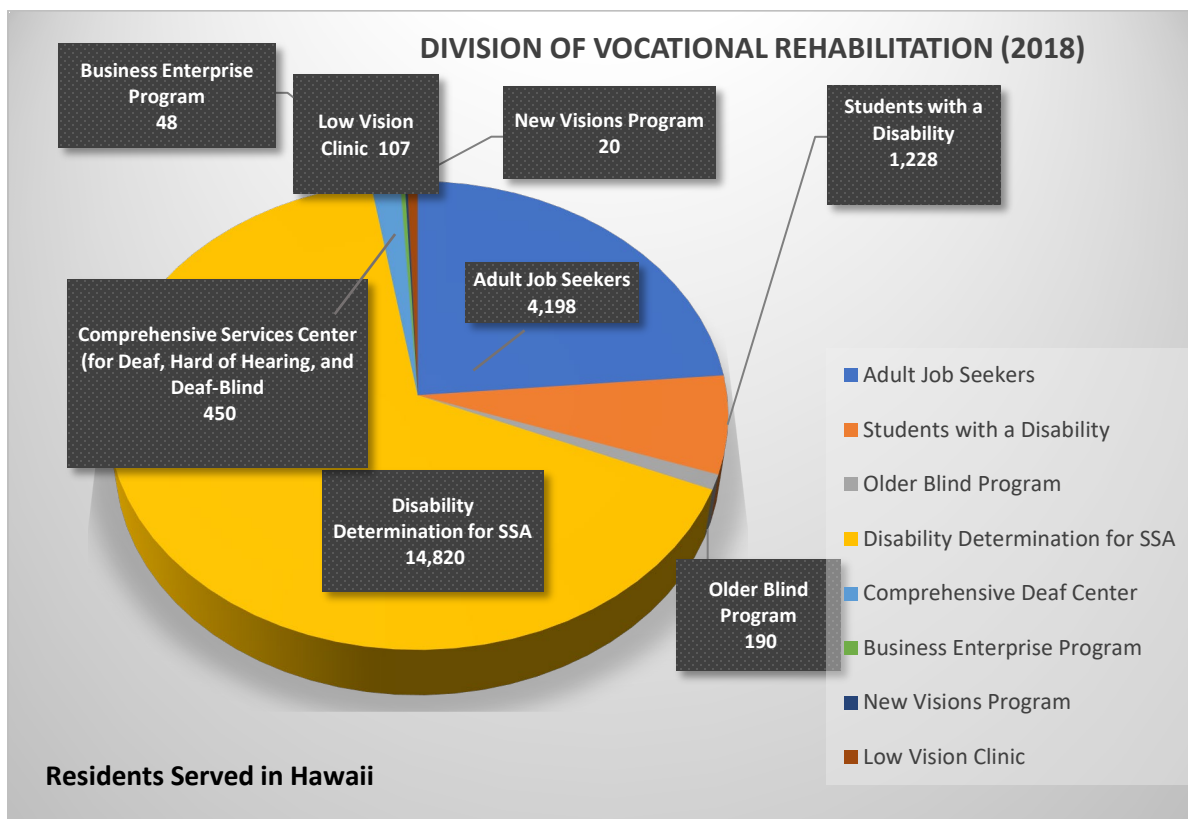
DVR's Disability Determination Branch makes medical determinations on disability claims filed with the Social Security Administration under the Social Security Disability Insurance and Supplemental Security Income programs. The Branch's mission is the timely and accurate adjudication of disability claims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

Hawai'i's Disability Determination Branch is one of 54 branches among 50 states, Puerto Rico, Guam, the Virgin Islands, and the District of Columbia. This program is entirely federally funded by the Social Security Administration.

Title II of the Social Security Act provides payments of disability benefits to individuals who are "insured" based on contributions to the Social Security trust fund through Social Security taxes on earnings, as well as to certain dependents of insured individuals.

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VIII. SOCIAL SERVICES DIVISION (SSD)

A. CHILD WELFARE SERVICES (CWS) GENERAL INFORMATION

1. WHAT IS CHILD WELFARE SERVICES AND WHAT DOES THE CHILD WELFARE SERVICES BRANCH DO?

Child welfare services are services provided by the Department of Human Services, Child Welfare Services (CWS) Branch, to children and their families when the children are reported to have been abused and/or neglected or to be at risk for abuse and/or neglect. These services include child protection, family strengthening, foster care, adoption, independent living, and licensing of resource family homes, child care institutions, and child placing organizations.

The mission of the Child Welfare Services Branch is to ensure the safety and permanency of children in their own homes or, when necessary, in out-of-home placements. When a child cannot be safely returned to the family within a reasonable time frame, we proceed with a permanent placement for the child through adoption, legal guardianship, or other long-term substitute care. The Child Welfare Services Branch has offices on the islands of O'ahu, Hawai'i, Kaua'i, Maui, Moloka'i, and Lāna'i.

2. WHAT IS CHILD ABUSE OR NEGLECT?

The law requires parents to provide their children with a safe family home, free from child abuse and/or neglect. Child abuse and neglect is often referred to as harm, and risk for child abuse and neglect is often referred to as threatened harm. Child abuse or neglect includes physical abuse or neglect, medical neglect, psychological abuse or neglect, inadequate care and supervision, sex abuse, or giving illegal drugs to a child by a family member, legal guardian, or a person responsible for that child's care. Refer to the Hawai'i Revised Statutes (HRS) § 587 A, and § 350-1 which define child abuse and neglect in more detail.

In compliance with the federal Justice of Victims of Trafficking Act of 2015, Public Law 114-22, as of May 29, 2017, sex trafficking of minors also falls under the state's definition of "child abuse and neglect" in HRS §350-1. If a child is trafficked by anyone, regardless of whether the trafficker is a parent or caregiver of the child, the child is considered a victim of child abuse.

3. HOW DOES CWS RECEIVE A REPORT?

Any person who has reason to believe that a child has been or may be abused and/or neglected can immediately report to CWS or to the police department. The law requires

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certain people to report child abuse and/or neglect. These mandated reporters include doctors, nurses, other health-related professionals; employees or officers of schools; employees in social, medical, hospital, or mental health services, including financial assistance; employees or officers of any law enforcement agency; and individual providers or employees or officers of any child care facility.

4. WHAT IS THE HAWAI'I DIFFERENTIAL RESPONSE SYSTEM?

The differential response is a process that assesses each report to CWS to determine the most appropriate, most effective, and least intrusive response that can be provided by CWS or our community partners to a report of child abuse or neglect.

5. WHAT ARE THE PENALTIES FOR THOSE WHO ARE REQUIRED TO REPORT CHILD ABUSE BUT KNOWINGLY FAIL TO DO SO?

Those who are required by law to report (mandated reporters) and who knowingly fail to report, or who knowingly fail to provide additional information, or who prevent another person from reporting such an incident, shall be guilty of a petty misdemeanor. A person who has been convicted of a petty misdemeanor may be fined or sentenced to imprisonment for a definite term as determined by the court. For more information on mandated reporters, refer to HRS Chapter 350.

6. CAN I FIND OUT WHO MADE THE REPORT?

No. According to HRS Chapter 350- 1.4 (b), we must make every reasonable good faith effort to maintain the confidentiality of the name of the individual who makes a child abuse report. The name of the individual can only be released if the individual agrees or by court order.

7. WHAT ARE THE FEDERAL LEGISLATION CWS ADHERES TO?

- Child Abuse Prevention and Treatment ACT (CAPTA), PL 115-424
- Adoption and Safe Families Act PL 105-89
- Fostering Connections to Success and Increasing Adoptions Act. PL 110-35
- Victims of Child Abuse Act Reauthorization, PL 115-424
- Family First Prevention Services Act, PL 115-123
- Comprehensive Addiction and Recovery Act, PL 114-198
- Justice for Victims of Trafficking, PL 114-22

8. WHAT ARE STATE LAWS CWS ADHERES TO?

- Hawai'i Revised Statute chapter 587A – Child Protective Act,

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- Hawai'i Revised Statute chapter 350 Mandated Reporter Law.

9. HOW MANY CHILDREN AND FAMILIES ARE ASSISTED THROUGH CWS?

- In SFY 2018, CWS Statewide Intake Hotline received 19,328 calls;
- In SFY 2018, over 4645 families statewide were assessed for safety by CWS staff or CWS contracted providers;
- In SFY 2018, a total of 2,761 children were in foster care statewide; and
- Children enter and exit foster care throughout the year, resulting in a monthly statewide average of 1,533 children in foster care in SFY 2018.

10. WHAT IS THE CRISIS RESPONSE TEAM (CRT) AND HOW DO THEY ASSIST CHILDREN AND FAMILIES?

Crisis Response Teams (CRT), an enhanced crisis response system for children and families, began in 2015 as a demonstration initiative under the Title IV-E Waiver Demonstration Project. CRT is in operation on the islands of O'ahu and Hawai'i. CRT responds to reports of suspected abuse and neglect that come from police, hospital, and schools within two hours of the report, and for children that are at imminent risk of placement. Data from 2012 to 2013 has shown that there was a high percentage of children who were placed in foster care but returned home within 30 days. CRT was developed as a CWS effort to further prevent unnecessary removal and assure the safety by responding and assessing immediately.

11. WHAT IS THE INTENSIVE HOME-BASED SERVICES (IHBS) AND HOW DOES THIS PROGRAM ASSIST CHILDREN AND FAMILIES?

Intensive Home-Based Services (IHBS) began in 2015 as a demonstration initiative under the Title IV-E Waiver Demonstration Project for children and families that have identified safety concerns and imminent risk of placement for children. IHBS was originally developed to support the work of the Crisis Response Team so that those children who would otherwise enter foster care placement for 30 days or less because of the identified safety concerns could remain in the home with IHBS.

IHBS adds to the current service array by providing intensive services for families in crisis. IHBS differs from the existing Voluntary Case Management (VCM) and Family Strengthening Services (FSS) in that there is a safety concern identified at the time of the CRT's initial assessment. Instead of removing the child at that time, the CRT and IHBS work together to mitigate the safety concern that brought the family to the attention of the police, hospital or school. The intent of IHBS is to stabilize the crisis in the family home and help create a safe, stable and nurturing home environment for the child, therefore, prevent the unnecessary removal/separation of children from the families. IHBS utilizes HOMEBUILDERS, an evidence-based model for in-home services.

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12. WHAT IS FAMILY WRAP HAWAI'I AND HOW DOES THIS PROGRAM ASSIST CHILDREN AND FAMILIES?

Family Wrap Hawai'i (Wrap) began in 2015 as a demonstration initiative under the Title IV-E Waiver Demonstration Project to identify needs of the child and family that require coordinated planning and services with multiple agencies for those children and youth who have been in foster care for nine months or longer. The primary purpose of Wrap is to expedite the reunification process for those children who have multiple and complex needs.

Wrap incorporates a family-driven model that brings together family members and representatives from multiple agencies that are involved with a family to find creative solutions and supports in order to keep children/youth in the home or in their community.

With the involvement and collaboration efforts of various agencies, families and key stakeholders become partners in case planning, essential to addressing their complex needs of children and families, and providing holistic services.

13. WHAT ARE THE FUNCTIONS THE SAFETY, PERMANENCY AND WELL-BEING (SPAW) AND HOW DOES THIS HELP CHILDREN AND FAMILIES?

Safety, Permanency, and Well-being Meeting (SPAW) began in 2015 as a demonstration initiative under the Title IV-E Waiver Demonstration Project for children and youth who have been in care for nine months or longer. SPAW is a case consultation meeting aimed at breaking down systemic barriers to expedite permanency including adoption and legal guardianship, while ensuring safety and well-being of children and youth.

SPAW is based on the Casey Family Program's Permanency Roundtable model. Hawai'i SPAW focuses on expediting legal permanency of children and youth and to first pave the way to permanency by bringing the professionals together in order to break down the barriers.

14. WHAT IS CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) AND HOW DOES CANS ASSIST CHILDREN AND FAMILIES?

CANS is an information integration tool that is designed to be the output of an assessment process. The CANS was developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

15. WHY DO YOU PROJECT THAT THERE WILL BE AN INCREASE IN THE NUMBER OF SEX TRAFFICKED VICTIMS?

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Sex trafficking has recently been identified as a national and international problem. Identifying and assessing sex trafficking victims is relatively new and services are currently being developed and implemented here in Hawai'i and nationally. It is unknown as to the actual number of victims of sex trafficking. However, given the location of Hawai'i in the center of the Pacific, accessible to both the continental U.S. and Asia, is a prime location for sex trafficking. Initial efforts to identify sex trafficked victims have exceeded projected expectations. Based on this, it is anticipated that as more professionals are trained to identify sex trafficked victims, more victims will be found. The number of victims will increase which will require additional services and funding.

16. HOW MUCH IS CURRENTLY SPENT ON CHILDREN IN FOSTER CARE?

In SFY 2016, approximately \$38M was spent on children in foster care. In SFY 2018, it is projected that the cost of caring for children in foster care will increase. This increase is due to the increase in the foster board rate and clothing allowance. In addition it is projected that the number of children in foster care will continue to increase due to the increase in substance abuse (opiates and prescription drugs) by their parents. This increase in foster children due to parents' substance abuse is a trend throughout the nation. Also, children will stay in foster care longer because substance abuse treatment is long term and the rate of recidivism is high. It is anticipated that the downturn in the economy will increase stress on families, resulting in an increase in the abuse and neglect of their children.

17. WHY IS 95% USED?

95% of the 2012 U.S. Department of Agriculture Expenditures on Children by Families was used in calculating the increase in Foster Care board which was approved by the Legislature in 2014. 95% was determined to be a fair percentage given the numerous other benefits, in addition to Foster Board payment, that Resource Caregivers (formerly known as foster parents) receive. Additional benefits such as medical insurance covering medical, dental, behavioral health and prescription, difficulty of care for children who require more care and supervision, clothing allowance, other medical treatments, transportation costs, fees for organized group activities (sports, etc.), respite care, child care, WIC, food stamps, etc.

18. HOW CAN I GET MORE INFORMATION?

You can review Hawai'i Administrative Rule (HAR) 17-1610, which pertains to CWS, via the Internet at <http://humanservices.Hawai'i.gov> or in a CWS office or in the Office of the Lieutenant Governor. If you would like a copy of HAR, a fee will be charged to cover the photocopying cost. You can review HRS Chapters 350 and 587A of the Hawai'i

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Revised Statutes, the laws that pertain to child abuse and neglect, via the Internet at or in the reference section of your state library.

B. CHILD WELFARE SERVICES (CWS) PROCESS

19. WHAT HAPPENS DURING THE ASSESSMENT?

A CWS social worker is assigned to assess the report and safety of the family home. The social worker will gather as much information as possible by talking to you, the child, other family members and if necessary, others in the community such as neighbors, the school, and pediatrician. A decision whether the allegations are confirmed or not confirmed, must be made within sixty days of the date the report was accepted for assessment.

20. WHAT RIGHT DOES THE CWS SOCIAL WORKER HAVE TO COME TO MY HOME?

CWS is required by law (HRS Chapter 350, HRS Chapter 587 A) to immediately take appropriate action on all reports of child abuse and neglect. In order to do this as fairly and as thoroughly as possible, the CWS social worker needs to talk to you and your family. The CWS social worker may also need to talk to other people in order to complete the assessment. You have the right to deny the worker access in to your home.

21. CAN THE CWS SOCIAL WORKER INTERVIEW MY CHILD WITHOUT MY CONSENT?

Yes. HRS Chapter 587A-II (2) allows the CWS social worker to interview the child without the presence or prior approval of the child's family.

22. WHAT ARE MY RIGHTS DURING THE CWS ASSESSMENT?

- To know the allegations of child abuse and/or neglect;
- To know whether the report of child abuse and/or neglect is confirmed or not confirmed;
- To know what action, if any, CWS will take;
- To hire an attorney; and
- To have an advocate.

23. WHAT IS AN ADVOCATE?

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An advocate can be a relative, a friend or someone from your church or community, whose support you want during your involvement with CWS. The advocate can be an attorney or a non-attorney.

You have the right to ask CWS to have your advocate participate in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court to have your advocate participate in the court's proceedings.

24. WILL THE POLICE GET INVOLVED?

The police may investigate with the CWS social worker or conduct their own investigation. Child abuse and neglect reports can be made to CWS or to the police department. CWS forwards all reports to the police and the police determine whether they will conduct a criminal investigation.

25. WILL MY CHILD GET TAKEN AWAY FROM ME?

If a law enforcement officer determines that a child is unsafe in his/her home and is at risk of imminent harm, the law enforcement officer will remove the child and release the child to the temporary custody of CWS and for foster care placement. Law enforcement officers are the only ones who have the legal authority to remove a child from his/her parents. CWS does not have this authority.

26. WHAT HAPPENS AFTER MY CHILD IS RELEASED TO THE TEMPORARY FOSTER CUSTODY OF CWS?

CWS has three working days to assess the safety of your home. If CWS determines that your home is safe, your child will be returned to your home by the third working day.

27. WHAT HAPPENS IF CWS DETERMINES THAT MY HOME IS NOT SAFE AND THAT MY CHILD MUST REMAIN IN FOSTER CUSTODY?

Foster custody is the legal status defined by HRS Chapter 587 A-4 and means that the child placed outside of the family home with the agreement of the legal custodian or after the court has determined that the child's family is not presently willing and able to provide the child with a safe home, even with the assistance of a service plan.

CWS may ask you to sign a Voluntary Foster Custody Agreement to allow your child to stay in foster custody while CWS works with you to identify the services that are needed to make your home safe for your child's return. If you sign the Voluntary Foster Custody Agreement, you have the right to verbally cancel or terminate the agreement and ask for your child to be returned. CWS must either return your child to you or seek law enforcement's intervention to have your child remain in CWS custody.

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Or, CWS may file a temporary foster custody petition with the Family Court. Once a petition is filed in Family Court, a hearing will be scheduled within 2 working days from the date the temporary foster custody petition is filed.

28. DOES FOSTER CUSTODY MEAN MY CHILD IS IN FOSTER CARE PLACEMENT?

Yes. The primary goal of CWS is to maintain the child safely in the family home. When this is not possible, your child will be placed in foster care and CWS will make every effort to place your child with your relatives or family friends who are able to meet the child's needs and meet resource home licensing requirements. You will have visits with your child, unless CWS and/or Family Court determine that visitation is not in your child's best interest. You can provide names of individuals who can help with transporting the children or supervising the visits.

29. WILL CWS ALLOW MY RELATIVES TO BE RESOURCE CAREGIVERS (FORMERLY REFERRED TO AS FOSTER PARENTS) FOR MY CHILD WHO IS IN CWS CUSTODY?

CWS is committed to keeping your child safe from abuse and neglect and finding family and relatives, both maternal and paternal, who can help care for your child. CWS will make every reasonable effort to place your child with appropriate relatives, kin, or family friends, who are able to provide your child with a safe, protective and loving home environment while CWS works together with you to resolve safety issues that led to your child's removal from your home.

30. WHAT IS THE PROCESS FOR MY CHILD TO BE PLACED WITH MY RELATIVES OR FAMILY FRIENDS?

CWS believes that it is less traumatic for your child to be placed with relatives, kin or family friends and CWS needs your help to identify appropriate relatives, kin or family friends, who can meet federal and state resource home (formerly referred to as foster home) licensing requirements. If you have more questions about the requirements, your child's CWS worker can help explain the requirements further. An Ohana Conference can also help you and your relatives, kin or family friends, understand licensing requirements. You are entitled to have an Ohana Conference and can make your request to your CWS worker or to your attorney or the Family Court.

31. WHAT HAPPENS IF THERE ARE NO RELATIVES OR FAMILY FRIENDS IDENTIFIED?

Because children need stable and consistent care while they are in foster care, CWS wants to place children with appropriate relatives, kin or family friends, right away. Once your child is settled in a non-relative resource home, it becomes difficult for CWS

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to remove your child and place him/her with relatives, kin or family friends afterwards. There have been situations where children were adopted outside of their families because appropriate family members were not identified at the start of the children's entering foster care.

32. ARE THERE CARE GIVER SUPPORT SERVICES?

CWS has a contract with Partners in Development Foundation (PIDF) to implement the Hui Ho'omalū project to recruit, train, conduct home studies, and provide support services to resource caregivers.

33. HOW CAN CWS HELP ME?

CWS provides services and referrals to help strengthen families. Your CWS social worker can provide you with a list of available resources. Some services are not always available in every area; however, CWS makes reasonable efforts to secure the services that you and your family need. Services may include:

- Family conference or Ohana Conference
- Parenting education, support groups
- Individual, marital, or family counseling
- Substance abuse treatment
- In-home support and outreach, child care
- Emergency help with food, clothing, rental deposit
- Foster care
- Home visiting

34. WHAT IS A CASE PLAN?

When services are needed, CWS will develop a case plan (like a road map) with you to identify services to help your family provide a safe family home for your child. The case plan is made with your input and includes:

- The goals to be accomplished and why;
- The services you and your family need;
- How and by whom services are to be given;
- The responsibilities for you, CWS, and others (e.g., resource caregivers) who are participating in the case plan;
- When the goals are to be completed; and
- The consequences if the services are not completed and the goals are not accomplished.

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35. WHAT CAN I DO IF I DISAGREE WITH THE FINDINGS OF THE CWS ASSESSMENT?

If your case is not involved with Family Court, you can request to speak with the social worker's supervisor or administrator, and you can also request an Administrative Hearing.

If your case is involved with Family Court, you can share your concerns with the court.

36. HOW CAN I MAKE SURE THAT THE CWS RECORD INCLUDES MY COMMENTS OR CORRECTIONS THAT I THINK SHOULD BE MADE?

We encourage you to submit your comments or corrections in writing. Your written documentation will be included in the CWS record.

If your case is involved with Family Court, we encourage you to submit your written documentation to the court also.

37. CAN I HAVE MY NAME REMOVED FROM THE CWS DATABASE?

Yes, in some circumstances. HRS Chapter 350-2 (d) permits the Department to maintain a database of reported child abuse or neglect cases and your case will be maintained by the Department to assist in future risk and safety assessments. HRS Chapter 350-2 (d) also requires the Department to remove or expunge your name from the Department's database if the child abuse report is determined not confirmed by the department, and administrative hearing officer or a Hawai'i state court of appeal; or the Department's petition arising from the child abuse report was dismissed by the Family Court.

If CWS confirms child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information may be used in the future with your informed consent, as provided by federal and state laws and DHS Rules, for a background check for employment, or if you apply to be a resource caregiver or a child care provider.

If CWS does not confirm child abuse or neglect, the information is entered into the Department's database to help with future risk and safety assessments. The information will not be used in the future as part of a background check for employment, or if you apply to be a resource caregiver or a child care provider.

38. DO I NEED A LAWYER?

You have the right to consult with a lawyer on your own at any time during CWS' involvement with your family.

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If your case goes to Family Court, you are encouraged to fill out the Family Court's application for a lawyer. The Family Court will decide whether you are eligible for a court-appointed attorney. Otherwise, you may hire your own attorney.

If you have an advocate, you have the right to ask CWS that your advocate participate in your CWS case. If your case goes to Family Court, you have the right to ask the Family Court for permission to have your advocate participate in the court proceeding.

39. WHAT IS A FAMILY COURT HEARING?

CWS submits a petition to the Family Court when CWS determines that the family is unable or unwilling to do what is necessary to ensure the safety of a child. There is a hearing before a judge to determine whether there is sufficient reason for the state to intervene on your child's behalf. The CWS social worker will inform you when a petition is filed with Family Court and will provide you with the forms to complete to apply to Family Court for a court-appointed attorney.

40. WHAT ABOUT MY CHILD'S RIGHTS?

If a Family Court proceeding is required, the child will be appointed a guardian ad litem (GAL) or Court Appointed Special Advocate (CASA) who will protect your child's interests during the legal proceedings.

41. WHAT IF I DO NOT AGREE WITH THE FAMILY COURT'S ORDER?

We recommend you consult with an attorney to assist you with the process.

42. CAN I GET MY CHILD BACK AFTER LOSING MY PARENTAL RIGHTS?

The termination of your parental rights is a legal decision made by the Family Court that you could not provide a safe family home for your child while your child was in foster care, even with the assistance of a case plan, within a reasonable period of time, not to exceed two years from the date when your child was first placed in foster custody.

Once your parental rights are terminated, the Family Court places your child under the Department's permanent custody and your child will be placed in a permanent placement such as a prospective adoptive home or with a prospective legal guardian or in the permanent custody of another caretaker.

43. CAN MY PARENTAL RIGHTS BE REINSTATED?

If your parental rights were terminated, and your child has been under the permanent custody of DHS for at least 12 months, and your child has not been adopted or placed in

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the permanent custody of another caretaker, according to HRS Chapter 587A-34, DHS, or the child's guardian ad litem can file a Motion to Reinstate your parental rights to your child. You have to show DHS and the Family Court that you have made extraordinary changes in your life and you are now ready to assume care of your child. The court will review the Motion and decide whether to give you another chance to care for your child.

44. CAN I VISIT MY CHILD AFTER LOSING MY PARENTAL RIGHTS?

The Department strongly supports maintaining permanent connections with birth parents. However, if your child has been adopted or placed in the permanent custody of another caregiver, the child's caregiver has the right to decide whether to allow you to visit with your child.

If your child has not been adopted or placed in the permanent custody of another caregiver, according to HRS Chapter 587 A-33 (5)(d), you may be allowed to visit your child only if DHS, the child's guardian ad litem, and the Family Court determine that your visit with the child is in your child's best interest. You may contact the Department to request contact with your child.

C. ADULT PROTECTIVE AND COMMUNITY SERVICES (APS) GENERAL INFORMATION

45. WHAT IS ADULT PROTECTIVE SERVICES AND WHO PROVIDES THESE SERVICES?

The Adult Protective and Community Services Branch (APCSB) provides protective services for vulnerable adults and home and community-based services to prevent premature institutionalization of clients.

Adult Protective Services (APS) is a mandated service of APCS that provides crisis intervention, without regard to income, including investigation and emergency services for vulnerable adults who are reported to be abused, neglected or financially exploited by others or seriously endangered due to self-neglect. A vulnerable adult is a person eighteen 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.

Right to self-determination: Competent adults have the right to determine where and how they live, and what types of assistance to accept in their lives. An individual's right to self-determination is respected, which means they have the right to refuse services offered by APS.

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- If the vulnerable adult is competent, he or she may refuse any help that is offered
- If the adult consents to services, he or she has the right to participate in all decisions concerning his or her welfare, to choose the least restrictive alternatives, to refuse medical treatment, and to withdraw from protective services
- If a physician determines that a vulnerable adult lacks capacity to make an informed decision, and a life-threatening danger exists, APS will initiate legal proceedings to help protect the adult.

46. HOW IS ABUSE REPORTED?

Adult Protective Services (APS) state law (HRS Chapter 346, Part X) requires certain professionals to report vulnerable adult abuse; all others are encouraged to report. The initial oral report should be followed as soon as possible by a written report via the Report Form for Suspected Abuse and Neglect of Vulnerable Adults (DHS 1640), available on the DHS website, or by contacting the APS reporting line.

Pertaining ONLY to financial institutions: State law for mandatory reporting of suspected financial abuse of an elder (HRS Chapter 412:3-114.5) requires financial institutions to report suspected financial abuse/exploitation of elders aged 62 and older to Adult Protective Services (APS) and county police. The report should be filed immediately or as soon as practically possible by telephone, fax or email. The oral report must be followed as soon as possible by a written report via the Financial Institution Reporting Form (DHS 1648), available by contacting the APS reporting line.

Reporters may remain anonymous and are immune from liability for making a report in good faith (HRS 346-250). To make a report call:

O'ahu: (808) 832-5115

Kaua'i: (808) 241-3337

Maui/Moloka'i/Lāna'i/: (808) 243-5151

East Hawai'i (Hilo/Hamakua/Puna): (808) 933-8820

West Hawai'i (Ka'ū/Kona/Kohala/Kamuela): (808) 327-6280

47. WHAT INFORMATION IS AVAILABLE FOR VULNERABLE ADULT ABUSE AND NEGLECT?

Below is the link for on-line resources for the vulnerable adult and also reporter guidelines:

[Vulnerable Adult Abuse & Neglect in Hawai'i Brochure](#)

[Adult Protective Services Mandated Reporter Guidelines](#)

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48. WHAT IS THE PROCESS FOR REPORTING SUSPECTED ADULT ABUSE OR NEGLECT?

Form DHS 1640 is to be used by reporters required by Chapter 346, Part X, HRS to submit a report in writing to the Department on suspected incidents of abuse and neglect of vulnerable adults. This form is to be sent as soon as possible after the initial oral report is given to the Department.

The DHS 1640 is not needed if the reporter submits similar written information to the Department. Below are the links for the adult abuse and neglect form and instructions on how to complete the form (also available on the DHS website). [DHS 1640 Instructions](#), [DHS 1640 Form .pdf](#), [DHS 1640 Form .doc](#)

D. COMMUNITY SERVICES PROGRAMS GENERAL INFORMATION

49. WHAT ARE THE DESCRIPTIONS AND ELIGIBILITY FOR ADULT SERVICES AND PROGRAMS?

- **Adult Foster Care Program** 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), financial or Medicaid assistance from the Department;
- **Senior Companion Program** is a volunteer program that enrolls eligible low-income seniors statewide to provide in-home companionship to frail elders and respite to caregivers. To apply to be a Senior Companion, an individual must be at least 55 years of age, physically able to volunteer five (5) hours per week, and meet income and other program requirements. To receive Senior Companion Services, an individual or family must meet program related requirements. To become a companion, apply for services, or for more information about this program, call the Senior Companion Program office on O'ahu at (808) 832-0340;
- **Respite Companion Program** is a part-time training and employment program that enrolls eligible low-income seniors to serve frail elders on O'ahu. Services include limited support services, and respite to caregivers. To be a Respite Companion, an individual must be at least 55 years of age, able to work 19 hours per week, and meet income and other program requirements. To receive Respite Companion services, an individual or family must meet program related requirements. To become a companion, apply for services, or for more information about this program, call the Respite Companion Program office on O'ahu at (808) 832-5236 and 832-5235;

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- **Foster Grandparent Program** is a statewide volunteer program that engages eligible low-income seniors to support school readiness and academic achievement of children in schools and child development centers. Volunteers must be at least 55 years of age, and serve a minimum of five (5) hours per week. Foster Grandparent volunteers receive a nontaxable stipend, meal allowance, travel reimbursement, and paid vacation and sick leave. To receive the services from a foster grandparent, a child must be 21 years old or younger, have special or exceptional needs, or conditions or circumstances identified as limiting their academic, social, or economic development. For more information call the Foster Grandparent Program office on O'ahu at (808) 832-5169;
- **Transportation Assistance for Resident Aliens and Naturalized Citizens** provides help to residents of the state who are 60 years of age or older and an alien or naturalized citizen to return to their homelands outside of the United States. To receive this service, an individual must be eligible for financial assistance from the Department or Supplemental Security Income (SSI), and must meet other program related requirements; and
- **Courtesy Services** provides direct services at the request of an individual or other social service agency when there are no other resources available. Services are limited to answering out-of-state and other inquiries about persons known to the Department; social assessments at the request of out-of-state agencies; determining appropriateness for domiciliary care placement; and repatriation for U.S. citizens and dependents. To receive these services, an individual must meet specific financial and program related requirements.

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IX. INVESTIGATIONS OFFICE (INVO)

A. INVESTIGATIONS OFFICE (INVO) GENERAL INFORMATION

1. WHAT IS INVO?

The Department of Human Services (DHS) Investigations Office (INVO) is the Investigative Unit for the Department of Human Services. INVO currently consists of five staff sections:

- Administrative Staff;
- Case Control Staff;
- Investigations Staff (Oahu, Maui, Kauai, Hilo, and Kona); and
- Administrative Disqualification Staff.

INVO receives complaints and reports of alleged criminal fraud through various means including but not limited to INVO's fraud hotlines, walk-ins, and internal referrals. INVO receives an average of over a thousand complaints and or reports a month.

Approximately 38% of the complaints result in investigative cases which INVO then refers for prosecution. Investigations range from SNAP/TANF fraud to EBT trafficking.

2. WHAT SERVICES DOES INVO PROVIDE?

DHS INVO is responsible for investigating allegations of public assistant fraud including but not limited to the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Assistance to the Aged, Blind and Disabled (AABD), Child Care Services and Med-QUEST. INVO works with the United States Department of Agriculture (USDA) Office of Inspector General (OIG) to investigate the trafficking of Electronic Benefit Transfer (EBT) cards by clients and vendors. INVO provides support to the Federal Bureau of Investigation (FBI) by assisting in locating individuals reported as fleeing felons. Investigations provides support to Hawaii Law Enforcement Agencies in locating missing persons.

3. WHAT KINDS OF FRAUD ON PUBLIC ASSISTANCE DOES INVO INVESTIGATE?

INVO investigates criminal fraud and theft within the public assistance programs administered by DHS which includes SNAP, TANF, TAONF, and GA.

4. WHAT HAPPENS WHEN FRAUD OCCURS?

When fraud is discovered, a criminal investigation is initiated. The following occurs during the investigation:

- Identify the circumstances of the alleged fraud;
- Identify witnesses and individuals involved;

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- Collect initial evidence (i.e. department forms signed by client, financial records, etc.); and
- Interview witnesses, suspects, and co-conspirators.

Upon completion of the investigation, the investigator submits a report of investigation along with all evidence to the Attorney General's Office for prosecution. Upon request the investigator will collect additional evidence as required. The investigator is responsible for preparing a victim impact statement on behalf of the state and may be required to testify in court.

5. WHAT IS THE PROCESS TO REPORT SUSPECTED FRAUD TO INVO?

The process for reporting fraud to INVO is dependent upon who is reporting. If citizens are reporting fraud, they do so through the INVO hotline, email, or by walking into one of investigation offices. If it is reported internally by a state employee or agencies, they are required to complete the DHS Form 1474.

6. HOW DOES INVO INVESTIGATE CIVIL RIGHTS CASES? ARE THERE EXAMPLES?

When a Civil Rights complaint is referred to INVO, the case is reviewed by the Chief Investigator to ensure the case is within INVO jurisdiction. If the case is within INVO jurisdiction, the Chief Investigator informs the Civil Rights Office of the investigation and requests additional guidance and or special instructions. The case is assigned to an investigator through the appropriate Investigative Staff Section supervisor. Upon completion of the investigation the investigator completes a summary report and provides the report to the appropriate DHS authority. The report of investigation is reviewed by the Civil Rights Office for completeness and determination of further action.

One example is a client filed a complaint with the director's office complaining that his civil rights were violated in the process of applying for assistance. INVO received the complaint from the Civil Affairs Office. The Civil Affairs Office briefed the assigned investigator. The investigator completed the investigation and submitted the case file to the civil affairs administrator.

7. DOES INVO INVESTIGATE EMPLOYEE MISCONDUCT? IF YES, WHAT ARE EXAMPLES?

Yes, INVO investigates employee misconduct and fraud when committed. Last year, INVO conducted 6 employee misconduct cases. One case involved an employee who was receiving benefits and failed to report their actual household income. In another case, an employee was on public assistance and had violated policy by gaining access to

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his own case file. One case involved an employee allegedly using her position to steal benefits.

8. WHAT DOES IT MEAN WHEN INVO HAS LAW ENFORCEMENT AUTHORITY (HRS 346-4.5)?

In accordance with HRS 346-4.5, investigators in the INVO Investigative Staff office have all law enforcement authority granted to a police officer or sheriff in the State of Hawaii which includes the authority to:

- Question witnesses and suspects;
- Collect evidence;
- Execute search warrants;
- Serve subpoenas;
- Execute arrest warrants; and
- Make arrests.

9. HOW LONG IS AN INVO INVESTIGATION (RANGE)?

An investigation can take as long as six months to a year. The circumstances of the allegation, complexity, type and amount of evidence required to obtain a conviction, are determining factors into the length of an investigation. However, there is a three-year statute of limitation following the date of discovery.

10. WHAT HAS THE RECOVERY OF FUNDS BEEN AS A RESULT BECAUSE OF INVO INVESTIGATIONS?

Over the last five years, INVO has identified and recovered an average of 2.3 million dollars annually.

11. WHAT WAS THE ENFORCEMENT OF PENALTIES BEEN FOR THOSE WHO COMMIT CRIMES?

i. Clients?

Enforcement of penalties for those who have committed crimes against DHS has been anywhere from incarceration, to paying restitution and to being suspended from participating in the program for a time period.

ii. Vendors?

Vendors who are found to be in violation of state and or federal statutes may be punished up to prison and/or hefty fines.

iii. Employees?



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Employees can receive punishment including termination, fines, restitution and depending on the severity, incarceration.

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X. YOUTH SERVICES – OFFICE OF YOUTH SERVICES (OYS)

A. YOUTH SERVICES AND THE OFFICE OF YOUTH SERVICES GENERAL INFORMATION

1. WHAT IS THE OFFICE OF YOUTH SERVICES?

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

2. WHAT KINDS OF SERVICES AND PROGRAMS DOES OYS OFFER HAWAI'I YOUTH?

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

- **Positive Youth Development** targets youth who are involved, or at high risk for involvement, with the juvenile justice system. Programs are designed to increase protective factors and reduce risk factors for youth, families, and their communities through a variety of services that promote positive youth development and resiliency;
- **Project-Based Cultural Programs** provide learning environments that immerse youth in their values, heritage, cultures, landscapes, opportunities, and experiences. Culture is considered a protective factor that helps to promote positive health and an increased sense of self and identity;
- **Truancy Prevention and In-School Suspension** target youth ages 10 to 18 at risk for truancy and chronic absences. Services enhance school engagement and performance to ensure educational success for at-risk youth and their families in collaboration with the Department of Education (DOE);
- **Community-Based Outreach and Advocacy** targets youth whose unhealthy, risky behaviors place them at risk for initial or further penetration into the juvenile

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justice system. Service providers identify and engage youth and family to provide attendant care services, intake, and assessment; assist in creating a youth/family-driven service plan; support youth/family in accessing services; and provide follow-up to ensure services were properly provided;

- **Intensive Mentoring Program** targets youth who have been adjudicated by the Family Court and have been placed on probation, with the goal to provide intensive supervision for youth, hold them accountable for their behavior and assist them in complying with the terms and conditions of probation;
- **Parent Partnerships** provide varied activities to support families involved in the Juvenile Justice system of care to improve outcomes for youth and families;
- **Wraparound Planning** process targets youth and their families involved in the juvenile justice system who experience very complicated situations that require intensive interventions and services with multiple state agencies. The Wraparound Planning process brings together people who are natural supports to the youth and their families as well as the professionals who provide services to the youth. The Wraparound facilitator, navigator and Parent Partner, with the help of the parents and youth, identify strengths and underlying needs of the youth and family and devise a plan of care that helps coordinate the various services and supports that have been identified. The process helps both youth currently on probation, and also the transition process when youth are discharged from HYCF and return to community;
- **Community-Based Residential Services** target youth who cannot or will not remain at home. Programs focus on improving youths' decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Service providers offer emergency shelters, intensive residential services, independent living programs, and statewide Ke Kama Pono ("Children of Promise") Safe Houses;
- **Hawai'i Youth Correction Facility (HYCF)** provides a safe and secure setting to provide care and custody of at-risk youth committed to the state by the family courts;
- **Federal Grant Programs** are overseen and managed by OYS. These programs enable the state to improve the juvenile justice and education systems and/or implement youth programs and services to narrow the path to detention and/or incarceration; and

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FREQUENTLY ASKED QUESTIONS

OYS provides training opportunities to strengthen skills and collaboration for providers and partners in the juvenile justice system. OYS collaborates with DHS to provide forgiveness training workshops conducted by Fred Luskin, Ph.D., Director of the Stanford University Forgiveness Project. The workshops focused on teaching forgiveness methods as a life skill that can be learned and applied in professional and personal settings, and integrating the forgiveness approach within the workplace. Additional training workshops to learn how to facilitate forgiveness training are being provided for the community.

OYS continues training sessions statewide with Dr. Thao Le, professor at the University of Hawai'i, in skill-building for mindfulness as a promising intervention in working with at-risk youth. Staff from both private and public agencies, representing various youth and family services were trained on the mindfulness approach, including Department of Health, Judiciary, Department of Education, County Police Departments, and social services. OYS through its program monitor (John Paekukui) overseeing compliance with core requirements of the Juvenile Justice Delinquency Prevention Act (reauthorized by the 2018 U.S. Congress) provided training for approximately 200 police officers. In collaboration with the Coalition for a Drug-Free Hawai'i, training opportunities are provided for the youth and family serving community in multiple ways, including the following topic areas: Aloha Response sessions to better serve youth and families across various systems of care; Ho'oponopono/Forgiveness; Heart Math; Fetal Alcohol Spectrum Disorder; LGBTQ; Restorative Justice; Status Offense Reform; and Resiliency.

Lastly, OYS through its program monitor (John Paekukui) overseeing compliance with core requirements of the Juvenile Justice Delinquency Prevention Act (reauthorized by the 2002 U.S. Congress) provided training for approximately 300 police officers.

B. JUVENILE DELINQUENCY TRENDS

3. WHAT IS THE TREND REGARDING JUVENILE CRIMES?

While data, locally and nationwide, reflect a downward trend in juvenile crimes, continued focus is needed on funding and expanding diversion services and activities to address underlying needs that often impact youth and their behaviors, such as trauma, academic difficulties, peer and family relations, violence, and substance abuse.

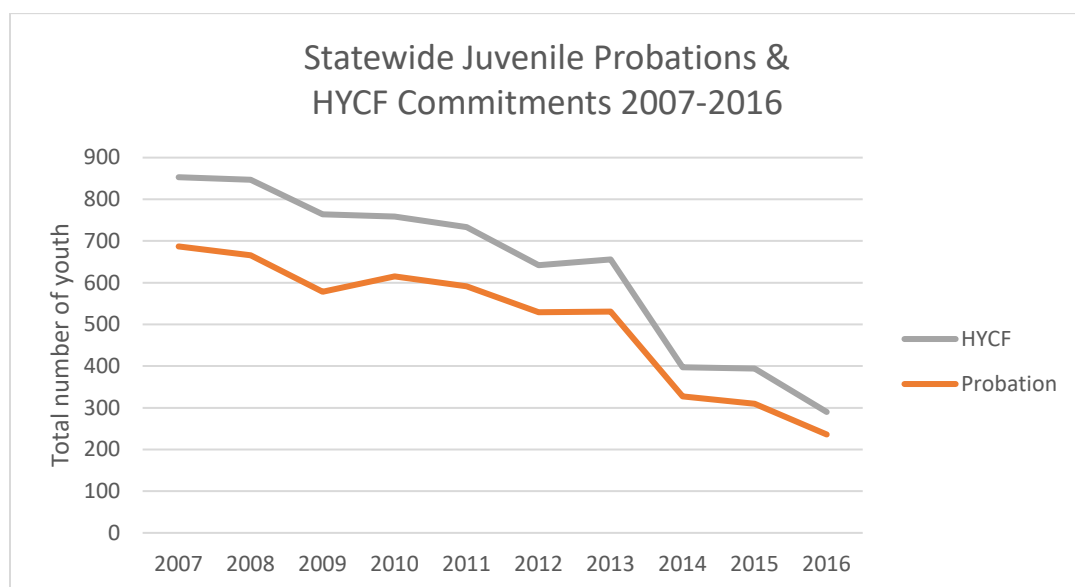
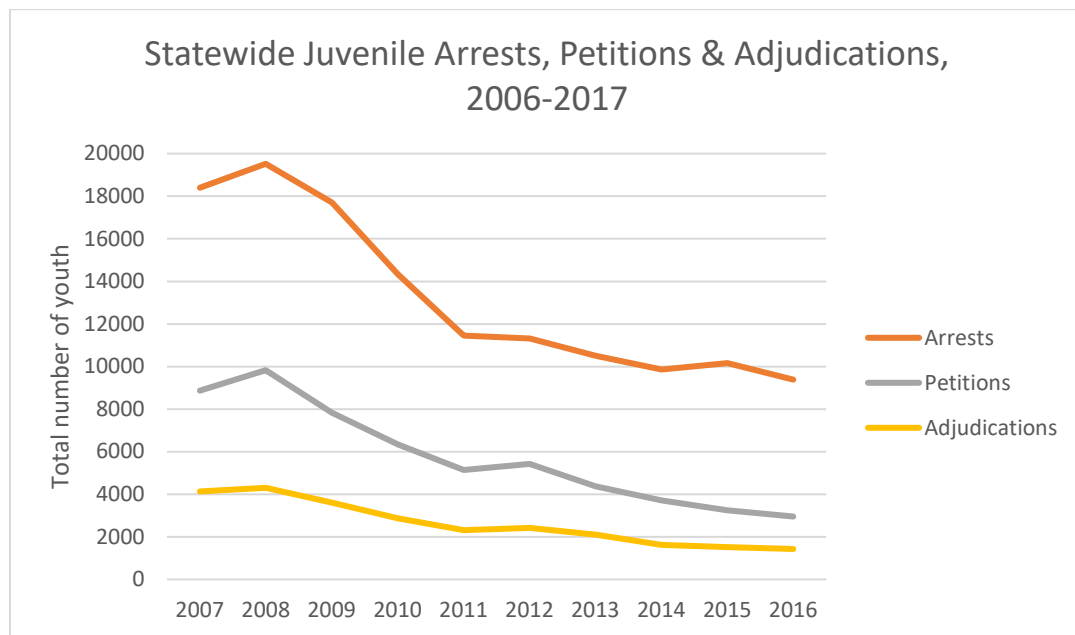
4. HOW EFFECTIVE HAVE PROGRAMS BEEN? HOW MANY JUVENILES STAY OUT OF LAW TROUBLES?

"The State of Hawai'i saw a decrease in the number of arrests, petition, adjudications, new probation, and confinements to Hawai'i Youth Correctional Facility (HYCF) from 2007 through 2016. Total arrests decreased 48.9%; total petitions, 66.7%; total adjudications, 65.4%; total new probation sentences, 66.7%; and total confinements to

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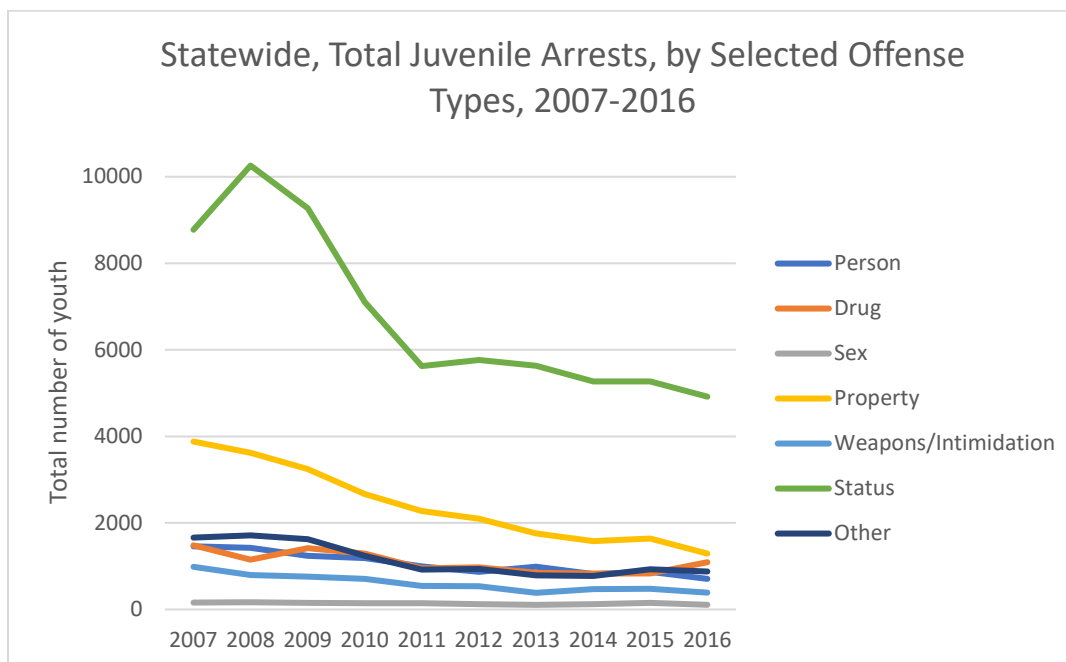
FREQUENTLY ASKED QUESTIONS

HYCF, 67.5%. Total arrests decreased 49.9% and 47.5% for males and females, respectively. Total petitions decreased 67.2% for males and 65.2% for females. Total male adjudications decreased 64.9% while total female adjudications decreased 66.3%. Total new probation sentences decreased 67.7% for males and decreased 61.9% for females. Total confinements to HYCF decreased 64.9.2% and 78.4% for males and females, respectively” (Key Findings, taken from Data Book for 2007-2016, latest 10-year reporting from JJIS website, as maintained by Office of the Attorney General at: <https://ag.hawaii.gov/cuja/files/2018/06/2018-JJIS-Data-Book-for-website-FINAL.pdf>)



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FREQUENTLY ASKED QUESTIONS



Programs and services funded by federal funds have experienced a 56% decrease of federal funds over the last several years, challenging sustaining programs that have been very effective. The Big Island Juvenile Intake and Assessment Center reported a 6% recidivism rate for youth it served; Project POI on Maui has diverted hundreds of youth from the Family Court by providing services and activities for youth who are arrested (or at high-risk) for 1st time, charged for minor law violations and/or status offenses, with a recidivism rate between 7 – 12%; Juvenile Justice Center on O’ahu reported a 19% recidivism rate for youth who complete their program.

5. WHAT NEEDS IMPROVEMENT/ENHANCING?

The overall Juvenile Justice System continues to need improvement at various decision-making touch points, from pre-arrest to post-incarceration transition plans. Juvenile justice delinquency prevention programs such as truancy intervention and Teen Court focus to keep youth who are committing minor law violations/status offences from even entering the JJ system in the first place; enhancing and expanding diversion services such as Assessment Centers that provide a range of services that can help screen and assess youth, offer a “warm handoff” to referrals, and coordinate inter-agency efforts, e.g., law enforcement issuance of civil citation versus criminalizing status offending behaviors; use of evidence-based assessment tools (e.g., YASI) to assess first signs of lower at-risk behavior and early-on referrals for services to youth and the family; strengthening probation practices and services to provide evidence-based services (e.g., Aggression Replacement Training), wrap around services, gender specific, trauma-informed care; ongoing professional development training for Juvenile Justice System

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FREQUENTLY ASKED QUESTIONS

staff and providers, including an emphasis on implementing a Restorative Justice framework and approach in service delivery.

C. OFFICE OF YOUTH SERVICES PARTNERSHIPS

6. HOW DOES OYS PARTNER WITH OTHER GOVERNMENT AGENCIES?

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

HAWAI'I ISLAND

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

O'AHU

OYS has implemented a new juvenile justice diversion service designed to steer youth away from the juvenile justice system to a pathway of supportive programs to help them address issues that may be leading to risky or harmful behavior. The goal is to offer youth the avenues to overcome challenges at the root of their actions and to realize their own kuleana as valuable and gifted members of our communities. Youth are given a civil citation and connected with a counselor at an assessment center. The assessment center's services help youth find an appropriate pathway of actions or programs, so they can better address the challenges they may be facing. This initiative follows a nationwide shift in juvenile justice policy based on successful models and the latest research on adolescent development. This family-centered, youth-driven model emphasizes a more collaborative, restorative approach to address the "root" of the issues youths are dealing with, such as hardships at home, substance abuse, past trauma, depression, or difficulties in school. Preliminary data indicates that many of the youth participating in the project are improving their well-being with increased access to counselling, therapeutic, educational and recreational activities.

MAUI

OYS continues to collaborate with the Maui Police Department's Positive Outreach Intervention (POI) project, which addresses lag times between arrests and initial court hearings.

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FREQUENTLY ASKED QUESTIONS

KAUA'I

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

JUDICIARY

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

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

DEPARTMENT OF HEALTH

OYS continues to collaborate closely with the Child and Adolescent Mental Health Division to improve services to mental health services for youth in, or at risk of penetrating, the juvenile justice system.

D. HAWAI'I YOUTH CORRECTIONAL FACILITY (HYCF) GENERAL INFORMATION

7. WHAT DOES HAWAI'I YOUTH CORRECTIONAL FACILITY (HYCF) DO?

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

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FREQUENTLY ASKED QUESTIONS

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

HYCF continues to evaluate operations against national standards, remedy deficiencies, and upgrade the quality of correctional programs and services. Quality assurance is enhanced through participation with a Performance-based Standards (PbS) program to assess and evaluate facility progress and the conditions of confinement. Participation with the PBS program includes ongoing technical assistance provided by PbS staff. The recognized benefits from such a process include improved management, a defense against lawsuits through documentation, and the demonstration of a “good faith” effort to improve conditions of confinement, increased accountability, enhanced public credibility for administrative and line staff, a safer and more humane environment for personnel and offenders, and the establishment of measurable criteria for upgrading programs and personnel on a continuing basis.

HYCF also continues to build partnerships with public agencies like DHS, DOE, DOH, Family Court, county agencies, including law enforcement agencies, and non-profit agencies. These partnerships better coordinate the state’s efforts in providing services to youth. A major milestone for HYCF was the passage of Act 208 by the 2018 Legislature, authorizing the establishment of the Kawaihoa Youth and Family Wellness Center (KYFWC) on the HYCF campus. Act 208 expanded the range for services (mental health, substance abuse, homeless, sex trafficking, counselling, education) to youth and young adults, ages 18 – 24, who may need additional assistance to make a successful transition from various systems of care, including mental health, child welfare, and juvenile justice. Currently, programs have expanded at KYFWC, and planning is underway for additional services for the future.