Maternal and Child Health Services Title V Block Grant

Hawaii

FY 2026 Application/ FY 2024 Annual Report

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Table of Contents

I. General Requirements

I.A. Letter of Transmittal

JOSH GREEN, M.D.
GOVERNOR OF HAWAI'I
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I

KENNETH S. FINK, MD, MGA, MPH
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KA LUNA HO'OKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

July 15, 2025

Laura Kavanagh, MPP
Acting Associate Administrator
Maternal and Child Health Bureau
Health Resources and Services Administration
5600 Fishers Lane, 18W
Rockville, Maryland 20857

Dear Ms. Kavanagh:

The State of Hawaii wishes to formally apply to the Maternal and Child Health Bureau for continued funding under the Maternal and Child Health Services, Title V Block Grant Program for fiscal year (FY) 2026 (October 1, 2025 – September 30, 2026). The FY 2026 application and FY 2024 annual report are submitted via the Health Resources and Services Administration Electronic Handbooks (EHBs).

Please note that the Title V Block Grant proposal guidance states that a signed copy of the Application Face Sheet (Standard Form 424) is no longer required and will be submitted electronically through the EHBs along with the rest of the application/annual report.

If you have any questions, please contact Annette Mente, Family Health Services Division Planner, at (808) 733-8358 or annette.mente@doh.hawaii.gov.

Sincerely,

Kenneth Fink

Kenneth S. Fink, MD, MGA, MPH
Director of Health

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix 2 of the 2026 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms",* OMB NO: 0915-0172; Expires: December 31, 2026.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Hawaii is the only island state in the U.S., comprised of seven populated islands organized into four major counties: Hawaii, Maui, Honolulu (Oahu), and Kauai. With a land mass of 6,422 square miles that span nearly 11,000 square miles, the state is home to 1.4 million residents—70% living in Honolulu, the most populous county.

Hawaii is one of the most ethnically varied states with no single racial majority. The population includes 36.7% Asian, 21.9% White, 9.4% Native Hawaiian and other Pacific Islander, and less than 2% Black. The state has a large heterogeneous Pacific Islander and Asian population. Nearly 28.2% identify as multiracial, with indigenous Native Hawaiians comprising 22.4% (when combined with other races). About 17.8% of residents are immigrant, mainly from Asia and the Pacific.

The state government is responsible for functions usually performed by counties or cities in other states. For example, Hawaii is the only state with a single unified public school system. Similarly, Hawaii has no local health departments but has county health offices on the neighbor islands to ensure services statewide.

The Hawaii State Department of Health (HDOH) works to protect and improve the health and environment for all people in the state. The HDOH Family Health Services Division (FHSD) administers the federal Title V Maternal and Child Health (MCH) Block Grant (Title V) to improve the health of women, infants, and children, including those with special healthcare needs. The four guiding pillars of MCH are: 1) Delivery of services using the 10 Essential Public Health Services framework; 2) Data-driven performance accountability; 3) Partnerships with agencies, community providers, and individual families/youth; and 4) Working to achieve optimal health for all MCH populations. To help expand its capacity and reach, FHSD leverages state and federal grant funds with community partners.

To set priorities for the state MCH program, a comprehensive needs assessment is conducted every five years. Hawaii completed a new 5-year needs assessment and selected the following priorities for the 2026-2030 project period.

Population Domain	Topic	State Priority Need
Women's/ Maternal Health	**Postpartum Visits**	Increase the rate and improve the quality of postpartum care by promoting timely, comprehensive follow-up visits that address physical recovery, mental health, family planning, and social support needs, with a focus on optimal access and coordinated responsive care.
Perinatal/ Infant Health	**Safe Sleep**	Increase the prevalence of safe infant sleep practices by partnering with communities to promote relevant education, resources, and outreach that support safe sleep environments and reduce the risk of sleep-related infant deaths.
Child Health	**Developmental Screening**	Increase the percentage of children ages 0–5 years who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems to ensure early identification and connection to appropriate supports.
	Food Sufficiency	Ensure food sufficiency for infants and young children by strengthening access to WIC nutrition services and supports, including outreach, enrollment assistance, and appropriate nutrition education for eligible families.
Adolescent Health	**Bullying Prevention**	Reduce the percentage of adolescents who experience or engage in bullying by promoting evidence-based prevention programs; fostering resilience; creating safe school environments; and supporting youth, families, and other adults in addressing bullying behaviors.
Children with Special Health Care Needs	**Medical Home**	Increase the number of children with special health care needs who have a Medical Home by focusing on improving care coordination
Cross-Cutting	**Mental Health**	Increase access to responsive, trauma-informed mental health services and supports for birthing people, children, and families

Needs Assessment Methodology. Community partners and agencies were engaged early in the needs assessment planning process to help design the methodology, including selecting data sources, identifying community concerns, guiding community engagement efforts, and prioritizing health topics. An Advisory Committee provided ongoing guidance throughout the needs assessment process. In response to community input, qualitative data collection was expanded by working in partnership with community-based organizations serving priority MCH populations. This approach ensured the inclusion of more varied family and youth voices.

The assessment included the following components:

- *Environmental Scan*: Reviewed over 80 community assessments, studies, and plans to align efforts and avoid duplication.
- *Review of Existing Data Sources*: Analyzed key surveillance and survey data, MCH indicators, demographic and socioeconomic data, and national Healthy People 2030 measures.
- *Community Data Collection*: Administered a translated community survey with 941 responses and conducted 22 focus groups in all counties, hosted by community-based organizations directly serving MCH populations.
- *Capacity Assessment:* Conducted a review of FHSD programs including a workforce staffing survey.
- *Priority-setting:* Drawing on needs assessment findings, FHSD selected priorities for each of the five MCH Population Domains based on program capacity and national MCH performance measures. Strategies and performance/process measures were developed in collaboration with community partners to align resources and support collective impact.

Needs Assessment Findings. Coming out of the global pandemic and Maui Wildfires, FHSD adopted a comprehensive approach to the five-year needs assessment, rather than focusing solely on the 15 national priorities in the federal Title V grant. The assessment identified over 70 preliminary findings (see supporting documents), highlighting the profound impact of community-level factors of health. These include increased stress on families due to the high cost of living and lack of affordable housing across the state; a growing need for mental health services;

diminished social support and connection; rising concerns about family and community violence; inconsistent access to healthcare and social services; and a clear need for more relevant care.

FHSD Updates. As Hawaii continues to emerge from the pandemic and the Maui wildfires, FHSD responded by recalibrating and revising programs and initiatives to serve those disproportionately impacted communities. Federal policy shifts also signal the potential for further program changes. Although hampered by mounting vacancies, FHSD staff demonstrate strength and resiliency, creating new partnerships and managing expectations to address service gaps and ever-growing needs.

Federal Policy Impacts. As of June 2025, FHSD has not experienced any loss of federal funding. However, layoffs of federal employees and other federal actions have disrupted some services, including a temporary suspension of PRAMS data collection. Of the 24 federal grants FHSD administers, approximately one-fourth maybe proposed for elimination in the Federal FY 2026 budget.

Clients Served/Programs Reach. As reported in Form 5a, Title V programs continued to see an increase in direct client services in 2024 with a 4.2% rise over 2023. However, this was still 13.5% below 2019 service levels. The 2024 increase was not consistent across all program and population groups. The reach of other public health services, as reported in Form 5b, was similar to 2023 but reflected a 93.3% increase in outreach to adults and an 8.4% increase in outreach to children compared to 2019 due to increased media initiatives.

5-Year Highlights for 2021-2025 Priorities

This FY 2024 report marks the fourth year of the Title V 5-year project period. FHSD recognizes that systematic disparities impact physical and mental well-being in an interconnected way. The current 11 Hawaii Title V priorities are listed below across the six Title V MCH population domains.

Population Domain	State Priority Need
Women's/Maternal Health	Promote reproductive life planning
	Improving postpartum care
Perinatal/Infant Health	Promote food security through WIC services
	Increase infant safe sleep conditions
Child Health	Improve the percentage of children ages 0-5 years screened early and continuously for developmental delay
	Reduce the rate of child abuse and neglect, with special attention to children ages 0-5 years
	Increase the number of children who have a Medical Home
Adolescent Health	Improve the healthy development, health, safety, and well-being of adolescents
Children with Special Health Care Needs	Improve the percentage of youth with special health care needs ages 14-21 years who receive services necessary to transition to adult healthcare
	Increase the number of children with special health care needs who have a Medical Home
Cross-Cutting	Reduce disparities by expanding pediatric mental health care access in rural and at-risk communities

DOMAIN: WOMEN'S/MATERNAL HEALTH

Promote reproductive life planning

- Partnered with the Hawaii Maternal Infant Health Collaborative (HMIHC) and the Healthcare Association of Hawaii to implement the federal Maternal Health Innovation grant; established a state Maternal Health (MH) Steering Committee; drafted a state MH Strategic Plan; and collaborated on needs assessment.
- The Title V MCH Branch continued to provide reproductive health services to at-risk communities.

DOMAIN: PERINATAL/INFANT HEALTH

Promote safe sleep practices

- Conducted media messaging campaigns to promote safe sleep and resources available through the state toll-free warmline, The Parent Line. Information materials are now available in 11 languages.
- Shared Safe Sleep data, practices, and research through the annual Safe Sleep Summit.

Address Food Insecurity through Improving WIC services

- Published data on WIC enrollment demographics and retention rates to strengthen program planning/evaluation.
- Focused on workforce development to expand training opportunities for existing staff and recruitment for new staff.

DOMAIN: CHILD HEALTH

Improve early and continuous screening for developmental delay

- Began planning to expand free developmental screening services offered by the Children with Special Health Needs Hi'ilei program.
- Continued training for service providers on screening tools to support integration into family-serving organizations and practices.

Reduce the rate of child abuse and neglect (CAN)

- Strengthen community capacity by awarding $800,000 in federal ARPA funding to programs that meet the needs of communities by providing critical family and parenting support services.
- Continued provision of home visiting services statewide and supporting the state network of home visiting programs.

DOMAIN: ADOLESCENT HEALTH

Improve adolescent health and well-being

- Partnered with residential youth programs to provide evidence-based youth healthy development programs for youth most at risk.
- Partnered with the Department of Education to support training and develop a resource hub for teachers and staff to better support youth through puberty.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Improve transitions to adult healthcare

- Completed a system for transition planning for enrolled Children and Youth with Special Health Needs Section youth using the evidence-based Six Core Elements of Health Care Transition, including guidelines, educational tools, workbook, and database tracking. The system is being integrated into the Kaiser Hawaii Adolescent Health program.
- Partnered with TeenLink Hawaii, a youth-driven, empowerment program to develop web-based resources and social media messages on health issues of concern to youth, including Transition to Adult healthcare.

DOMAIN: CROSS-CUTTING/SYSTEMS BUILDING

Expand pediatric mental health care access to at-risk rural communities

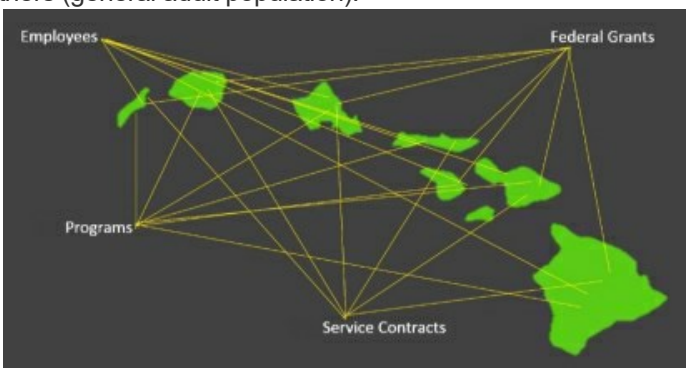
- Launched pediatric mental health warmline pilot on Maui to provide teleconsultation services and care coordination so pediatric providers can better diagnose, treat, and/or refer children and youth with behavioral health conditions to available services. The warmline was done in partnership with the Hawaii Community Foundation and Queen's Medical Center.
- Conducted mental health trainings for pediatric and family service providers through dedicated seminars, institutes, and conference presentations.
- Sponsored behavioral health networking events to help build awareness and knowledge of the mental health service system.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Family Health Services Division (FHSD) provides all levels of service delivery: direct, enabling, and infrastructure building. FHSD's reach is statewide with no local health departments. One of the larger divisions in the Hawaii State Department of Health, FHSD is comprised of three branches—Maternal and Child Health Branch (MCHB); Children with Special Health Needs Branch (CSHNB); and Women, Infants, and Children (WIC) Services Branch. Together, the division has about 264.5 FTE total positions statewide, administers 30 programs, 25 federal grants, and approximately 150 service contracts—totaling approximately $58.5 million—with community-based organizations,

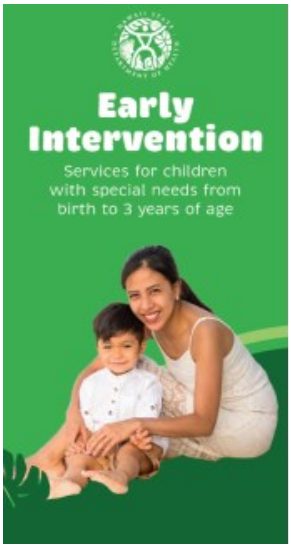
Title V funds played a critical role in supporting the state's overall MCH efforts. In 2024, the FHSD budget was $95.5 million. Nearly $2.2 million was provided by Title V, with $52.9 million state matching funds and an additional $41.3 million in other federal funds. State funds support 134.3 FTE positions statewide.

Of the state's overall population, FHSD programs reached an estimated 99% of pregnant women; 99.1% of all infants; 26.4% of children 1-21 years of age, including 35.1% of children with special health needs and 97.3% of others (general adult population).



Title V funds were used for key program capacity and public health infrastructure positions needed to administer MCH programs statewide (23.9 FTE). Positions included: critical data analytics staff (epidemiologists and research statisticians); administrative, fiscal, and program management for MCHB and CSHNB; Public Information Officer; contract specialist; and a nutritionist and audiologist for CSHNB. These positions are critical to: 1) securing, leveraging, and managing a broad array of funding sources; 2) addressing statewide surveillance needs; 3) developing critical statewide partnerships and system-building efforts; 4) improving quality to ensure services are family centered, culturally relevant, and community based; 5) ensuring a statewide system of care through provision of safety-net and gap-filling services; 6) recruiting and supporting workforce needs; and 7) ensuring development/dissemination of public health messaging.

III.A.3. MCH Success Story



In 2024, the Hawaii State Department of Health, Children with Special Health Needs Branch, Early Intervention Section began a paid media campaign to promote Early Intervention Services (EIS) that support the development of infant and toddlers from birth to 3 years old. The campaign included updating collateral material and running ads via TV, radio, and digital platforms.

EIS collateral was updated, including the general EIS brochure, an EIS poster, and the Family Rights brochure with information for families on their rights regarding services and supports. Both brochures were translated into Chinese, Japanese, Korean, Vietnamese, Chuukese, Marshallese, Ilocano, and Spanish.

A 60-second TV spot was produced, featuring an EIS family with a 3-year-old son that was diagnosed with cerebral palsy and epilepsy. They shared their story and the support and success they found through the EIS program. The call-to-action directed people to the EIS website (health.hawaii.gov/eis) and the EIS Referral Line (808-594-0066). The broadcast TV reach on local Fox affiliate KHON was 97.2% of households with adults ages 18-54, with an average frequency of 8.6 and 2.187 million impressions.

For radio, two 30-second spots were recorded with general information about the EIS program, featuring one male and one female voiceover. The radio spots ran on Pacific Radio Group's 20+ stations on Oahu, Maui, Kauai, and Hawaii Island. The radio reach was 62% of adults 18-54, with a frequency of 7.8 and 3.02 million impressions.

Digital included streaming, social media (Facebook, Instagram), targeted email, and search engine marketing (SEM) that was targeted at parents/caregivers of children 3 years old and under. There were more than 1.26 million digital impressions and over 60K engagement and website clicks.

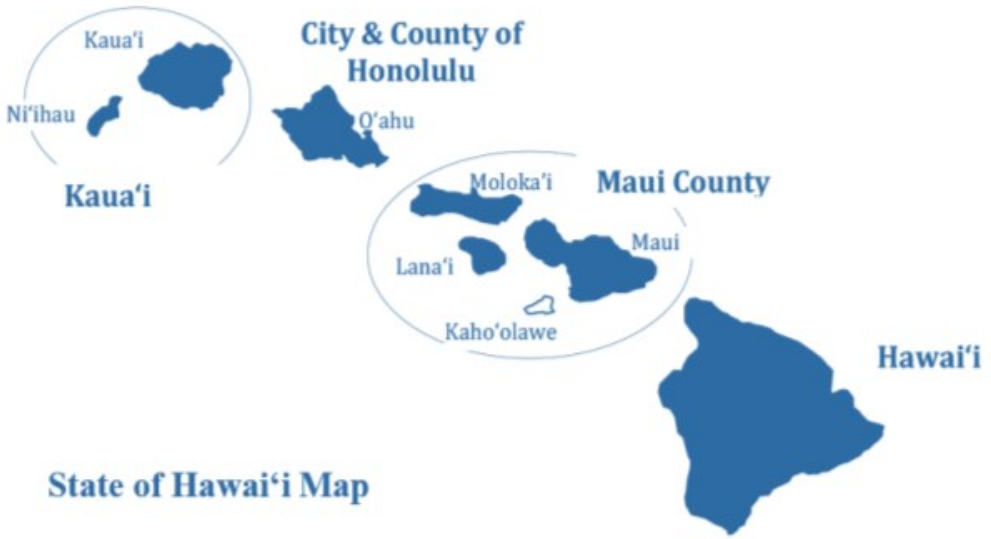
In 2025, a new paid media campaign was launched that included TV, radio, and digital, along with the addition of out-of-home advertising on TheBus, Oahu's highly used public transportation. The ads are located on the entire 480-bus fleet.

III.B. Overview of the State

III.B.1. State Description

GEOGRAPHY

Situated in the middle of the Pacific Ocean, Hawaii is one of the most isolated populated places on Earth. The west coast of North America is 2,400 miles from Honolulu, roughly a 5-hour flight by air. Five time zones separate Hawaii from the eastern coast of the United States. Hawaii is the only island state, the 11th smallest state in the nation by population size, and the 4th smallest in land area. Most of the state's 1.4 million residents reside on Oahu, where the state capital of Honolulu is located.



The state comprises seven populated islands in four major counties: Hawaii, Maui, Oahu, and Kauai. The county is the lowest civil subdivision in the state, with the counties providing basic public services, such as fire and police protection. Cities or towns in other states usually perform these services. The Hawaii State government is also responsible for functions usually performed by counties or cities in other states. For example, Hawaii is the only state with a single unified public school system. Similarly, Hawaii has no city- and county-specific health departments, and depends on state district health offices to provide public health services for the three neighbor island counties. The neighbor island counties are Hawaii, Kauai (includes Niihau, which is privately owned with restricted access), and Maui (includes Molokai, Lanai, and Kahoolawe, which is unpopulated).

Only 10% of the state's total land area is classified as urban. Oahu is the most urbanized, with a third of its land area and 96% of its population in urban communities. Most tertiary healthcare facilities, specialty and subspecialty services, and healthcare providers are on Oahu. Consequently, neighbor island and rural Oahu residents often travel to Honolulu for these services. Interisland passenger travel to and from Oahu is entirely by air. Air flights are frequent, but comparatively expensive. Airfare costs can be volatile, based on varying fuel costs. This creates a financial barrier for neighbor island residents, since roundtrip airfare ranges between $150 to $300.

Geographic access to healthcare is further limited, since public transportation is inadequate in many areas of the state, other than the Honolulu metropolitan area. Over the past five years, the islands of Maui, Kauai, and Hawaii have established limited public bus services, but their use by residents is largely sporadic. Residents in rural communities, like the neighbor islands, rely on automobiles to travel to major population centers on their island, where healthcare services are more likely to be available. Because of the mountainous nature of the islands, road networks are sparse and, in some places, limited to a single highway along the coastline. Timely access to emergency care on neighbor islands often requires costly air transportation.

DEMOGRAPHICS

According to the 2023 American Community Survey (ACS) 1-year estimate, the estimated 2023 state population is 1,435,138 residents, the 30th most populous state in the U.S. Oahu is home to 68.9% (989,408 residents) of the state's population, while 14.5% (207,615 residents) live on Hawaii Island, 11.4% (164,244 residents) in Maui County, and 5.1% (73,851 residents) in Kauai County. Compared to 2022 (1,440,196), the state's population decreased by 5,058 (0.35%).

Other sources reported a rebounding of the population in 2023, due to a change in state migration patterns in recent years. For example, the Economic Research Organization at the University of Hawaii (UHERO) revealed that there was a 2022 reversal in state population, due to a net gain in Hawaii-born residents returning home.[1],[2] The UHERO data reported a 0.2% increase in the state population, from January 2023 to January 2024.[2]

ETHNIC DIVERSITY

Hawaii remains the most ethnically diverse state in the nation.[3] According to the ACS data, 28.2% of the state's resident population reported two or more races, and the following single race proportions: White=21.9%; Asian=36.7%; and Native Hawaiian or Other Pacific Islander (NHOPI)=9.4%. The largest Asian single-race ethnic subgroups reported were Filipino (14.9%) and Japanese (11.2%), and the largest NHOPI single-race subgroup was the indigenous Native Hawaiians (5.6%). The individual Asian and NHOPI subgroups from the U.S. Census are listed in the table below, showing the heterogeneity of these aggregated ethnic groupings.

Asian	Native Hawaiian and Other Pacific Islander
013 - Asian Indian	051 - Polynesian
014 - Bangladeshi	052 - Native Hawaiian
015 - Cambodian	053 - Samoan
016 - Chinese	054 - Tongan
017 - Chinese (except Taiwanese)	055 - Micronesian
018 - Taiwanese	056 - Guamanian or Chamorro
019 - Filipino	057 - Melanesian
020 - Hmong	058 - Fijian
021 - Indonesian	088 - Tahitian
022 - Japanese	089 - Tokelauan
023 - Korean	091 - Carolinian
024 - Laotian	092 - Chuukese
025 - Malaysian	093 - I-Kiribati
026 - Pakistani	094 - Kosraean
027 - Sri Lankan	095 - Mariana Islander
028 - Thai	096 - Marshallese
029 - Vietnamese	097 - Palauan
030 - Other specified Asian	098 - Pohnpeian
072 - Bhutanese	099 - Saipanese
073 - Burmese	162 - Yapese
075 - Mongolian	164 - Papua New Guinean
076 - Nepalese	
077 - Okinawan	
078 - Singaporean	

Reporting is further complicated by the growing category of those with two or more race groups. They are not included in the single-race groups commonly reported nationally. Hawaii State Department of Health (HDOH) guidance instructs race data to be reported as "Alone" or "Alone or in Combination" with another group. For example, Native Hawaiians accounted for 22.4% of the state population when reported as "Alone or in Combination," as compared to just 5.6% when reported singly.

There is also variation among race subgroups, with an overall estimate of 35.6% of those in the "Asian Alone or in Combination", reporting another race. Variation in the three largest Asian subgroups ranges from 15.8% Chinese to 40.5% Filipino. The other Asian subgroups are likely newer immigrants, when compared to these three, and have smaller numbers reporting more than one race.

Race	Resident Population in the State (N)	Percent of State Population (%)	Proportion Reporting at least one other Race (5)
White Alone	314,534	21.9%	0
White Alone or in Combination	635,240	44.3%	50.4%
Native Hawaiian or Other Pacific Islander (NHOPI) Alone	135,541	9.4%	0
NHOPI Alone or in Combination	388,921	27.1%	65.2%
Native Hawaiian Alone	81,062	5.6%	0
Native Hawaiian Alone or in Combination	321,694	22.4%	73.3%
Asian Alone	526,684	36.7%	0
Asian Alone or in Combination	817,525	57.0%	35.6%
Filipino Alone	213,268	14.9%	0
Filipino Alone or in Combination	379,791	26.5%	38.1%
Japanese Alone	161,089	11.2%	0
Japanese Alone or in Combination	306,991	21.4%	36.7%
Chinese Alone	83,540	5.8%	0
Chinese Alone or in Combination	218,122	15.2%	61.6%
Source: U.S. Census Bureau. 2023. ACS Calculations by Hawaii HDOH, FHSD.			

Immigration

Hawaii is a gateway to the U.S. for immigrants traveling from Asia and the Pacific, resulting in a sizeable immigrant community. Based on the ACS, there were 255,755 immigrants in Hawaii, or nearly one in five (17.8%) residents, the 6th highest of all states. Hawaii immigrants were 57.6% women and 4.0% children (under 18 years old). The largest ethnic group of immigrants was Asians (74.6%), followed by NHOPI (8.2%) and White (8.8%).

Most immigrants in Hawaii (79.8%) report their primary spoken language as other than English, and 46.3% speak English, less than "very well." About 21.4% reported possessing a bachelor's degree, with 10.1% having earned a graduate or professional educational degree. Approximately 62.3% of immigrants who are 16 years and over, were employed in the labor force in 2023.

Compacts of Free Association (COFA)

COFA migrants migrate from the Federated States of Micronesia, Republic of Marshall Islands, and Republic of Palau. Under these unique intergovernmental agreements, COFA migrants are considered legally residing noncitizen nationals, who can live, work, and study in the U.S. indefinitely, without a VISA or green card. This status has been negotiated for decades, in exchange for exclusive U.S. military use of strategic areas in the region. The passage of the 1996 Welfare Reform Act removed COFA eligibility for key entitlement programs (Medicaid, Social Security, disability, and housing programs), with the state assuming most of the costs for services. However, in December 2020, Medicaid benefits were federally restored to COFA migrants.

Among COFA migrants, there are reports of high morbidity rates of chronic diseases, communicable diseases, and other medical concerns, some of which may be related to U.S. nuclear tests conducted within Micronesia in the 1950s and 60s. Health disparities are exacerbated by chronic unmet care needs, lower socioeconomic status, and cultural beliefs and behaviors with the most recent arrivals.

Estimates of the COFA population in Hawaii vary, from 16,680 to 28,000.[4] COFA migrants are consistently overrepresented among homeless surveys, and account for about 2-3% (400-600) of births annually in Hawaii. They have lower rates of prenatal care, higher rates of low-birth-weight infants, and higher numbers of neonatal intensive care unit (NICU) admissions.[5]

Languages Spoken

Because of its ethnic diversity, limited English proficiency impacts access to healthcare for immigrant communities, and pose a challenge to service organizations serving these populations. An estimated 24.2% of Hawaii residents, ages 5 years and over, speaks a language other than English at home, compared to 22.5% nationally. An estimated 10.4% of Hawaii residents reported limited English proficiency (4th highest state ranking) compared to 8.7% nationally.

In School Year 2019-20, an estimated 18.0% (32,044) of the K-12 public school students are, or have been, identified as English Learners (EL).[6] The top five languages/dialects spoken by Hawaii public school students are: Ilokano, Chuukese, Marshallese, Tagalog, and Spanish.

Hispanics

Hawaii has a growing Hispanic population, particularly found in rural, predominantly agricultural areas. Anecdotally, recent Hispanic workers in the state have helped to lessen the chronic labor shortages in agriculture (coffee and pineapple farms) and in tourism-related and construction industries, which are located primarily in Maui and Hawaii counties. Service organizations report that their migrant workers have relocated primarily from Mexico, Guatemala, and Honduras.[7]

Military

Other subpopulations within Hawaii include the U.S. Armed Forces personnel and their family members. Due to the strategic location of Hawaii in the Indo-Pacific region, about 5.6% of the state's land belongs to the military, making it the most densely militarized state in the U.S.[8] In 2023, Active Duty, National Guard, and Reserve Personnel comprise an estimated 3.8% of the state's population (54,149 people).[9]

Several major military health facilities serve this population on Oahu. The Tripler Army Medical Center is the federal tertiary care hospital for the Pacific Basin. It supports 264,000 local active-duty and retired military personnel, their families, and veteran beneficiaries. Medical services are also available on military bases, offering clinical services primarily for veterans, active-duty members and their family members.

Homeless

The 2024 Hawaii homeless study estimated that there were 2,347 *sheltered* homeless people in the state (1,728 on Oahu and 619 on the neighbor islands).[10] The Point-in-Time count for *unsheltered* homeless was 2,766 for Oahu and 1,276 on the neighbor islands. From 2023 to 2024, there was a 3.9% increase in sheltered homeless, and 17% increase in unsheltered homeless on Oahu. However, for neighbor islands, there was a 5.2% decline for sheltered homeless and 17.2% decline for unsheltered homeless from 2023 to 2024.

Other sources report a much larger increase in Hawaii homeless. For example, including the data from non-congregate shelter (e.g., Maui non-congregate shelter for Maui fire victims), the 2024 Annual Homelessness Assessment Report to Congress indicates an 87% increase of total homeless from 2023 (6,223) to 2024 (11,637).[11] Compared to other states, Hawaii had the second highest homeless rate in the U.S. (81 per 10,000 residents), which is more than three times the national rate.

Maternal and Child Population

The ACS data estimates indicate that there were 259,611 women of reproductive age (15-44 years old), a 3.3% decline from 2015 (268,648), and representing 18.1% of the entire state population. Vital statistics data for Hawaii show that the number of births have decreased between 2019 (16,835) and 2023 (14,848),[12] but there was a slight increase in number of births in 2024 (14,930)..

There were 158,283 children ages 9 years or younger in Hawaii, representing a 10.8% decrease since 2015. This group represents 11.0% of the state population. There were 166,225 children ages10-19 years, representing a 1.9% increase from 2015. This group represents 11.6% of the state population.

Based on 2022-2023 data, an estimated 59,844 Children with Special Health Care Needs (CSHCN) reside in Hawaii, representing 20.0% of all children ages 0-17 years. This estimate is significantly below the national estimate of 26.2%. The 2022-2023 Hawaii estimate was similar to the 2021-2022 estimate (18.0%).

Older Population

As in other states, Hawaiihas a rapidly aging population. Persons, ages 65 years and over (303,352 total), comprised 21.1% of the Hawaii population, as compared to 16.6% in 2015. Nationwide, this elderly population was estimated at 17.7% in 2023, compared to 14.9% in 2015. There are now more older people, in proportion to younger ones residing in Hawaii, and this growth trend is expected to continue.

Maui Wildfires

On August 8, 2023, one of the deadliest natural disasters struck, when a fast-moving wildfire destroyed the historic town of Lahaina on Maui Island. The fire claimed 102 lives, injured many more, and displaced thousands of residents. Over 3,000 buildings were destroyed—86% were homes, exacerbating Maui's already limited and costly housing crisis. More than 8,000 people were temporarily relocated to hotels and short-term rentals.

A year later, many Maui families still face housing instability, job losses, and emotional stress. Nearly half remain in temporary housing, contending with soaring rents—over 50% higher than before, along with fewer job opportunities.

Recent relief efforts include:

- The state-funded *One 'Ohana Fund*, which provided $1.5 million to families who lost one or more loved ones in the fire.
- A $4 billion global settlement from six parties, including government entities, utilities, and landowners, to help support recovery and rebuilding.
- $1.6 billion in federal disaster recovery funding, with a focus on housing assistance for displaced residents.

ECONOMY

Tourism, real estate, construction sectors, and federal/military spending largely propel the economy in Hawaii. Initial COVID-shutdowns in 2020 resulted in the virtual closure of the Hawaii tourism market, causing an unprecedented decline in the state's economy. Equally unexpected, the economy made an astounding rebound in 2022 with the return of U.S. domestic travelers, which was driven by rebounding U.S. incomes and pent-up demand. By 2023, Hawaii showed signs of a post-pandemic economic recovery, with generally stabilizing economic indicators.

The August 2023 Maui Wildfires altered the state's trajectory, when economic activity slowed significantly after the fires. Maui County experienced the immediate loss of thousands of jobs, housing, and businesses, particularly in the high-end West Maui tourist destination. As of December 2024, federal support for Maui already totaled around $4 billion, including support from the Federal Emergency Management Agency and the Small Business Administration.[13] Maui's economic recovery remains slow, with an estimated loss of over 1,000 residents post 2023, due to out migration.

According to the Hawaii Department of Business, Economic Development and Tourism (DBEDT),[14] the state's major economic indicators were mixed in the fourth quarter of 2024. Visitor arrivals, wage and salary jobs, private building authorizations, and state general fund tax revenues increased, compared to the fourth quarter of 2023. However, inflation was still relatively high and the civilian labor force, state general excise tax revenues, transient accommodations tax revenues, and awards from government contracts decreased.

Tourism

In 2024, total visitor arrivals by air increased by 21,083(0.2%), International arrivals increased by 106,683(6.8%) from the previous year.[15] Overall, the visitor census remained steady, with fewer visitors going to the neighbor islands, particularly Maui, while Oahu saw a slight increase. In 2024, visitor expenditures totaled $20,596.2 million, a decrease of $66.7 million(0.3%) from the previous year.[16] This may reflect a decrease in length of stay for Oahu's large visitor market, due to minimal growth in the tourism sector.

Unemployment

The unemployment rate in Hawaiihas largely stabilized to 3.0% in 2024, compared to the U.S. average of 4.0%[17] ranking Hawaii the 7th lowest among all states. In 2024, Maui County saw a decrease in unemployment (4th quarter; 3.6%) with increases in jobs and visitor arrivals, as the county slowly recovers from the impacts of the 2023 wildfires.

Job Market: Labor force vs Jobs

Labor market conditions statewide were mixed in 2024. The civilian labor force decreased, but civilian non-agricultural wage and salary jobs increased.[18] In 2024, the civilian labor force averaged 671,100 people, a decrease of 5,250 people (0.8%) from 2023. [19]

Conversely, Hawaii averaged 637,700 jobs in 2024, an increase of 5,500 jobs (0.9%) over 2023.[20] The job increase in 2024 was attributed to gains in jobs in both the private and government sectors. Compared to 2023, the largest average increases in 2024 were in:

- Construction, which reported a 9.2% increase in jobs.
- Health Care and Social Assistance, which reported a 3.1% increase in jobs.
- Accommodations, which reported a 1.8% increase in jobs
- Food Services and Drinking Places, which reported a 0.9% increase in jobs.[21]

The Government sector reported an annual average of 2.0% increase in jobs in 2024, compared to 2023.[22]

Wages

During the COVID period from 2020-22, the average annual wage for employees in Hawaii increased, largely attributed to direct federal stimulus payments, including supplemental unemployment insurance benefits. The U.S. Bureau of Labor Statistics reported that 2023 average annual wage in Hawaii was $64,207, which was 11.2% lower than the U.S. average.[23] It reflected a 4.4% ($2,724) increase in average wages, compared to the 2022 U.S. average annual wage ($61,483).
In 2023, Hawaii ranked 26th among the 50 states.

Income

Per capita, personal income for Hawaii workers also increased 5.3% in 2023 ($65,888), compared to 2022 ($62,522).[24] As noted, income loss during COVID was offset by government stimulus/relief supports, including rental relief, which helped to prevent economic collapse for many island families.[25] In 2023, Hawaii per capita income was 5.1% lower than the national average ($69,418).After adjusting this income for the high cost of living, it was 12% lower than the unadjusted level.[26]
The aggregated income and wage indicators do not reflect the markedly disparate effect on high- versus lower-income workers. Wage and income measures also do not accurately reflect residents' economic status, since the increases are nullified by the state's status, as having the highest cost of living in the U.S.

Poverty

Based on 2023 ACS estimates, the poverty rate in Hawaii was 10.1% (all ages in poverty), which is 2.4% lower than the U.S. rate (12.5%). This percentage represents an estimated 141,925 individuals living in poverty in Hawaii. Over 32,612 (11.4%) of children and adolescents under 18 years old, live in households that are below the Federal Poverty Level (FPL). Poverty rates remain variable across counties: Honolulu 9.0%; Maui 8.8%; Kauai 7.6%; and Hawaii 17.5%. Poverty rates remain higher among Native Hawaiians and Other Pacific Islanders (17.3%) and Blacks/African Americans (14.8%), compared to Whites (10.4%) or Asians (6.9%).

The official FPL obscures many families' struggles in Hawaii, due to the high cost of living and the relatively low minimum wage structure, given many families' dependence on low-paying service industry jobs in tourism. The Census Supplemental Poverty Measure reports that the three-year average (2019-2021) poverty rate in Hawaii was actually 10.5%, when using the supplemental poverty measure, which was 0.4% higher than the official FPL (10.1%).[27]

ALICE Report

The Hawaii United Way 2024 agency report on working residents living just above the poverty level unable to afford basic necessities, more accurately reflects the economic status of Hawaii families. The ALICE survey refers to families that are Asset-Limited, Income-Constrained, employed (ALICE).[28] The most recent Hawaii ALICE study in 2024 revealed that approximately 40% of Hawaii households in 2024 fell below the ALICE threshold, struggling to meet basic housing, childcare, food, transportation, and healthcare expenses. This includes 12% of households with income below the Federal Poverty Level (FPL), as well as those who are ALICE (29%).[29]

Although the proportion of Hawaii households living below the poverty line declined in 2024 (12%) from 2022 (14%), the proportion of Alice households remains the same in 2022 and 2024 (29%). This suggests that hardships remain for many island residents, post-COVID. Notably, the majority of Native Hawaiian (58%) and Filipino (52%) residents fell below the ALICE threshold, as did all households with children (50%). Maui county experienced an increase in Alice households in 2024 (43%), as compared to 2022 (34%), due to the aftermath of the Maui wildfires.

The report cites the major reasons for the high percentage of ALICE households:

- Low-wage jobs dominate the state's economy.
- Cost of living consistently outpaces wages.

Nearly 62% of all jobs in Hawaii pay less than $20 per hour, with more than two-thirds paying less than $15 per hour. It is difficult for ALICE households in Hawaii to find affordable housing, job opportunities, and community resources. Although public and private assistance helps, it does not provide financial stability. ALICE households are often forced to make difficult financial choices with limited resources, such as forgoing healthcare, childcare, healthy food, or car insurance. Many parents are forced to work 2-3 jobs to make ends meet.

HIGH COST OF LIVING

Regional price parities data for 2023 indicates that Hawaii was the third highest in regional price parity (108.6), with California (112.6) and the District of Columbia (110.8) emerging as the highest.[30] Other sources ranked Hawaii as the most expensive state in the nation, in terms of cost of living.[31]

Housing Costs

One primary driver for the high cost of living is escalating housing costs, the highest in the U.S. Housing costs in Hawaii create an inordinate burden for families, resulting in significantly less revenue for other essential household expenses. As a result, families are often forced to live in overcrowded, substandard housing, or are forced into homelessness, due to a lack of affordable housing options.

In March 2025, the median housing cost for a single-family dwelling on Oahu was $1,160,000, with a condominium averaging $500,000.[32] The median monthly owner mortgage cost in 2023 was $2,739, which is 43.9% higher than the U.S. average. Among homeowners, 31.5% spent *35% or more of their household income* on housing, which is significantly higher than the U.S. average of 21.9%, the highest in the nation. Not surprisingly, the homeownership rate in Hawaii in 2023 was ranked as among the lowest in the U.S. (46th among the 50 states) at 62.4%, which was lower than the U.S. average of 65.2%.

Rental Costs

High monthly housing rental costs are unaffordable for many working families in Hawaii. In 2023, an estimated 37.6% of occupied housing units in Hawaii were renter-occupied (compared to 34.8% nationally). The median monthly gross rent for the renter-occupied units was $1,940, which was 38.0% higher than the U.S. average of $1,406. In 2023, Hawaii ranked 2rd highest in housing rental costs nationally.

Multigenerational Households

For many island families, cultural preferences and traditions have increased the number of multigenerational households, but also a necessity, due to high housing costs. In 2023, the percentage of multigenerational family households among all family households in Hawaii was 7.7% (38,197 out of 493,898 households), which is twice the U.S. average of 3.8% (4,933,856 out of 131,332,360 households). Hawaii has the nation's highest rate of multigenerational households, with some of the largest household sizes, especially evident among Pacific Island families. These household factors created challenges during COVID social distancing/isolation efforts, which contributed to significantly higher and disparate infection rates for certain ethnic groups.

Cost of Health Insurance

Overall, the cost of private employer-based health in Hawaii significantly increased for a family plan between 2013 and 2022, from $14,382 to $19,439.[33]

Hawaii health insurance is estimated to be 10.7% of average wages in 2022, compared to only 2.8% in 1974. Hawaii health plans offered through the federal ACA marketplace increased from $330 in 2017 for the average individual premium, to $493 monthly in 2025.[34] Hawaii is widely considered to have among the lowest healthcare insurance premium costs in the nation, but these rates continue to increase nearly every year.[35]

Health Services Infrastructure

There are approximately 100 healthcare facilities total in Hawaii.[36] Of the state's 29 hospitals, 12 offer obstetric labor and delivery services. Three pediatric hospitals have Neonatal Intensive Care Units on Oahu, while other hospitals have lower levels of acute pediatric services.

Hawaii has 15 federally qualified health centers, 15 rural health clinics, and seven Native Hawaiian health system sites, located across the state. Most healthcare services, particularly specialty care providers/facilities, are concentrated in urban Honolulu on Oahu. Neighbor island residents routinely have to fly to Oahu to access specialty, medical, dental, and behavioral services. Maps of these facilities are in the Supporting Documents.

Healthcare Workforce

The state has 240 family and general licensed practitioners, 220 obstetricians and gynecologists, and 480 pediatricians.[37] Based on the 2023 population estimate, there are 15.3 per 100,000 obstetricians and gynecologists, which is significantly higher than the national rate (5.9 per 100,000 population). There are 33.4 pediatricians per 100,000 population, which is similar to the national estimate (10.4). The rate for family/general practitioners (16.7 per 100,000 population) is significantly lower than the national rate (33.4).

Despite the high ratio of providers to population, many of the state's medical and specialty providers are located on Oahu, and most

of the state's rural communities are designated as shortage and/or medically underserved areas.

COVID exacerbated already-existing healthcare workforce shortages in Hawaii. The 2023 Physician Workforce Assessment reported that Hawaii should have 757 more doctors, with the greatest need in primary care specialties. The greatest needs are on the neighbor islands, with Maui (43%) and Hawaii County (41%) experiencing chronic significant physician shortages.[38]

To address the workforce shortage, $30 million was allocated by the Hawaii Legislature in 2023 for the Hawaii Health Education Loan Repayment Program for healthcare providers, who agree to care for at least 30% public insurance recipients within their caseload. The federally-funded State Loan Repayment Program provides a total $800,000 loan repayment a year. These programs are anticipated to assist hundreds of medical residents in training, as well as other healthcare workers statewide every year.

Healthcare Shortage Designations

Shortage Designations represent an area's or population's needs, which are based on several factors, including current health workforce numbers, socioeconomic and demographic data, language barriers, health indicators, access to healthcare, and travel time to the nearest available provider. Most shortage areas are on the rural neighbor islands and rural/low-income urban areas on Oahu. The entire state of Hawaii is currently designated as a mental health shortage area. Maps of shortage areas in Hawaii are included in the Supporting Documents.

HEALTH INSURANCE

Hawaii has a long history of supporting health insurance initiatives that enable almost universal access for residents, and was one of the first six states that implemented a Medicaid program in 1966.

In 1974, Hawaii implemented its groundbreaking Prepaid Healthcare Act (PHCA), which mandated that most employers must offer health insurance a to all employees who work at least 20 hours a week, with mandated caps on employee contributions. The PHCA is largely credited for the state's high level of insurance coverage and relative affordability. Hawaii is the only state with a federally-approved exemption from the federal Employee Retirement Income Security Act (ERISA), which sets the minimum standards for health plans within private industry.

In conjunction with the Affordable Care Act (ACA), Hawaii implemented further Medicaid expansions in 2017, adopting the federally-offered ACA exchange. Hawaii is one of the few states where enrollment in health plans through the ACA exchange increased, from 18,938 enrollees in 2017 to 24,606 enrollees in 2025.[39]

Under Medicaid expansion, coverage was increased to 138% of FPL. Prior to COVID,, the number of people enrolled rose significantly, from 292,423 in 2013 to about 345,231 in 2019.[40] This mirrors the national average of roughly 25% Medicaid coverage of the state population. In Hawaii, Medicaid provides health coverage for more than 40% of the state's children.

In 2018, state lawmakers integrated several components of the ACA into the PHCA, in order to ensure that health benefits remained available under Hawaii law. This included dependent coverage for children through 26 years of age, as well as prohibiting any preexisting condition exclusion or the use of gender in determining premiums. As a result of these efforts, Hawaii consistently reports low uninsured rates; at 3.2% in 2023.

MEDICAID

The Department of Human Services (HDHS) Med-QUEST Division (MQD) administers the state Medicaid program (QUEST). QUEST stands for **Q**uality care, **U**niversal access, **E**fficient utilization, **S**tabilizing costs, and **T**ransform the way healthcare is provided to recipients.

QUEST's objectives are to expand medical coverage to more residents, while containing costs, via a managed care delivery system,

with savings utilized to expand coverage. Under this federal waiver, Medicaid beneficiaries with disabilities and those over 65 receive services through a fee-for-services model.

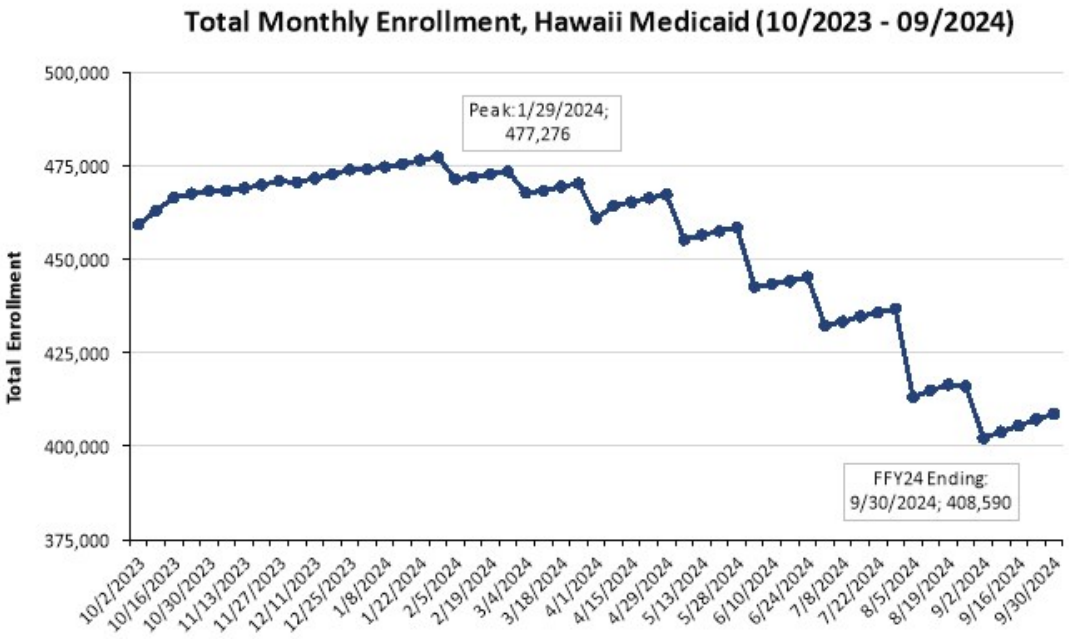
- Medicaid eligibility levels for children in Hawaii are much higher than the national average and are consisitent with national levels for pregnant women and parents:Children ages 0-18 qualify, with family income up to 313% of the FPL.
- Pregnant women qualify, with family income up to 196% of the FPL.
- Parents/Caregiver relatives, qualify up to 105% of FPL and
- Other adults, under 65 years of age, qualify, up to 138% of the FPL.

Hawaii residents with low incomes and low asset/resource levels can qualify for Medicaid, if they're 65 or older, or if they're blind or disabled. These enrollees are covered under fee-for-service (FFS) Medicaid, rather than the managed-care Med-QUEST program.

In 2024, CMS approved Hawaii MEDQUEST's request to provide continous eligibility for children, until the child's 6th birthday, and 24 months of continuous eligibility for children, ages six to 19. In 2022, Hawaii extended postpartum coverage for 12 months, and the state reinstated preventative and restorative adult dental benefits to Medicaid adults in 2023. During COVID,Hawaii Medicaid enrollments increased by 37.0%, totalling over 448,193 enrollees in 2023 statewide.

Of the 408,590 individuals enrolled in Medicaid, 122,717 are children.[41] The Medicaid Program also serves 2,015 pregnant women. Additionally, the program continues to support medically-needy children who require nursing home care.

Federal Medicaid eligibility was restored to COFA migrants in 2020. In 2024, a total of 32,414 COFA adults were enrolled with Med-QUEST.



The state's CHIP program, a Medicaid expansion element, covers all Hawaii children under 19 years of age whose family incomes are up to 308% of the FPL. There is no waiting period for CHIP eligibility. All immigrant children who are Legal Permanent Residents or citizens of a COFA nation, are eligible to be enrolled in the Medicaid program.

Medicaid beneficiaries can choose health care coverage from five health plans: AlohaCare, HMSA, Kaiser Foundation Health Plan, 'Ohana Health Plan, and United Healthcare. All the health plans cover services statewide, except for the Kaiser Foundation Health Plan, which provides care only on the islands of Oahu and Maui.

Medicaid Redeterminations. Hawaii began disenrolling ineligible Med-QUEST members in May 2023. Due to the Maui wildfires, Hawaii paused all eligibility redeterminations through the end of 2023. Redeterminations resumed for Maui residents in April 2024, and for West Maui residents in June 2024.

The 2024 Medicaid media campaign to ensure all eligible Medicaid enrollees remain covered is called, *Stay Well, Stay Covered*. It includes a website with enrollment information available in 14 languages.

GOVERNMENT

The state's Executive Branch is organized into 17 cabinet-level agencies. HDOH and HDHS administer the major health programs. HDHS administers the Medicaid program, while HDOH serves as the state's lead public health agency. HDHS also houses the major social service/entitlement programs (Child Welfare, Temporary Assistance for needy families, Supplemental Nutrition Assistance Program, and Vocational Rehabilitation). A chart of the state government is included in Section VI of this report.

HDOH is the state's sole public health agency, as Hawaii has no local health departments. The state's three neighbor island counties (Hawaii, Maui, and Kauai) are served by District Health Offices, which oversee HDOH services at the county level. The central Title V programs on Oahu handle contractor services on the neighbor islands.

The governor appoints all state department directors; all of whom report directly to the governor. HDOH is divided into three major administrations: Health Resources Administration (HRA), Behavioral Health, and Environmental Health. There are six major divisions within HRA, including the Family Health Services Division (FHSD), which is responsible for administrating all Title V funding. The three branches within FHSD are: Maternal and Child Health; Women, Infants, and Children (WIC) Services; and Children with Special Health Needs.

Hawaii remains a largely Democratic-leaning state, with few Republicans holding public office. In 2022, Hawaii elected a new democratic Governor, Josh Green, MD. The Administration's HDOH Director is Kenneth S. Fink, MD, MGA, MPH, with Ms. Debbie Kim Morikawa as the Deputy Director for HRA. Matthew J. Shim, PhD, MPH, remains the FHSD Chief/Title V Director.

STATUTORY AUTHORITY

As the Title V agency, FHSD falls within the purview of Title 19, Chapter 321 of the Hawaii Revised Statutes. A listing of statutes pertaining to the division programs are in the Supporting Documents.

LEGISLATURE

Over the past four years, the State Legislature has leveraged budget surpluses and federal COVID relief funds, in order to ease financial burdens on families.
Investments focused on affordable housing, raising the minimum wage, expanding tax credits, public preschool and childcare, rural hospitals, and healthcare workforce support. Lawmakers have also expanded access to reproductive healthcare and abortion services and strengthened gun safety laws, in response to shifting federal rulings.

In 2024, the Legislature approved over $1 billion for Maui wildfires recovery, and passed the largest tax cut in state history, which is projected to save taxpayers $5 billion by 2030. While the bill increases standard deductions and adjusts tax brackets, it has raised concerns about dwindling future state revenue and potential cuts to services.

In 2025, amid federal funding cuts and continued economic uncertainty, lawmakers prioritized budget stability for essential services. The 2024 tax cuts remained intact. The state boosted reserves and made strategic investments in housing, food security, healthcare,

and early learning. Revenues were also enhanced by major pharmaceutical settlements: $150 million from opioid litigation and $700 million from a Plavix case. Key allocations included:

- $240 million for affordable housing
- $13.3 million for early learning expansion
- $200 million reserved to sustain programs vulnerable to federal cuts

Notable legislation:

- Free school meals for families earning up to 300% of the Federal Poverty Level, starting SY 2026–2027
- $900,000 to establish a statewide vaccine access program
- Expansion of youth mental health services
- A first-in-the-nation 0.75% "green fee" on hotel stays to fund climate resilience projects

Although the paid family and medical leave bill did not pass again this year, lawmakers approved funding for a feasibility study and created a task force to guide future efforts.

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III.B.2. State Title V Program

III.B.2.a. Purpose and Design

In Hawaii, the Family Health Services Division (FHSD) serves as the state Title V MCH agency. FHSD is committed to improving the health of women, infants, and children, including those with special health care needs and families. FHSD promotes health and well-being by using a life course and multigenerational approach to address social determinants of health and health equity.

One MCH Agency. Because the Hawaii State Department of Health (DOH) is the only public health agency in the state, FHSD is the only MCH agency and provides all levels of service delivery: direct, enabling, and infrastructure building for all counties. Most service contracts for county/community providers are executed through FHSD central program offices located on Oahu in consultation/coordination with county staff. However, FHSD county nurse managers are able to partner with local community organizations to procure services to address emerging needs using both federal and state funds. The sharing of procurement duties with county offices, albeit limited, effectively addresses critical administrative services in the central office and helps to ensure distribution of funding to rural communities.

Together, FHSD programs work to provide statewide services delivery and infrastructure for data collection, needs assessment, surveillance, planning and evaluation, systems and policy development, and the provision of workforce training and technical assistance to ensure quality of care.

FHSD includes three branches—Maternal and Child Health Branch (MCHB); Children with Special Health Needs Branch (CSHNB); and Women, Infants, and Children (WIC) Services—along with several offices and programs at the division level.

Division Programs. At the division level, FHSD oversees the following programs:

- Title V MCH Block Grant Program/State Systems Development Initiative
- Early Childhood Comprehensive Systems (ECCS)
- Oral Health Program
- Pediatric Mental Health Care Access Grant
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- State Primary Care Office (PCO)
- State Office of Rural Health
- Medicaid Rural Hospital Flexibility Program (FLEX)
- Small Rural Hospital Improvement Program (SHIP)

The ***Maternal and Child Health Branch (MCHB)*** administers a statewide system of services to reduce health disparities for Hawaii's women, children, and families. MCHB programs provide core public health services that establish and maintain public and private partnerships to share information; support program planning; train workforce; and collaborate to promote policies that improve outcomes for women, children, and families. Services include reproductive health and interconception care; early childhood and adolescent wellness; violence prevention programs (child abuse and neglect, sexual assault, domestic violence); home visiting services; fatality reviews; and family support programs. Some programs include The Parent Line, Safe Sleep, Child Death Review, and Maternal Mortality Review. The branch has over 35 community provider contracts for women's health, violence prevention, and family support services.

The ***Women, Infants, and Children (WIC)*** Special Supplemental Nutrition Program is a $29 million, federally funded, short-term intervention program from the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS). USDA FNS provides federal grants to states for supplemental foods, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women and for infants and children up to age 5 who are found to be at nutritional risk. The WIC Branch of FHSD administers the USDA FNS WIC program for the state of Hawaii.

The ***Children with Special Health Needs Branch (CSHNB)*** works to improve access for children and youth with special health care needs to optimize a coordinated system of family-centered healthcare services and to improve their outcomes. This is addressed through systems development, assessment, assurance, education, collaborative partnerships, as well as engaging and supporting families to meet their health and developmental needs. Programs include:

- Children and Youth with Special Health Needs Section: Specialty Support, Early Childhood, Hiʻilei Developmental Screening, Childhood Lead Poisoning Prevention, Hearing and Vision Screening, Project LAUNCH, and Transition to Adult Health Care
- Genomics Section: Genetics, Birth Defects, Newborn Hearing Screening, and Newborn Metabolic Screening
- Early Intervention Section (EIS): Mandated early intervention services are provided through three state-operated and 15 purchase-of-service programs. The Hawaii Early Intervention Coordinating Council, established under HRS §321-353, advises and assists EIS in performing its responsibilities under Part C of the Individuals with Disabilities Education Act (IDEA).

National Framework for Children with Special Health Care Needs "Blueprint for Change (BFC)": BFC is a national framework for a system of services for children and youth with special health care needs, presenting a vision where children can enjoy a fulfilling life and thrive in their community across their lifespan. The federal MCH Bureau worked with CSHCN and their families, health care providers, and public health professionals in its development along with the American Academy of Pediatrics.

Hawaii CSHNB staff were oriented on the BFC through three branch section meetings (genomics, early intervention, and children and youth with special health needs). The one-day meetings included a plenary session with open audience participation to share ideas and experiences around each of the four domains. This format provided a guided and interactive method to connect each of the four BFC domains (health equity, family & child well-being/quality of life, access to services, and financing for services) with the daily

work of each section. It helped staff understand how their programs aligned with these domains and identify opportunities to address gaps observed in each program.

In the afternoon, small groups were formed to engage all staff in discussions on how current programs align across each domain. Staff engagement on the framework, along with their reflections and input on program alignment with the four BFC domains, was collected. A standard tool was developed and used to record and analyze responses, creating a 'landscape' to assess needs and interventions.

Next, external CSHN partners, including DOE, MedQuest, health system providers, payers, community organizations, and families, were engaged in a meeting. Their input contributed to the co-development of the 5-year strategic plan for the state's CSHCN programs. By sharing various policy statements, reviewing them, and providing opportunities for input and prioritization, CSHNB staff were able to outline and map key objectives relevant to their programs. These objectives reflected five interdependent themes that would organize the branch's work in a systems-based approach model.

The five identified cross-cutting themes defined through this process were: policy, finance, data systems, workforce, and engagement. This strategic plan used these five priorities to map the respective objectives that inform tangible activities and tasks meant to contribute to each priority:

- Objectively outlining the current work of the branch and how it aligns with the BFC
- Identifying opportunities to strengthen program operations and focus to better provide necessary support and services to CYSHCN in alignment with the BFC
- Providing a framework for priority technical areas within each of the respective themes to guide resources and efforts, further informed by annual operational plans developed by each team in the branch
- Providing a vision to seek additional funding support in areas of need for the state population that are not already addressed through existing agreements or funds. This has led to seeking public-private partnerships, such as engagement with all three air carriers for interstate travel in Hawaii (including Hawaiian Airlines, Mokulele, and Southwest Airlines).

Family Partnerships. Culturally, connecting with families and communities is integral for state programs to succeed in Hawaii. Recognizing this, CSHNB has proactively sought the engagement and involvement of families and communities through multidisciplinary collaboration with other external partners. This approach ensures that families and communities are included in conversations with other partners serving the CYSHCN community.

The branch has also sought explicit engagement of partner families of children with special needs who receive state services; those who do not receive state services; and a mix of families from different programs, ethnic backgrounds, and language ability to ensure a broader range of participation of Hawaii residents.

This approach was shared with colleagues at HRSA, other Title V partners at meetings, and at the AMCHP meeting to capitalize on the work Hawaii has done to integrate and realize the national framework, family participation, and action. This includes the current engagement activities, tools for recording information and analyzing input, and engaging key partners and providing them an opportunity to contribute to the design and plan. Metrics will also be defined, and the strategic report will be available in a publication for transparency and accountability to the community and our partners.

In addition, the Branch Chief, as the responsible leader for CSHNB, will be engaging in town hall events across the state on each of the six major inhabited islands. These events aim to build community relationships with families, share updates, and listen to the issues and needs of families, as well as their suggestions and recommendations. This approach ensures a more active process to respond to issues and close the communication loop, keeping the branch accountable for advances being made.

Staffing Concerns: Emerging from the COVID-19 pandemic and the Maui Wildfires, FHSD continues to support self-care, promote resiliency, and honor those who retire or choose to leave FHSD. Staffing vacancies and recruitment challenges continue throughout

FHSD and the state. In August 2024, FHSD had 86 vacancies out of 261 positions. Many staff are covering for vacant positions, which may create more work stress and reduce job satisfaction. Supportive work conditions, flexible work options (telework), professional development opportunities, and other employee engagement/appreciation activities are critical in maintaining current staff.

FHSD Vision/Mission: For several years, FHSD intended to update its mission statement and organizational documents in conjunction with updating the DOH strategic plan. In 2020, consultation was conducted with Karen Treiweiller, MCH consultant and former Colorado Title V director, to assist with this effort. However, both the department and FHSD plans were delayed due to COVID. FHSD hopes to proceed with updates in the future as the department leadership embarks on the development of a new strategic plan and public health accreditation. In the meantime, FHSD continues to support the Department's vision that all Hawaii residents have a fair and just opportunity to achieve optimal health and well-being and the Department's mission to protect and promote the physical, psychological, and environment health of the people of Hawaii through assessment, policy development, and assurance.

Title V Role: To meet the objectives in the Title V 5-year plan, FHSD program leadership roles are varied, including:

- Provide or ensure services that address system gaps, which are critical needs often for rural communities and at-risk populations
- Convene stakeholders to address priority issues
- Fund staff, services, and activities
- Partner in collaboratives and coalitions
- Provide or broker technical assistance and workforce training
- Secure and share data to help inform planning and policy development, including data on health disparities
- Conduct ongoing needs assessment, engaging community partners, families, and youth
- Promote innovative and evidence-based informed practices
- Build the capacity of community-based organizations that are best positioned to support at-risk populations and communities
- Support efforts to develop coordinated, comprehensive, and family-centered systems of care, especially for children and youth with special health care needs

III.B.2.b. Organizational Structure

Location of Title V MCH & CSHN Programs in State Government. The Hawaii Title V agency is the Family Health Services Division (FHSD), located in the state Department of Health (DOH). The Children with Special Health Needs program is one of three main branches of FHSD.

The organizational charts attached in Section VI of the report show the location of the Title V MCH and CSHN Programs in the larger overall state government organization. The charts are:

- Overview of State Government including the Executive Office of the Governor, the Judiciary, the Legislature, the Board of Education, and the Office of Hawaiian Affairs. All state departments, including the Department of Health (DOH), are listed under the Governor.
- Hawaii State Department of Health (DOH). The next chart shows the overall structure of the Hawaii DOH. The DOH is divided into three major Administrations:
    - Health Resources Administration (HRA)
    - Environmental Health Administration (EHA) and
    - Behavioral Health Administration (BHA)

  FHSD is located in HRA.

DOH Partners. The DOH chart also shows the location of other partner programs in HRA that include:

- Chronic Disease Prevention
- Communicable Disease/Public Health Nursing

- Injury Prevention
- Disease Outbreak Control (includes the Immunization program)

The FHSD Lead Screening Prevention program often partners with EHA programs. FHSD increasingly partners with BHA programs as it builds its mental health program capacity. BHA partners include:

- Child & Adolescent Mental Health
- Adult Mental health
- Alcohol & Drug Abuse (administers and funds primary prevention programs, particularly for youth)
- Developmental Disabilities

Hawaii Title V Grant Administration. The last four organization charts highlight the key programs and staff under FHSD. The charts include:

- FHSD Division Chart.
    - Matthew Shim is the Hawaii Title V Director and Chief of FHSD.
    - Annette Mente is the FHSD Planner and Title V Grant Coordinator. She also coordinates the State Systems Development Initiative grant since the FHSD Epidemiology position has been vacant for nearly 6 years.
    - Research Statistician, Carlotta Fok, is responsible for the analysis and reporting of the Title V federally available data (FAD).
    - Administrative services staff complete the Title V Expenditures and Budget narrative and forms.
    - The Communications Officer also contributes significantly to the Title V reporting.
    - Other programs located at division level are:
        - Primary Care & Rural Health
        - The Pregnancy Risk Assessment Survey (PRAMS)
        - The Early Childhood Comprehensive Systems grant
        - Pediatric Mental Health Care Access grant

- Children with Special Health Needs Branch (CSHNB) Chart
    - Ruben Frescas is the Branch Chief
    - Programs located in this branch are:
        - Birth Defects
        - Childhood Lead Poisoning Prevention
        - Children and Youth with Special Health Needs
        - Early Childhood
        - Early Intervention
        - Genetic Services
        - Hi‘ilei Developmental Screening
        - Newborn Hearing Screening
        - Newborn Metabolic Screening
        - Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health)

- Maternal & Child Health Branch (MCHB) Chart
    - Wendy Nihoa is the Branch Chief
    - Programs located in this branch are:
        - Adolescent Wellness
        - Child Abuse and Neglect

        - Domestic and Sexual Assault Violence Prevention
        - Child Death Review
        - Domestic Violence Fatality Review
        - Family Planning
        - Hawaii Home Visiting
        - Maternal Mortality Review

- Women, Infants & Children Services Branch (WIC) Chart
    - Melanie Murakami is the Branch Chief
    - Programs located in this branch are:
        - WIC
        - Breastfeeding Peer Counseling

Programs Administered by Hawaii Title V. Also attached to the Organizational Charts are a list of Title V FHSD program descriptions.

Hawaii Title V Programs by Population Domain. The last graphic lists the Hawaii Title V programs by population domains.

III.B.3. Health Care Delivery System

III.B.3.a. System of Care for Mothers, Children, and Families

The health care delivery system in Hawaii is shaped by its unique island geography, which presents both opportunities and challenges in providing accessible, high-quality care. Comprehensive networks include public and private hospitals, community health centers, and physician organizations. Despite advancements, the state continues to address healthcare workforce shortages and transportation barriers to ensure positive health outcomes for all residents.

Health Services Infrastructure. The following table summarizes the hospital-based health services infrastructure for the MCH populations.

Health System	Hospital Name	Acute Care	Labor and Delivery	NICU	Peds	Critical	Specialty Care
Hawaii Health Systems Corporation	Hilo Benioff Medical Center	•	•				
	Honoka'a Hospital	•				•	
	Kā'ū Hospital					•	
	Kona Community Hospital	•	•				
	Kohala Hospital	•				•	
	Kaua'i Veterans Memorial Hospital	•	•		•	•	
	Samuel Mahelona Memorial Hospital	•				•	
	Kahuku Medical Center	•				•	
Hawai'i Pacific Health	Kapi'olani Medical Center for Women and Children	•	•	•	•		
	Pali Momi Medical Center	•	•				
	Straub Benioff Medical Center	•					
	Wilcox Health	•	•				
The Queen's Health Systems	Queen's Medical Center	•	•				psych
	Queen's Medical Center – West Oahu	•					
	Queen's Medical Center – Wahiawā	•					
	Queen's Medical Center – Kahi Mohala						psych
	Queen's North Hawai'i Community Hospital	•	•				
	Moloka'i General Hospital	•	•			•	
Kaiser Permanente[1]	Kaiser Permanente Moanalua Medical Center	•	•	•	•		
	Maui Memorial Medical Center	•	•				
	Kula Hospital	•				•	
	Lanai Community Hospital	•				•	
Adventist Health	Adventist Health Castle	•	•				
Kuakini Health System	Kuakini Medical Center	•					
Defense Health Agency	Tripler Army Medical Center	•	•	•	•		
Shriners	Shriners Children's Hawaii				•		ortho

[1]Hawaii Health Systems Corporation transferred the management and operation of its three (3) Maui hospitals (Maui Memorial Medical Center, Kula Hospital, and Lanai Community Hospital) to Maui Health Systems, A Kaiser Foundation Hospitals LLC

Investments in Healthcare. In 2024, Marc and Lynne Benioff, wealthy part-time residents of Hawaii, made a transformative contribution by donating $50 million to Hilo Medical Center. The Center was recently renamed and expanded its critical care services, including a state-of-the-art birthing center, an intensive care unit, a neurosurgical program, and enhanced behavioral health services. The Benioffs also gifted $100 million to Hawaii Pacific Health, the parent organization of Straub Benioff Medical Center (also recently renamed), to increase the hospital's physical capacity, expand the Burn Unit, and strengthen subspecialty care via formal partnerships with UCSF Health in San Francisco.

This private funding supplemented by major state healthcare investments ($313M) into the HHSC statewide system and the Kea'au Benioff Medical Center in rural Puna on Hawaii island. Additionally, $30M was approved for the state Healthcare Education Loan Repayment.

To visually illustrate the unique infrastructure and geographic challenges of the state, a series of maps are included in the Supporting Documents. These maps depict:

- Labor and Delivery Hospitals
- Federally Qualified Health Centers
- Hawaii Health Systems Corporation & Critical Access Hospitals
- Rural Health Clinics
- Native Hawaiian Health System

Maps of the state's healthcare professional shortage designation are also available in the Supporting Documents including:

- Federally Designated Medically Underserved Area/Populations
- Primary Care Health Professional Shortage Areas
- Mental Health Professional Shortage Areas
- Federally Designated Dental Health Professional Shortage Areas (HPSA)

The designation maps highlight a critical reality: the entire state of Hawaii is currently classified as a Mental Health Professional Shortage Area.

Access to Specialty and Subspecialty Care. The University of Hawaii Annual Report to the 2025 Legislature, provided findings from the Hawaii Physician Workforce Assessment Project which indicated that while more than 12,000 physicians are currently licensed in Hawaii, only 3,672 physicians are currently actively providing patient care. It was further noted that not all of those providers work full time, with the adjusted number of full-time equivalent (FTE) physicians closer to 3,075.

After accounting for geographic and specialty coverage, the statewide unmet need for physicians is estimated at 768 FTEs. The report also highlights the most critical subspecialty shortages across the state including Pediatric Gastroenterology, Pediatric and Adult Endocrinology, Pediatric and Adult Pulmonology, Colorectal Surgery, and Thoracic Surgery.

Access to specialty and subspecialty medical care is further complicated by limited provider availability due to healthcare system restrictions on patient access—such as limitations associated with physicians affiliated with 'closed' systems like the Military Health Administration or Kaiser Permanente HMO.

Aggregated numbers can be misleading, when assessing statewide access. For example, of the eight Hawaii-based pediatric pulmonologists currently listed with a National Unique Payor Identifier, five serve exclusively within the Military Health Administration, with two who were formerly with Kaiser having retired, and one working full-time as a medical director for a health plan not caring for patients. As a result, there are currently no pediatric pulmonologists available to non-military Hawaii families, forcing these families to seek care from adult pulmonologists, competing for scarce available appointments.

Accountable Care Organizations. Accountable Care Organizations (ACOs) have begun to shift the state's healthcare landscape. These collaborative groups, which are primarily composed of physicians and hospital systems, partner with payers to optimize care delivery via coordinated clinical management and strategic quality improvement initiatives. The primary aim is to emphasize prevention, reduce gaps in care, and eliminate unnecessary or duplicative services.

Although there are currently no Medicare ACOs in the state, HMSA, which is the leading health plan, supported the development of commercial ACOs. HMSA implemented innovative payment transformation models, such as pay-for-quality and shared savings programs.

At this time, the focus of the ACOs is on primary care, with limited pilot programs relating to specialty care. Across all lines of business, pediatric quality measures are closely monitored, including well-child visits, immunizations, adolescent depression screening, and developmental surveillance and screening for Medicaid beneficiaries. The physician response of the payment transformation model is mixed, with definitive differences between adult medicine and pediatrics.

New Models. Hawaii was awarded a Centers for Medicare and Medicaid Services (CMS) All-Payers Health Efficiency Approaches and Development (AHEAD) Grant. This grant is designed to help states "curb health care cost growth, improve population health, and promote healthier living." As part of the second CMS cohort, Hawaii is currently engaged in the design phase, working to specify and implement the program's framework.

Additional Infrastructure Supports. FHSD's Office of Primary Care and Rural Health ensures a statewide system of care and supports workforce needs.

- **State Primary Care Office:** funded by the Bureau of Health Workforce, it designates health professional shortage areas statewide. This expands eligibility for scholarships and loan repayments, helping recruit and retain healthcare providers in underserved communities.
- **State Office of Rural Health:** funded by the Office of Rural Health Policy, it connects rural communities with resources and supports long-term solutions for rural health needs. It educates providers, shares data, and assists with rural health workforce issues.
- **Medicare Rural Hospital Flexibility Program:** assists the state's nine Critical Access Hospitals to improve access, quality, and financial operations in rural areas. This program supports strategic planning, data analysis, and quality improvement to ensure essential services remain available in rural Hawaii.

Integration of Services. Meaningful service integration continues to be constrained by widespread workforce shortages across a range of healthcare provider categories, with only a handful of pilot programs existing.

Nonetheless, progress was made within several Federally Qualified Health Centers (FQHCs), Kaiser Permanente, and the Military Health Administration. In each of these systems, behavioral health providers are co-located adjacent to primary care offices. When a patient's behavioral health needs are identified during a medical visit, the primary care provider, upon receiving the patient's consent, invites the behavioral health provider into the exam room. This facilitating referral approach allows for immediate potential rapport-building and scheduling of follow-up care. If further assessment is warranted, the behavioral health provider may retain use of the primary care exam room to carry out an extended evaluation, de-escalation care, or crisis intervention.

A similar integrated model is employed at FQHC Kokua Kalihi Valley through its Medical-Legal Partnership Program for Children (MLPC). With services provided by UH law students and faculty, who are located at the primary care offices, this innovative program offers "preventive law" alongside "preventive medicine." By addressing potential legal needs early on, MLPC legal teams can intervene with simple advocacy before minor issues escalate into major legal problems.

Financing of Services. In addition to payments from health plans and the state's budget for the Hawaii Health System Corporation, additional hospital subsidies are supported by state general funds and administered by FHSD to the following entities.

- Hana Urgent Care - In partnership with American Medical Response and Maui Memorial Medical Center, Hana Health provides urgent medical care around the clock. As the only medical provider in this remote Maui community, Hana Health physicians are on-call 24 hours a day, 365 days a year.
- Waianae Coast Emergency Services - The Health Center's Emergency Department Services have operated at its main clinic location in Waianae since 1975 and has provided 24-hour emergency department services since 1986. Recognized as a Trauma Support Facility by the state, it serves as a critical safety net for the largely lower-income and Native Hawaiian residents on Oahu's Leeward Coast.
- Molokai General Hospital - A member of The Queen's Health Systems family of companies, this is the only hospital on the rural island on Molokai, providing 24/7 care for the island's 7,500 residents and visitors. Services provided include a blood banking laboratory, digital CT, digital X-ray, mammography, outpatient chemotherapy, acute care, skilled nursing physical therapy, and a full-service midwifery program.

Collaborative Work. FHSD is notably strong in fostering collaboration, both within Hawaii and beyond. Several examples illustrate this commitment.

At the federal, national, and regional levels, FHSD's PCMHA program regularly engages with its counterparts, facilitating a steady exchange of ideas and best practices. As a direct result of these ongoing collaborative dialogues, the Hawaii team is currently designing an expansion of their warmline services to include the Pacific Jurisdictions, which will help broaden mental health support across the Pacific region.

The centralized Hawaii state systems, combined with widespread adoption of teleconferencing, have made interagency collaboration increasingly accessible and efficient. The consistent participation and engagement of various agencies have fostered stronger

partnerships and more frequent opportunities for joint initiatives.

For instance, staff members from the Children with Special Health Needs Branch (CSHNB) have attended the EPSDT Advisory Council for several years, as invited guests. Through their ongoing contributions and strong partnerships, CSHNB staff now serve as Co-Chairs of the Advisory Council, helping to shape agendas and prioritize key issues.

Strategies. One of FHSD's most effective strategies is its support for community coalitions. As one example, FHSD provided funding to the Hawaii Public Health Institute (HPHI) to coordinate community oral health advocacy via the Hawaii Oral Health Coalition (HOHC). Lacking the resources to coordinate the HOHC directly, FHSD relies on HPHI's leadership to manage this statewide initiative, which includes three county subgroups that maintains regular, informative communication with over 200 active partners statewide.

FHSD also fostered awareness and education on issues such as family leave, the Maternal Infant Health Collaborative, and the Hawaii State Commission on Fatherhood, demonstrating its commitment through both support and promotion.

FHSD also helped fund research to support policy development around family and medical leave for Hawaii to assure child and family advocates have strong evidence to support policy adoptions. Currently, FHSD is funding an MCH Policy Internship with the Hawaii Children Action Network to further expand this area of healthcare systems work.

Opportunities. Looking ahead, the Department has the opportunity to address healthcare workforce shortages and accelerate preventive screening through Act 90 of the 2024 Legislative Session. This legislation authorizes the Director of Health to issue public health standing orders that allows patients to more easily access evidence-based services rated Grade A or B, by the U.S. Preventive Services Task Force.

A dedicated workgroup already convened to develop program structure. This initiative would streamline primary care providers' workloads by eliminating the need for referral appointments with extensive accompanying documentation. Patients would be able to schedule screenings directly with providers. For example, a woman turning 40 could directly schedule her first mammogram without a primary or specialty care referral. All results would be shared with both the patient and their primary or specialty care provider for appropriate follow-up.

Standards of Care. Additionally, FHSD has the opportunity to implement systematic, ongoing reviews of primary care contracts to ensure that they align with established standards of care, such as those recommended by the U.S. Preventive Services Task Force and the Bright Futures/American Academy of Pediatrics Periodicity Schedule for Preventive Pediatric Health Care.

Title V Program Efforts. Because the Department of Health is the only public health agency in the state, FHSD is the sole state MCH agency, providing all levels of service delivery: direct, enabling, and infrastructure building for all counties.

Most service contracts for county/community providers are executed through FHSD central program offices located on Oahu in consultation/coordination with county-level staff. However, FHSD county nurse managers are able to partner with local community organizations to procure services to address emerging needs, using both federal and state funds. The sharing of limited procurement duties with county offices effectively addresses critical administrative services in the central office, while helping to assure expedited distribution of funding to rural communities.

Together, FHSD programs work to ensure statewide services delivery and infrastructure for data collection, needs assessment, surveillance, planning and evaluation, systems and policy development, and the provision of workforce training and technical assistance to assure quality of care.

FHSD includes three branches—Maternal and Child Health (MCH); Children with Special Health Needs (CSHN); and Women, Infants, and Children (WIC) Services—and several offices and programs at the division level.

Division Programs. At the division level, FHSD oversees the following programs:

- Title V MCH Block Grant Program/State Systems Development Initiative

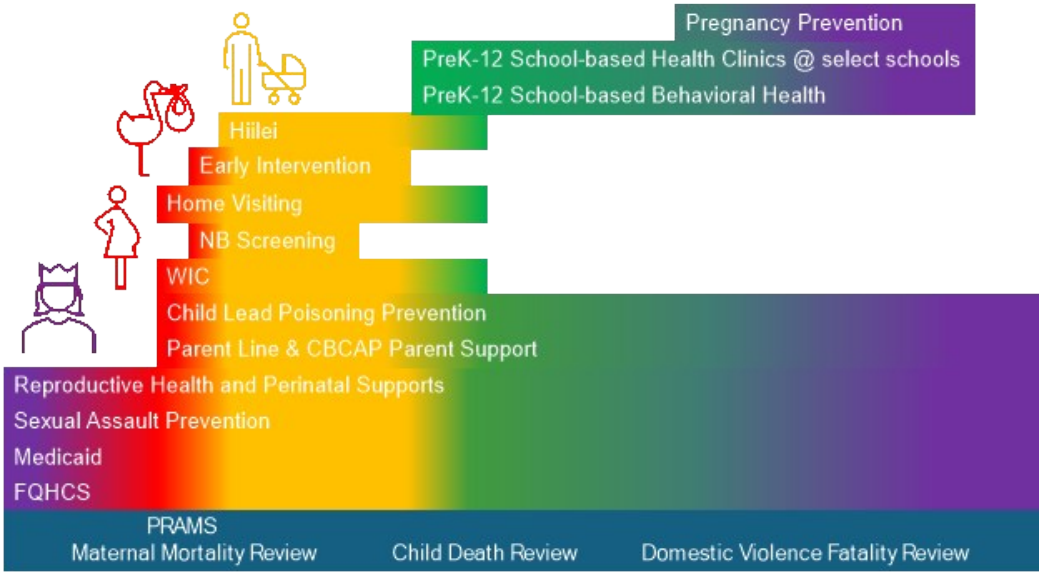
- Early Childhood Comprehensive Systems (ECCS)
- Oral Health Program
- Pediatric Mental Health Care Access Grant
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- State Primary Care Office (PCO)
- State Office of Rural Health
- Medicaid Rural Hospital Flexibility (FLEX) Program
- Small Rural Hospital Improvement Program (SHIP)

Maternal and Child Health Branch (MCHB) administers a statewide system of services to reduce health disparities for women, children, and families. MCHB programs provide core public health services that establish and maintain public and private partnerships to share information; support program planning; workforce training; and collaborate to promote policies that improve outcomes for women, children, and families.

Children with Special Health Needs Branch (CSHNB) works to improve access for children and youth with special healthcare needs to a coordinated system of family-centered healthcare services and to improve their outcomes. This is addressed through systems development, assessment, assurance, education, collaborative partnerships, and supporting families to meet their health and developmental needs.

Women, Infants, and Children (WIC) administers the United States Department of Agriculture Food and Nutrition Service WIC program for the State of Hawaii. Access to supplemental nutrition, health care referrals, nutrition and breastfeeding education are provided both through contracted providers and state sites for low-income pregnant, postpartum, and breastfeeding women and infants and young children up to age five who are at nutritional risk.

The Public Health System of Care for Mothers, Children, and Families



Key Components Provided by FHSD

Infrastructure. The public health system of care for Mothers, Children, and Families begins with infrastructure to monitor the health practices, morbidity, and mortality of the MCH population. FHSD is the lead agency for the state Maternal Mortality, Child Death, and Domestic Violence Fatality Reviews. It is also the lead for the Pregnancy Risk Assessment Monitoring System in the state.

Applying the life course framework, FHSD strengthens the public health infrastructure through dedicated efforts in healthcare workforce development and comprehensive family support. Programs for domestic and sexual assault prevention, child abuse

prevention, and child lead poisoning prevention offer a broad range of resources, training, and opportunities to apply research. These initiatives help support the implementation of effective strategies statewide, fostering healthy, safe, and violence-free communities and families.

Population-based services. Key programs for the Maternal and Child Health (MCH) population are housed within FHSD. These include the Newborn Metabolic and Hearing Screening Programs and the Hi‘ilei Developmental Screening Program.

Enabling services. FHSD serves as the lead agency for the state’s Home Visiting Program, which advances evidence-based support for families via the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) model. The agency oversees and manages contracts, ensuring that providers maintain fidelity to the program’s standards and are achieving key benchmarks. Additionally, FHSD provides the organizational framework for the Hawaii Home Visiting Network, which links a range of evidence-based home visiting programs and service delivery models across the state.

Following along the age continuum, FHSD Adolescent Pregnancy Prevention programs are grounded in positive youth development principles and practices that strive to create safe environments for young people to build stronger resilience, make healthy and informed decisions, and achieve their fullest potential.

Direct Services. The direct services provided by FHSD address safety net challenges.

Through the Reproductive Health Care & Support Services Program, services and resources are provided for all people of reproductive age who are either uninsured or underinsured. The program provides services for eligible youth and adults to enable them to plan for the number and spacing of births and to help improve positive pregnancy and birth outcomes. Services include reproductive health education, health screening, wellness checks, birth control options, and pregnancy and perinatal support services.

In 2023, the Title V MCHB began to fund the Healthy Mothers, Healthy Babies mobile van services to reach women and families in rural areas of Oahu, Hawaii, and Maui Islands, that are experiencing a lack of OB-GYN providers. The mobile van was also instrumental in addressing critical first aid needs that occurred after the August 2023 Lahaina wildfires. In 2024, mental health services were also included as an integral part of prenatal and postpartum care services offered.

Blended services. FHSD administers the state WIC program, providing prenatal services to women and supplemental nutrition for women postpartum, infants, and children. WIC also supports the state Early Intervention Program, which serves children from birth to age 3 who are biologically and developmentally at risk for developmental delays. The array of WIC services provided is a blend of population, enabling and direct services.

The administrative oversight provided by FHSD as the Title V agency for both of these externally funded programs provides a collaborative structure to better serve the MCH population.

Key Components Provided by Others

FQHCs. Federally Qualified Health Centers (FQHCs) play a critical role in sustaining the healthcare safety net, offering vital primary care and dental services to individuals, irrespective of their ability to pay. For reference, a map outlining the locations of Hawaii’s FQHCs is included in the Other Documents Section.

Medicaid. Medicaid, the federal and state jointly funded health coverage program, provided care to 426,297 individuals statewide, as of March 31, 2025. Of this number, over 152,000 were children, including former foster youth. Expanded Medicaid coverage has ensured that more pregnant women receive extended coverage for their care for 12 months postpartum.

School-based Services. As children reach school age, the importance of accessible services within educational settings grows significantly. The Hawaii Keiki (HK) program, which offers both medical and behavioral health services in schools, continues to expand. This innovative model uses nurse practitioners (NPs) and NP students from the University of Hawaii to staff on-campus DOE health clinics. FHSD helps to fund specific projects with HK primarily focused on dental care (school-based sealants) and

more recently vaccinations.

In addition, Federally Qualified Health Centers (FQHCs) increased their involvement, working closely with community schools to provide school-based clinics on 15 DOE campuses and operating a mobile health clinic on Hawaii Island.

HIDOE offers comprehensive continuum of school-based behavioral health offerings via a statewide contract with Hazel Health, a national telehealth provider. This partnership ensures that families have access to assessment and short-term therapeutic services at no cost. When extended behavioral health care is needed, Hazel Health collaborates with families, schools, and health plans to help with transition of students to local providers for ongoing support.

Title V Role in Addressing Key Issues. The Needs Assessment process prompted several significant conversations around the role of Title V in addressing systems issues. Throughout these discussions, a clear set of roles emerged for the program. There are four distinct roles now envisioned for Title V:

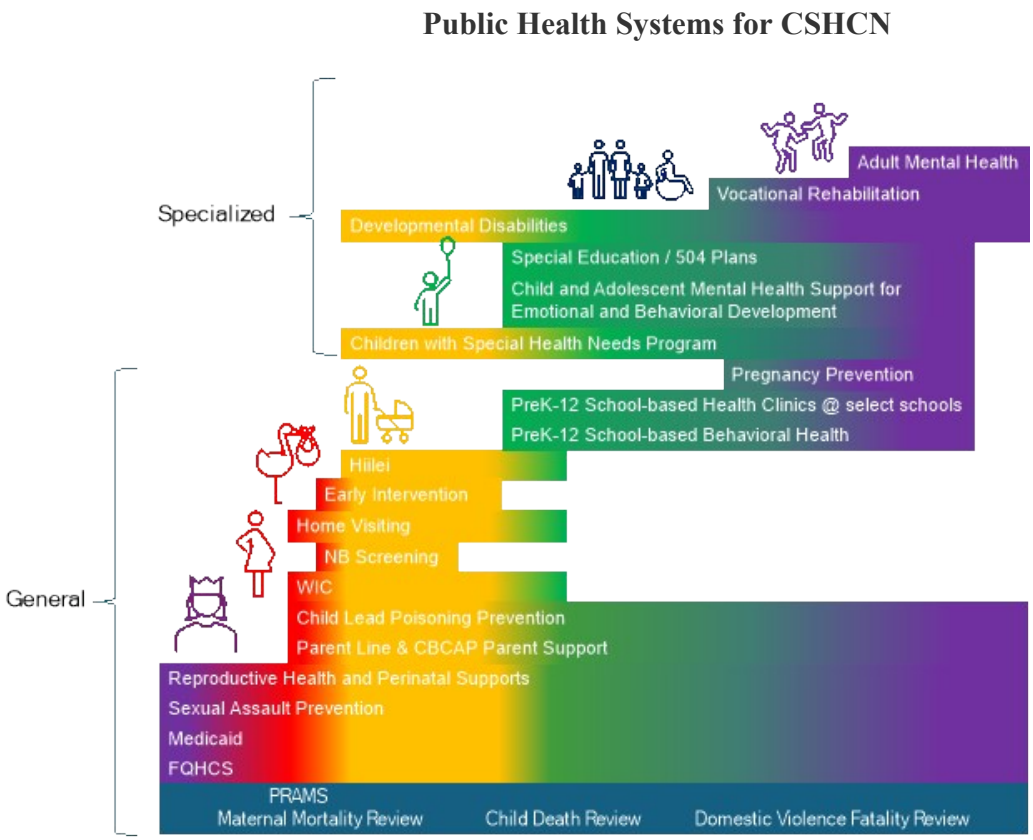
- **Leader** (create policies and new programs, align community resources)
- **Convener** (bring people together to discuss and plan, support coalitions)
- **Partner** (work with 1-2 other organizations to work on design, supporting the work of others leading in the area)
- **Adopter** (ensure existing DOH and contract programs are compliant and address the issue)

As an example, during COVID, FHSD was not the designated lead on organizing the shot clinics or distributing PPE, but it partnered with the lead community agency to canvas neighborhoods, sharing information on immunization clinics, and making sure that program staff had the necessary PPEs and adequate access to immunizations.

The following list reviews key MCH issues and the FHSD role, in addressing each:

	Lead	Convener	Partner	Adopter
access to quality health services			•	•
prenatal and postpartum care		•		
maternal morbidity mortality	•	•	•	•
stillbirth			•	
newborn screening	•	•	•	•
infant mortality	•	•	•	•
preventive and primary care services for children and adolescents			•	•
immunizations			•	•
injury prevention			•	•
oral health		•	•	
behavioral and mental health		•	•	•
bereavement care				•
substance use			•	•

III.B.3.b. System of Services for CSHCN



Key Components. The public health system of care for Children with Special Health Care Needs (CSHCN) begins as an overlay to the system of care for all children. The foundation, or general services for all children, is inclusive, with specialized services added to expand the array of services.

The Children with Special Health Needs Branch (CSHNB) works to improve access for children and youth with special healthcare needs to a coordinated system of family-centered healthcare services and to improve their outcomes. This is addressed

through systems development, assessment, assurance, education, collaborative partnerships, and supporting families to meet their health and developmental needs. Programs include:

- **Children and Youth with Special Health Needs Section**: Children with Special Health Needs, Early Childhood, Hi'ilei Developmental Screening, and Childhood Lead Poisoning Prevention.
- **Genomics Section**: Birth Defects, Newborn Hearing Screening, and Newborn Metabolic Screening.
- **Early Intervention Section (EIS)**: Mandated early intervention services are provided through three state-operated and 15 purchase-of-service programs. The Hawaii Early Intervention Coordinating Council, established under HRS §321-353, advises and assists EIS in performing its responsibilities under Part C of the Individuals with Disabilities Education Act (IDEA).

CSHNB Population Health Programs. As presented earlier, CSHNB has both the Newborn Hearing Screening Program and the Newborn Metabolic Screening Program within its purview. The alignment of those programs within the Branch provides a warm handoff for families of infants who screen positive. Families are also encouraged to use the developmental screening services of the Hi'ilei Program. For those families whose child may screen positive, the Branch contracts with direct service programs that are critical to maintaining the system of care for CSHCN.

Early Intervention Services (EI). FHSD is responsible for the statewide early intervention services to assist families with young children (ages birth to 3) with screening, diagnosis, and services to help address a range of developmental delays. An array of coordinated EI services is offered to those meeting eligibility in all four counties via contracted providers and state office programs.

Children with Special Health Needs Program (CSHNP). This program provides safety net services for children who are underinsured, have no access to care coordination services, and need specialty services that may not be readily available on their island or within the state. CSHNP actively works to alleviate the access stress points for neighbor island families through travel subsidies and supporting specialty clinics on the neighbor islands and through telehealth. The program also facilitates individual transition plans for youth as well as supporting the work around transition at systems levels.

Collaboration and Services for CSHCN. CSHNB supports other lead and partner agencies in maintaining the public health system of care for CSHCN. CSHNB works closely with the Hawaii Department of Education (HIDOE) and the Department of Health Child and Adolescent Mental Health Division (CAMHD) to address the school health, special education, and mental health needs of children ages 3-21.
HIDOE and CAMHD, as lead agencies, provide intensive services for children either directly through Medicaid insurance or as related services on a Special Education Individualized Education Plan (IEP). HIDOE also offers other services, including special education, speech pathology, occupational therapy, etc. through the IEP. For CSHCN who do not have a disability that affects their ability to learn, HIDOE provides a 504 plan to accommodate the youth's access to health and related services or adapt their environment.

For children and youth who are medically fragile or require institutional-level care, the Hawaii Medicaid program offers an Intellectual and Developmental Disabilities Waiver and its 1115 Waiver Home and Community-Based Services for individuals, including infants and children. Both programs are part of the Medicaid Long Term Services and Supports continuum, providing in-home services to prevent institutionalization. Currently, there are no waitlists for these programs.

The final pieces of the service system include the transition to the adult disability public health system, which includes employment services from Vocational Rehabilitation and behavioral health services from Adult Mental Health and the Medicaid Community Care Services (CCS) program. Both the Adult Mental Health and the Medicaid CCS program provide high-intensity services for individuals with severe and persistent mental illness.

National Framework for CSHCN/"Blueprint for Change" (BFC): The CSHNB has utilized the launch for the BFC as an opportunity to examine the operations and outcomes of the Branch and create a Strategic Plan. The BFC is a national framework for a system of services for children and youth with special health care needs, where they can enjoy a fulfilling life and thrive in the community across their lifespan. The federal MCH Bureau worked with CSHCN and their families, health care providers, and public health professionals to develop the Blueprint.

This strategic plan will:

- Describe and inform how current work aligns with the BFC
- Identify opportunities for program strengthening and improvement to better provide necessary support and services to CYSHCN in alignment with the BFC
- Provide framing for priority technical areas within each of the respective themes identified to guide resources and effort
- Seek additional funding support in areas that are a need for the state population but not otherwise already being addressed

Strengths and Gaps in the System

Strengths. The following is a list of the strengths of the system:

Centralized Program Administration: This provides rapid response, increased frequency of collaboration, and a statewide purview to deploy resources.

Direct Referral to Services on Neighboring Islands: Families can self-refer directly to neighbor island providers to access services without needing to apply through Oahu or a single gated entry-point.

Relationships: The Family Health Services Division (FHSD) has maintained strong working relationships with Medicaid, HIDOE, and the DOH Child and Adolescent Mental Health Division. These relationships have extended to new staff who have joined the Division and are working alongside the convening programs.

CSHNP Service and Support Flexibility: The Title V Block grant has provided flexibilities for the CSHNP to cover parent and/or patient travel if private insurance does not cover interisland airfare. Additionally, CSHNP has reduced the administrative burden for providers in establishing neighbor island clinics, flying subspecialists from Oahu to the neighbor islands.

Birthing Centers: These serve as the first point of contact for newborn screening programs. Services are transparent, and positive results are discussed with the family by hospital staff. A warm handoff is then provided for follow-up.

Medicaid HCBS Services: The robust MLTSS program and HCBS services have kept children out of institutions and expedited discharge from hospital care for medically complex children. The service array allows families to stay together and avoid mainland placements.

ESPDT: Sets the standards and coverage that most private health plans will follow.

School-Based Behavioral Health: For children in the public school system, there is a comprehensive array of service supports and providers.

Medicaid Behavioral Health: For children with Medicaid, there is a comprehensive array of service supports and providers, including case management.

Gaps. The following are the gaps in the system:

Private Insurance Limitations: Children with private insurance who do not attend public schools do not have the same benefits or access to the same provider network for higher acuity and intensity of services. Copayments for autism services through private insurance can be cost-prohibitive, sometimes exceeding $1,000 a month.

Medicaid MLTSS Eligibility: The initial spenddown to access MLTSS services may be cost-prohibitive for families.

Subspecialists: There are waiting lists for some subspecialists that exceed a year, compounded for families on the neighbor islands.

Staffing: Emerging from the pandemic and the Maui wildfires, FHSD continues to support self-care, promote resiliency, and honor those who retire or choose to leave FHSD. Staffing vacancies and recruitment challenges persist throughout FHSD and the state. Many staff are covering for vacant positions, which may create more work stress. Supportive work conditions, flexible work options (telework), professional development opportunities, and other employee engagement/appreciation activities are critical in maintaining current staff.

Non-Emergent Neighbor Island Transportation: This is not a state-mandated benefit in Hawaii. Employers may choose to include patient travel as a benefit in their plans. Even if the child is covered, the benefit does not extend to a chaperone who is required to make the trip with the patient, however the Branch does provide support for a second adult on a case-by-case basis, as needed.

Capacity to Address Medically Underserved. FHSD plays a crucial role in facilitating hospital subsidies, primary care contracts, and rural health initiatives, all of which are vital for CSHCN.

The state's system's capacity to address medically underserved populations is significantly bolstered by the historically high rate of insurance coverage. With more individuals covered, healthcare providers can be compensated through health plans, and higher Medicaid enrollment has eliminated the need for copays and premiums for many families.

Community organizing has also led to substantial progress in addressing healthcare issues. This year, the Essential Rural Medical Air Transport Pilot Program was implemented to develop sustainable models for interisland medical air transport, addressing the unique challenges faced by rural island communities. Additionally, the program aims to engage potential air ambulance providers to increase aeromedical transportation options.

III.B.3.c. Relationship with Medicaid

In 2025, FHSD executed a new Memorandum of Understanding (MOU) with the state Department of Human Services (DHS) Medicaid program to comply with HRSA Title V requirements for an interagency agreement. The agreement formalizes existing agency collaborative efforts that aim to improve the health of mothers, children, and families and is an attachment to this report.

QUEST HAWAI'I
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The new MOU does not require or direct any specific activity between the two agencies, with one exception regarding requesting Medicaid data for the annual Title V report or for other programmatic needs. The agreement largely contains general language, as suggested by the National Academy of State Health Policy that encourages ongoing collaboration to address the health needs of the MCH population.

Many MCH and public health approaches are already embedded in the state's Medicaid program (Med-QUEST) waiver plan, the Hawaii Ohana Nui Project Expansion (HOPE).

HOPE is a five-year initiative to develop and implement a roadmap to achieve the vision of healthy families and healthy communities. It aligns government agencies and funding around a common framework: a multigenerational, culturally appropriate approach that invests in children and families over the life cycle to nurture well-being and improve individual and population health outcomes. In its vision and purpose, the HOPE plan mirrors the Hawaii State Department of Health 2015-2018 strategic plan, which highlights a strong MCH focus.
The following guiding principles describe the overarching framework used to develop this proposed transformative healthcare system that focuses on healthy families and healthy communities:

- Assures continued access to health insurance and healthcare
- Emphasizes the whole person and whole family care over their life course
- Addresses the social determinants of health
- Emphasizes health promotion, prevention, and primary care
- Emphasizes investing in system-wide changes

Given that Medicaid and DOH share both common values and vision about the health and well-being of children and

families in Hawaii, collaboration between the Med-Quest Division (MQD) and FHSD is regularly occurring.

For instance, the MQD Quality Improvement/Community Relations Nurse and Medical Director participate regularly in DOH Advisory Councils and workgroups, such as the Early Intervention Coordinating Council; the ECCS HIPP Strategic Implementation Team; the Pediatric Mental Health Care Access Advisory; MIECHV Home Visiting Advisory; Project LAUNCH Young Child Wellness Council; and several other workgroups.

FHSD helped support Med-QUEST with its Public Health Emergency Unwinding initiative and with the rollout of the new Child Wellness Incentive Program (C-WIP) that provides incentives for parents on Med-QUEST to take their children for their regular well-child visits.

Other examples of Title V and DHS partnership activities include:

Agreements

- CSHNB/Early Intervention Services (EIS) worked with MQD to update the MQD-DOH MOA, which is related to Medicaid payments for early intervention (EI) services. The MOA includes appropriate coding and rates and specifies collaboration to occur between the EIS Care Coordinator and MQD Health Plan Service Coordinator. This collaboration will ensure a smoother transition of clients from EIS to their next setting. The MOA covers the period from January 1, 2021 through December 31, 2026.
- CSHNB/EIS collaborated with MQD on guidelines and role delineation for collaboration between EIS and QUEST Integration (QI) of health plans. A March 2017 MQD memo specifies a simple workflow that outlines how and when information will be exchanged, along with detailed side-by-side role delineations for the EIS Care Coordinator and QI Health Plan Service Coordinator.
- MQD clarified in its May 2017 memo that EIS may provide Intensive Behavioral Therapy (IBT) services to EI Medicaid children. It proposes transition for them to QI health plans to cover Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder (ASD). The memo also details that an EI Care Coordinator and QI Health Plan Service Coordinator will collaborate on the transition process.

Enrollment & Service Utilization

- Title V programs continue to support Medicaid eligibility redetermination efforts by updating addresses for Medicaid enrollees in DOH Title V direct service programs.
- Med-QUEST continues to provide updates on the Public Health Unwinding process, and those presentations include updated training on Medicaid eligibility; the enrollment process (both online and in-person resources); a review of benefits; and the Medicaid process for transitioning youth into adult health care plans. Ongoing shared communications and updates continue.
- Most DOH Title V health service programs and contracts currently promote Medicaid enrollment information for their clients.
- During the aftermath of the 2023 Maui wildfires, Medicaid halted the Public Health Unwinding initiative for all families on Maui, and they continue to provide outreach to families who suffer from prolonged adverse effects from the fires.

Title V Priorities

- MQD currently provides data for the Title V annual report for Form 6 and updates on Medicaid enrollment numbers They will make monthly enrollment data available through the redetermination period.
- The Medicaid Quality/Member Relations RN serves on the Early Childhood Comprehensive Systems (ECCS) Advisory Board to help improve the system of maternal/infant care.
- Medicaid supports the HRSA Pediatric Mental Health Access grant and is exploring possible added funding for the mental health consultation warmline, since the estimated costs for the services exceed the grant award.
- The Medical Director for Medicaid participates in the PMHCA planning process. He is regularly updated on the progress, especially as it relates to pediatric providers on Maui, where a pilot warmline is being implemented due to the impacts of the 2023 wildfires.
- Since January 2023, the state Medicaid program convened regular bi-monthly meetings with Medicaid health insurance plan EPSDT coordinators and community partners. Several CSHNB staff attend these meetings, and FHSD staff are regularly asked to present updates on behavioral health and developmental screening

programs and services.

Other Activities

- 2023 Legislation, Act 127, SB2857, created the Hawaii Child Wellness Incentive Program (HCWIP), which is overseen by the Med-QUEST Division's Policy and Program Development Office. This law was created to incentivize well-child examinations for children whose parents are active Medicaid/QUEST recipients. In March 2024, DHS presented program information to DOH staff who are serving Medicaid parents and children, including those in Home Visiting, Early Intervention Section, WIC, and CYSHN. As part of this program, Medicaid parents will receive a $50 gift card (one per child in a 12-month period) once their child completes their yearly well-child examination. The card can be used to buy items such as healthy food and other household necessities. Eligibility is limited to a parent who is actively receiving Medicaid/QUEST and who have unmarried child(ren), including adopted and stepchildren below 18 years of age. The child(ren) do not have to be Medicaid clients.
- FHSD continues to partner with DHS to support infant and early childhood mental health. The MQD Quality/Member Relations RN currently participates in the Hawaii ZERO TO THREE® Technical Assistance (TA) project on Infant and Early Childhood Mental Health Financing and policy to help develop and support policies that contribute to the healthy development of young children. Both the Med-QUEST Director and its Medical Director were able to attend the national meeting, where the state's efforts in financing Zero to Three services were highlighted.
- During the 2024 and 2025 legislative sessions, FHSD and MQD routinely coordinate to develop policy briefs and testimony on child and family related legislation.

III.B.4. MCH Emergency Planning and Preparedness

Statewide: The Hawaii Emergency Management Agency (HI-EMA), which is located in the State Department of Defense, is the emergency management agency for the entire State of Hawaii. The Governor has direct authority over HI-EMA, which coordinates with all county emergency management agencies, federal emergency management agencies, state departments, as well as the private sector, and nongovernmental organizations.

HI-OEP: HI-EMA develops and maintains the State of Hawaii Emergency Operations Plan (HI-EOP), which is an all-hazards plan that establishes the shared framework for the state's systematic plan of action for emergencies and disasters. State agencies that are responsible for providing any form of emergency assistance are organized into 16 functional groups which define all state emergency support functions (SESF). Each SESF outlines responsibilities of each respective state agencies and partners, and provides additional detail on the specified response to a wide range of anticipated emergency issues and incidents.

The current HI-EOP basic plan was written in 2017, and was most recently updated in 2022. By state statute, the HI-EOP is mandated to be updated every two years.

State Departments: Additionally, each state department has an Emergency Operations Plan (EOP) that addresses how each department will manage the impacts of an emergency on its departmental operations, as well as how to execute specific duties, as assigned by the HI-EOP.

Counties: Each county develops its own EOPs, which are consistent with the HI-EOP, as well as provide guidance on the utilization, direction, control, and coordination of local on-island resources during emergency operations. The EOPs also specify the mechanism and process for requesting and integrating state support, when local on-island resources are deemed insufficient.

Department of Health (DOH): Within DOH, the overall departmental lead program for emergency management is the

Office of Public Health Preparedness (OPHP), which reports directly to the Director of Health. OPHP's mission is to prevent, mitigate, plan for, respond to, as well as coordinate recovery from any natural and human-caused health emergencies and threats.

DOH EOP: In the HI-EOP, DOH has a lead role for SESF 8, (Public Health and Medical Services), SESF 10, (Oil and Hazardous Materials response), as well as a support role for SESF 3 (Public Works & Engineering response), and SESF 6 (Mass Case, Emergency Assistance, Housing & Human Services response). During an emergency response, SESF representatives work with HI-EMA and other state, county, and federal agencies to ascertain risks as well as develop and implement the appropriate response to the specific incident.

COOP: OPHP is currently coordinating an update of the Department's Continuity of Operations Plan (COOP), in which each division or office specifies its mission, essential functions, as well as its essential support activities. The Family Health Services Division is currently updating its COOP information, and has so far identified the Newborn Metabolic Screening functions and WIC formula and food distribution as its mission-essential functions.

Maternal Child Health (MCH): Both the HI-EOP and HI-DOH currently possesses limited written language that addresses the specific needs relating to maternal and child health. There is also minimal written specifics relating to those with limited access and functional needs, including pregnant women and children. In its situational analysis, the HI-EOP does acknowledge specific populations that are particularly vulnerable to the impacts of emergencies, including individuals with disabilities or access and functional needs, as well as people with limited English proficiency:

- Individuals with disabilities and others with functional and access needs must be considered in emergency planning. Approximately 11% of Hawaii's population has a identified disability. Nearly 50% of Hawaii residents over the age of 75 are disabled.
- Approximately 26% of Hawaii residents speak languages other than English at home, with 18% of the population identified as being foreign-born.

Incident Management Structure (IMS)

HI-EMA: When an imminent or actual emergency threatens the state, HI-EMA coordinates the state's response, by activating the State Emergency Operations Center (SEOC), as well as the State Emergency Response Team. The Title V Director (Matthew Shim, FHSD Division Chief) currently serves as the DOH primary SESF-8 (Public Health & Medical) liaison to the SEOC, both before and during the pandemic.

DOH: During an emergency, DOH establishes an emergency response structure to coordinate DOH's activities, using the national Incident Management System guidance, as well as activates the Department's Operations Center (DOC). OPHP consistently trains key DOH staff to fulfill leadership roles in the DOC to coordinate and oversee the planning, operations, fiscal and logistics sections. Several FHSD management have been both trained and previously served in emergency management leadership roles, before and during the COVID pandemic, as Section Chiefs in the DOC.

The Hawaii Title V Director served as the DOC Planning Section Chief, and the FHSD Administrative Officer served as DOC Logistics Section Chief during the 2020-2023 COVID response.

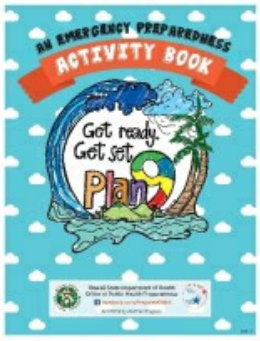
Hurricane Season Preparedness

In Hawaii, Hurricane season occurs annually, from June 1 through November 30th. The season begins with major

forecasts by the National Weather Service (NWS), with a major emergency preparation public informational campaign occurring from June through August. Although NWS forecasters anticipate a near to below-average hurricane season for 2025, it is still crucial to prepare for unexpected events since historically some of the state's worst hurricane damage has occurred in predicted 'lower' activity years. OPHP regularly produces public hurricane preparedness PSAs and disseminates a host of educational materials to assist the public with preparedness (https://www.preparenowhawaii.org/).

Building Resilience in Children

OPHP routinely develops messaging and educational outreach materials that are focused on reaching children. In 2024, OPHP partnered with a local children's theatre group to produce a live PSA that followed after one of the theatre group's plays, entitled "The Great Race, The Story of the Chinese Zodiac", in the Fall of 2024. The 3-minute PSA focused on building resilience through problem-solving and working together to overcome obstacles. It was presented statewide to families that attended the public performances, as well as to children who attended through their schools, reaching approximately 12,000 individuals. The video link is https://www.youtube.com/watch?v=97bam23iQaY.



OPHP also has produced printed activities books for children,which are also accessible on their website.

OPHS/Title V collaboration

The Hawaii Title V program has a long history of successful collaboration with OPHP. OPHP provides written updates for this Title V narrative every year. In 2019, Hawaii participated in an AMCHP Emergency Preparedness and Response Learning Collaborative (ALC) opportunity, in order to better address the maternal and infant health population. The Hawaii team included representatives from the Title V CSHN Branch, OPHP, DOH Planning Office, and Hawaii State Medicaid agency. Collaboration within the ALC helps to support ongoing information sharing and project partnerships, when opportunities arise.

PRAMS Emergency Preparedness Data

In 2016, Hawaii was one of the first states to include an eight-part, pre-tested, standardized disaster preparedness questions on the PRAMS questionnaire that measured family preparedness behaviors. The eight preparedness behaviors can be generalized into three categories: having develop an emergency family plan, assuring access to copies of important family documents, as well as having developed a cache of emergency supplies in the event of an emergency.

The questions analyzed from the 2019-2022 survey found that new Hawaii mothers were relatively well aware and prepared for emergencies, with 97.5% reporting at least one preparedness behavior of the eight specified recommended actions. This favorable response could be attributed to the state's historically-long experience with severe and active hurricane seasons and its effects, as well as the annual state hurricane season educational campaign reminders.

III.C. Needs Assessment

III.C.1. Five-Year Needs Assessment Summary and Annual Updates

III.C.1.a. Process Description

Comprehensive Scope. In the wake of the COVID pandemic and the 2023 Maui wildfires, Hawaii expanded its traditional approach to the Title V needs assessment, which previously focused primarily on selecting priorities from Title V guidance that was based on progress evaluations and review of the Title V Federally Available Data (FAD). This 2025 assessment process was significantly more comprehensive with its scope and process shaped by input from both community partners and FHSD program staff. This broader approach also aligned with the Title V grant guidance that encouraged states to go beyond the FAD in their assessments. In developing this more inclusive and wide-reaching process, FHSD found itself in "new waters," requiring a larger and more diverse team and process in order to complete the work effectively.

Structure. The needs assessment process has an organizational structure that, in many ways, resembles a traditional Hawaiian canoe paddling team. The Hawaiian proverb, "*He Wa'a He Moku, He Moku He Wa'a*" (*A canoe is an island, an island is a canoe*), reflects a foundational way of thinking that emphasizes shared roles, responsibilities, and resources, with each participant contributing to its collective progress. It speaks to the importance of working collaboratively, as well as interdependently, toward a common goal. In this spirit, each seat in the *wa'a* has a distinct and essential role to play, all of which are vital to completing the journey.

Roles. The key needs assessment participant and leadership groups included:

Community and FHSD Staff – This group was composed of consumers, partner agencies, community-based service providers (both new and long-standing), and FHSD staff representing MCH programs across all counties. The pace and direction of the assessment process was largely guided by this group, significantly depending on each partner's readiness and willingness to engage.

Community Brokers (Leads) – These were trusted key individuals who served as liaisons between families, communities, and the NA Team, providing critical information and linkages to support effective engagement. Many of these brokers consisted of new relationships that were established as part of the assessment process.

Needs Assessment Leadership Team (NA Team) – Comprised of FHSD staff, including the Title V grant coordinator and contracted consultants, this group served as the central planning and implementation body for the assessment process. They communicated routinely and met weekly for nearly two years to guide the process.

The Needs Assessment Advisory (The Advisory) – Made up of community partners, several epidemiologists, and FHSD staff, this group helped to establish the critical vision and foundational principles for the assessment. The Advisory also provided technical assistance and ongoing strategic guidance as needed throughout the process.

Applied Evaluation and Assessment Collaborative - University of Alabama at Birmingham (UAB) – Contracted to manage, analyze, and interpret the collected and available assessment data. UAB faculty also offered technical

assistance to strengthen the assessment process and outcomes.

Hilopa'a Family to Family Inc. (Hilopa'a) – Played a key role in ensuring trusting and meaningful engagement of families, community members, and FHSD staff throughout the needs assessment process. Hilopa'a drew on its deep knowledge and insight into Hawaii's culture, communities, healthcare system, and its long-standing partnership with FHSD. Its director facilitated numerous meetings, continuously supported communications and outreach efforts, and oversaw efforts to ensure the assessment processes information and findings were reflective of, and resonated with, Hawaii's diverse populations.

FHSD Management Team – Comprised of senior FHSD leadership, some of whom also served on the Advisory Committee. This internal management team set the initial course for the assessment, provided responsive ongoing resources and support, and provided final oversight and approval for the selected state priorities and performance measures.

This unique assessment structure and process represented a significant improvement over previous cycles, which were mainly managed by the Title V grant coordinator working with a single TA consultant, and involved limited community and staff interaction.

Stakeholder Involvement. Stakeholder involvement was defined and identified early on and integrated into the needs assessment process from start to finish.

The Advisory Committee. The Advisory was initially launched in September 2023 and crafted the following vision of success at this kickoff meeting:

- Engage community members and stakeholders on a meaningful basis to conduct the Needs Assessment and provide significant opportunities for input.
- Include the neighbor islands as equal valued partners in the assessment process.
- Cast a wider net for data relating to identification of priority needs with a clear focus on community drivers, including root causes and a life course perspective.
- Identify real needs and address through meaningful and measurable administrative/policy changes.
- Ensure inclusion of women who are representative of the entire life cycle.
- Account for and honor community differences around healthcare experiences, adherence, and preferences
- Seek connections across domains, communities, and cultures to engage historically siloed and underrepresented populations.
- Incorporate strong evidence-based practices throughout the process.
- Utilize a framework that recognizes and takes into account systemic and historical barriers
- Build partnership trust with transparency as a key component, which is crucial to the successful outcome of this process.

The Advisory also stressed the need to adequately compensate community partners for family and community participation (avoid being 'extractive'); develop customized and distinctly personalized strategies for working with each population; and deploy well-trained and experienced facilitators to work with the community. Communications with the Advisory group were conducted throughout the planning process, and status updates were provided regularly to keep all participants aware of developments and issues and engaged.

Partnership Planning Meeting. In May 2024, over 60 partners, FHSD staff, other Department of Health (DOH) staff,

Advisory members, community advocates and organizations were convened over a two-day meeting to provide more comprehensive group engagement of initial secondary data review and to provide initial input into the process.

Nearly 150 MCH health indicators were reviewed. These indicators were primarily from the major population-based data sources, including the Title V FAD and Hawaii Health Data Warehouse (HHDW). Partners provided clear and candid feedback on the data presentations, including the language used to describe of racial/ethnic disparities.

Prioritizing data. Attendees were also asked to prioritize the health indicators they felt were most important to understanding the health and well-being of each MCH population domain. In addition, participants helped identify data gaps and further contributed to the comprehensive development of an environmental scan by sharing relevant reports and studies.

Significant discussion also occurred on how to develop and determine best practices for effective community engagement strategies. Finally, participants were encouraged to identify and share information on less visible communities whose experiences were currently unrepresented in the existing larger datasets and key community leads that could be contacted in order to broaden and refine the community outreach process.

Expanding Community Outreach. The results of the May 2024 meeting served as a valuable resource to connect the NA Team with new community-based organizations, leaders, and researchers, which ultimately strengthened and expanded the identification and collection of both qualitative and additional quantitative data. At the same time, some community advocates candidly chose not to share community contact information, citing a lack of trust in past DOH data collection efforts. A meeting summary was uploaded to the Hawaii needs assessment website: https://health.hawaii.gov/fhsd/titlev/.

Guiding Principles for Community Engagement. The identified best practices for community engagement were developed into a resource handout and uploaded to the needs assessment website for use by partners and to keep the assessment process on accountable.

Engaging CSHCN Partners and Families. In 2024, the Children with Special Health Needs Program also began their own parallel community engagement process to develop Hawaii's Framework for CSHCN. This process included a large meeting of community partners with 10% of the participants identifying as family members. Details about this process, which follows the national Blueprint for Change CSHCN Framework, are available in the State Title V Purpose and Design narrative.

Methods and Data Sources. There are four primary data sources included in the Hawaii Title V MCH needs assessment. These are divided into two groups: data collected by others and data collected by FHSD. The data collected by others includes: the FAD; quantitative data about health outcomes and indicators from national population-based surveys; an environmental scan based on other collected reports; various needs assessments; state plans; and related project materials. These data sources comprised Phase 1 of the needs assessment process and were used to help guide the planning and implementation of Phase 2. Phase 2 included qualitative data collected by FHSD/DOH, including a number of focus groups as well as the broader community online needs assessment survey.

Phase 1 – Data Collected by Others.
UAB initially reviewed the Title V FAD and other key related data sets provided by Hawaii DOH. Data sources

included:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Healthcare Cost and Utilization Project patient data
- Linked birth hospital data from HCUP & NICU data
- National Immunization Survey
- National Survey of Children's Health
- National Survey of Drug Use and Health
- National Vital Statistics System
- Pregnancy Risk Assessment Monitoring System
- U.S. Census Bureau
- Youth Risk Behavior Surveillance System (YRBSS)

The FAD analysis included comparisons of Hawaii's performance to national benchmarks and trends over time. The data was disaggregated, when possible, to identify disparities in health outcomes by sociodemographic characteristics and/or geographic location.

Environmental Scan. The Advisory recommended minimizing survey duplication to avoid overburdening the community with repetitive data collection. To support this, the needs assessment incorporated existing information from related efforts as part of an environmental scan. One example was the integration of a needs assessment conducted with survivors of the August 2023 Maui wildfires. FHSD collaborated with the research team to generate a focused analysis on families with children, eliminating the need for additional surveys.

This recommendation prompted the Project Team to put out a wide call to community agencies and organizations statewide, requesting that partners help in identifying other existing community assessments, studies, surveys, evaluations, and data. These findings were used to guide next steps for primary data collection to fill identified gaps.

The request yielded an impressive total of 91 documents from partners and staff, which served as the dataset for a robust environmental scan. Each document was reviewed and abstracted by UAB for useful MCH-related information. Key themes and recommendations from these resources were included in the final assessment analysis.

As noted earlier, the Title V FAD data was supplemented with data analysis from the HHDW website to enhance identification of health disparities for more Hawaii specific race/ethnicity categories and helpful county-level data.

Phase 2: Data Collected by FHSD. UAB with the NA Team developed and implemented a comprehensive statewide community survey, developed and conducted an internal FHSD workforce survey, and completed an environmental scan.

Online Community Survey: The topics for the community survey were developed, based on Phase 1 findings, indicator prioritization from the May 2024 Partnership Meeting, and with guidance from The Advisory group. The community survey was conducted online and remained open for two months from December 2024 through February 2025. To ensure language accessibility, the survey was professionally translated by Language Services Hawaii and available in four languages/dialects: English, Chinese, Ilokano, and Tagalog.

Language Translations. Following the installation of the online survey, translators reviewed it once again for accuracy and clarity prior to it being published. Despite the language/dialects available, over 99% of the written surveys were completed in English.

The survey was promoted through a diverse community marketing effort that included community outreach via staff and community partners' professional networks, in-person tables at community events, and paid media advertising. Promotional materials, such as postcards, banners, social media messages, and graphics, were developed to increase visibility and participation. More than 200 agencies and community partners assisted in completing and further disseminating the survey. Survey response demographics were closely monitored on a regular basis to help guide and modify outreach efforts, as needed.

The survey was organized by MCH population domains and respondents could choose which of the five domains they wanted to comment on. For each selected domain, they were asked to identify their top five priority issues from a provided list. Respondents could also opt to write in other unlisted issues.

Survey responses were analyzed to create ranked issue lists for each MCH domain. The lists were based on the number of respondents who identified a specific issue as being among their top five most important concerns. Rankings were further disaggregated by respondents' self-identified roles: families and youth, health and clinical providers, and partner organization representatives. These role-specific rankings, particularly those reported by families, were given significant consideration throughout the priority selection process and are reported in the Needs Assessment Report Findings in the Supporting Documents.

A total of 915 individuals statewide completed the survey. The majority of respondents were female with an average age of 41. About half reported caring for a child under the age of 22 and approximately one-third of those were caring for a child with special health care needs (CSHCN). Respondents were asked to identify the island where they lived most or all of the time. Over 50% indicated Oahu, with Hawaii Island being the second most common response.

Focus Groups. A total of 26 focus groups were conducted statewide, primarily occurring during the fall of 2024. Of these, 20 were held in person and 6 were facilitated online via Zoom. Fifteen of the focus groups centered on general MCH population groups with:

- 11 involving partners, parents, caregivers, and advocates of children
- 2 with Hawaii's Perinatal Quality Collaborative teams (hospital birth staff)
- 2 with youth or young adults

In addition, 11 focus groups were held specifically for parents or caregivers of children and youth with special health care needs (CYSHCN).

Altogether, 171 individuals participated in the focus groups, including 128 who took part in discussions focused on general MCH issues. A total of 43 CYSHCN parents and caregivers participated in the CYSHCN-focused sessions.

Demographics. Most focus group participants were female, ranging in age from 16 to 65 years old. All counties were broadly represented with the highest participation from Maui, followed by Hawaii Island, Kauai, and Oahu. Hearing from neighbor island voices and perspectives was intentionally prioritized in the process. Strong trusting relationships with community connectors played a critical role in the recruitment and hosting of focus groups, particularly among rural populations, which resulted in 87% of participants coming from neighbor islands.

There was also broad racial and ethnic representation. Given that Hawaii does not have a single ethnic majority, strategic efforts were made to ensure that focus group participation was both ethnically varied and reflective of the state's population.

Community Connectors. Partners helped identify communities and groups that were underrepresented in existing data and supported critical strategic recruitment efforts, particularly from the neighbor islands. Special attention was given to ensuring representation from Native Hawaiian, Filipino, and Other Pacific Islander communities, as MCH data gaps and health disparities were most pronounced among these populations. Trust and cultural respect were essential to the success of the focus group process.

CYSHCN Focus Groups. Each section and program within the Children with Special Health Needs Branch (CSHNB) was asked to identify key stakeholders with whom they regularly collaborated. CSHNB staff from each office across the state then identified 6 to 10 families to invite to participate in focus group discussions.

To ensure diverse family voices were meaningfully included and to support broader participation and accessibility, at least 2 focus groups were conducted in each county, and a virtual option was available for those unable to attend in-person sessions.

To further strengthen inclusivity, participants included families who received services from CSHNB and those who had not. The team also made a deliberate effort to include families for whom English was not their primary language, providing on-site interpreter support to ensure full participation. Families were given a monetary stipend for their participation. All CYSHCN focus groups were facilitated by Dr. Ruben Frescas, Branch Chief of CSHNB.

General MCH Focus Groups. The NA Team compiled a complete list of all of the partners, specific organizations, and community contacts identified at each stage of the process. This helped to assist in recruiting and hosting the respective Women, Maternal, Perinatal, Infant, Child and Adolescent domain focus groups. These organizations and community leads were approached first to gauge interest in their participation in the process.

To encourage involvement, FHSD developed a flexible menu of participation options, along with a fee schedule based on each community lead's or organization's preferred level of engagement. To simplify compensation, the team also created user-friendly invoice templates for agencies to use. Community leads could choose to recruit participants, facilitate or co-facilitate focus groups, or both. Host organizations provided event hospitality to create a welcoming environment and were also responsible for distributing participant incentives.

Community leads were prepared for their roles through onboarding sessions and follow-up logistical planning meetings. They were also offered the opportunity to participate in a *Focus Group Facilitation* training that was co-led by the UAB and Hilopa'a. Each community lead had direct access to the local NA Team for ongoing support and received a toolkit that included digital recorders, necessary supplies, and a customized question guide tailored to their specific focus group.

The Perinatal Quality Collaborative team focus groups were the only sessions facilitated by UAB, since the discussion focused on more technical and medical issues of concern to providers. All others were facilitated or co-facilitated by community leads, or two skilled assessment local NA Team members.

Some community organizations were long-standing partners, while others were brand new. This process of relationship building and development, combined with training and ongoing support, became foundational work and served as a valuable model for future partnership development.

Data Analysis. UAB analyzed all quantitative and qualitative data separately before synthesizing the findings to develop specific topics and summary descriptions. This process resulted in nearly 70 summary sheets organized by MCH population domain, as well as cross-cutting themes that spanned multiple domains.

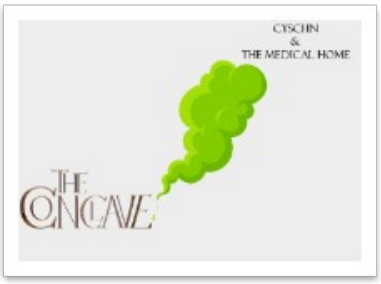
A series of domain-specific meetings—referred to as 'The PreView'—were held to share preliminary findings with Advisory Committee members, partners, and FHSD staff. These facilitated sessions offered participants an opportunity to walk through the data, engage in initial discussion, and provide early feedback.
PreView participants were asked to review the summary sheets to provide feedback on how well they gained a shared understanding of the data; whether or not the language, imagery, and key findings accurately reflected the community; and if sufficient information was provided to support the needs selection and prioritization. The 70 summary sheets contained very dense content, each providing valuable insights into the complexities of Hawaii's MCH populations and the diverse experiences of families across the state.

Reworking Key Findings. In order to prepare for the priority selection process, the meeting participants agreed on the importance of reframing the preliminary findings into larger thematic categories. Based on this feedback, Hilopa'a facilitated another round of discussions by population domain with the FHSD program staff. This resulted in the revision of the findings into broader coherent, overarching themes. The process gave the program staff more opportunity to clarify key topics, extract more underlying root causes, and better define how these issues

interconnected within the broader context of MCH population health and service delivery systems.

Bridging Programs for Collective Insight. The discussions provided a valuable platform for staff to explore systemic issues beyond their individual programs. These conversations highlighted how priority needs span multiple programs and revealed independently developed resources addressing the same issues. Staff emphasized the importance of aligning efforts and strengthening program integration. This collective insight helped shape a shared vision and informed strategy selection. The process also surfaced common strategies, partners, and initiatives—laying the groundwork for a more aligned and strategic approach to prioritization.

The discussions also provided an opportunity for staff to identify common strategies, partners, and other initiatives to help define and address these needs. This process laid the foundation for a more informed, aligned, and strategic approach to needs assessment identification and prioritization.



Prioritization. Over the course of two weeks, FHSD staff from across the Division were convened by domain area to participate in the discussions. The meetings were well attended, with diverse representation from across the Division programs, including neighbor island staff. Participants were asked to review the reworked needs assessment findings prior to each domain meeting.

Prioritization Criteria. To ensure priority selection was systematic, the following criteria guided this process:

1. Data shows clear needs and challenges.
2. There is community alignment and support, as reflected in state/community plans or initiatives.
3. Opportunity to improve health outcomes for all communities, highlighting data for key populations including counties, ethnic/cultural groups, low-income, and rural areas.
4. Priorities are appropriate for FHSD to address, assuming sufficient programmatic resources and staffing exists to address the issue.

Prioritization Process. The final selection of priorities evolved into a process of elimination. This meant identifying the themes that fully met the established selection criteria. Below is an overview of the step-by-step approach that was used within each MCH population domain:

1. **Orientation to the Process:** Participants were oriented to the overall process, including its purpose, structure, and intended outcome. They selected at least one priority need per domain, determining or defining its corresponding performance measure.
2. **Review of Domain-Specific Themes:** Participants reviewed and discussed the relevance, implications, and key findings of each theme within the domain. Priorities from the previous needs assessment were revisited for context.
3. **Initial Temperature Check:** Anonymous polling was used to gauge participants' initial reactions to the themes and to help identify the strongest themes.
4. **Audit of Unselected Themes:** Themes that did not receive any votes were reviewed and discussed to ensure that none were prematurely eliminated.
5. **Review of Selection Criteria:** The group revisited the selection criteria to ensure alignment as the process progressed.
6. **First Round of Prioritization:** Another round of anonymous polling was conducted, narrowing the list to themes that received any votes.

7. **Facilitated "Campaign" Discussion:** Participants were invited to share their rationale for supporting or not supporting certain themes, providing an opportunity to deepen understanding of the need themes.
8. **Second Round of Prioritization:** A further round of polling was conducted, again removing themes that did not receive any votes.
9. **Discussion of Selection Criteria & Context:** Participants discussed how each theme aligned with selection criteria, considered local context, examined interconnections among needs, and explored whether any themes were more appropriate to elevate as cross-cutting issues.
10. **Additional Rounds of Polling & Discussion:** The process continued with iterative rounds of polling and dialogue until group consensus was reached and consensus on the priority need was established.

Performance Measure Selection. The linking of the priority needs to Title V performance measures (PM) is described in narrative III.C.1.c.

Developing Action Plans. After the selection of Title V national performance measures (NPM) or the creation of a state performance measure (SPM), FHSD domains meeting participants identified a staff Priority Coordinator for each measure. The Priority Coordinators convened team meetings that included staff from various Division programs to identify preliminary strategies and measures and set objectives, including:

- For NPM, strategy measures identified, and detail sheets completed.
- For SPM, a measure was identified and detail sheets completed.
- For all PM, set 5-year objectives based on 2024 data and previous year's data if available.

This information was used to complete the 5-year state plan.

Title V Summer Interns. FHSD received assistance from two graduate-level summer interns to help research and present information from the MCH Evidence Center to better assist in strategy selection. They identified new PM and selected formative research approaches to public health problems, including the need to conduct environmental scans/landscape analysis and systems mapping. These efforts aim to inform subsequent strategies and define a clear role for the Title V program. The interns helped complete the ESM detail sheets with evidence citations.

Final Approval. The information from the Domain FHSD Staff meetings was presented to the FHSD Leadership Team for their final approval and was accepted with minor language edits.

Lessons learned. While a formal evaluation of the needs assessment process has not yet been conducted, several key challenges and insights were identified throughout the process and briefly outlined below.

Timeline and Delays. A needs assessment of this scope requires significant time and resources. Unanticipated delays were encountered during implementation, particularly in the community engagement phase, which took considerably longer than originally planned:

- Community focus groups and ongoing efforts to connect with new community partners extended the original timeline by several months.
- Translation services for the community survey were also delayed due to contractor staffing challenges. Also, FHSD was unable to secure translation services for the survey's promotional materials, which limited outreach to some targeted populations. As a result of these delays, the survey launched during the peak holiday season. A second launch was held in January to increase survey participation.

Additional Challenges. The needs assessment process faced several other challenges:

- UAB consultants were largely unfamiliar with local Hawaii culture, programs, services, and communities, which led to a shift in key project responsibilities to the local project consultant.
- Maintaining regular communication with partners, including timely website updates, proved challenging.
- Roles and expectations—particularly around data reporting and deliverables—were not always clearly defined or required changes during the course of the project.
- The effort required to implement the full scope of work was underestimated, and adequate staffing support could not be secured in advance.
- FHSD's limited internal data capacity and inexperience with managing a project of this magnitude made data collection and synthesis more challenging.
- The volume of data generated required significantly more effort and time to review, interpret, and communicate effectively than originally envisioned.
- There was insufficient time and capacity allocated for evaluating the process and outcomes of the project. This part of the process remains ongoing.

III.C.1.b. Findings

III.C.1.b.i. MCH Population Health and Wellbeing

MCH Population Health and Well-Being

The findings from the mixed methods needs assessment provide a more comprehensive view of the health and well-being of the MCH population in Hawaii.

MCH Strengths/Successes – All Domains

The following strengths and successes were identified across all MCH population domains:

Community Support, Family-Oriented Culture, Resilience, and Safety	• There is a strong sense of community support in Hawaii, including communal values, cultural practices, and the willingness of people to help each other. • Hawaii has a family-oriented culture with strong family values, support from extended families, and communal approach to raising children. • The resilience of the community, its ability to overcome challenges, and the strength and determination of families to support each other and thrive despite difficulties encountered. • Some people noted the relative safety of communities in Hawaii, including low crime rates, supportive environments, and community efforts to keep families safe.
Cultural Values	• The importance of traditional Hawaiian cultural values and practices was highlighted, including the integration of Native Hawaiian culture in schools, conveying respect for women and children, and the emphasis on family and community.
Access to Nature and Environmental Quality	• People mentioned access to nature and outdoor activities, including public spaces, beaches, parks, and hikes as strengths that promote physical and mental health. • People appreciated the positive impact of the natural

	environment on health and well-being, citing Hawaii's clean air, natural beauty, and overall healthy environment.
Mental Health Awareness	• People noted the growing awareness of mental health needs and the availability of mental health services as strengths. • People appreciated the efforts to address maternal mental health and provide support for children and teens.
Government Support and Public Health Initiatives	• The need for government support for reproductive rights, women's health, and equality was emphasized. • People acknowledged the state's efforts to protect these rights and provide necessary services to those in need. • Public health initiatives, including vaccination programs and health education were appreciated, as visible efforts to promote health and well-being.
Access to Selected Programs	• Specific benefits programs such as WIC, SNAP, Quest, and Medicaid, were acknowledged as providing essential support for women, children, and families, providing greater access to needed medical care and food assistance. • Educational resources, including early childhood education, school lunch programs, Department of Education schools, and Kamehameha scholarships, were noted supportive strengths by some people. • Nonprofit organizations and programs, such as Healthy Mothers, Healthy Babies; Maui Family Support Services; home visiting programs; and various community groups were mentioned as valuable community resources for services and support. • Some people highlighted the availability of workforce readiness, job training, and career development programs as supportive strengths.
Support for Children with Special Needs	• Support for children with special needs, including early intervention programs and special education, was emphasized. • People noted the visible availability of resources and the dedication of specific service providers.

Cross-Cutting Systems Issues. The following issues were identified as system needs that impact all MCH population domains. These will underpin state action plan development as important factors to consider in selecting strategies and action steps.

Need Topic	Key Findings
Culturally Appropriate and Respectful Care	• Inconsistent access to culturally appropriate and respectful care. • Inconsistent interpreter services and translated materials that are accurate as well as appropriately reflective of cultural nuances. • Unacceptable experiences of discrimination, judgment, and stigma.
Family Strengthening Policies and Legislation	• Insufficient or lack of effective policies and legislation that support and strengthen families and communities.
Social Drivers of Health	• High cost of living, with insufficient financial assistance to support families in need. • Lack of, and unequal access to, affordable housing and transportation. • Inadequate food security and nutrition. • Lack of, or unequal access to, health insurance that meets healthcare needs, covers needed providers and services, and protects consumers from high co-pays.

Challenges and Gaps Related to Major Morbidity, Mortality, Health Risks or Wellness

For each MCH population domain, the major morbidity, mortality, and health risks from national population-based surveys were reviewed, using FAD and analyses that were provided by MCHB. These data were supplemented, when possible, with source data from the Hawaii Health Data Warehouse and Hawaii Health Matters. This allowed for disaggregation by important sociodemographic factors, including relevant Hawaii race/ethnicity categories and county, to better identify disparities (unequal outcomes). A four-quadrant graphic is used to “sort” indicators to better support synthesis and review. This reduces the “overwhelmingness” of the data and provides a high-level summary for planning purposes. The quadrants are oriented, as follows:

Negative -> Positive	Positive trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [NOTE: This does not necessarily mean that no disparities exist.]	Positive trends (HI vs. U.S. and/or HI over time), but disparities observable in available data
	Negative trends (HI vs. U.S. and/or HI over time), no disparities observable based on available data [NOTE: This does not necessarily mean that no disparities exist.]	Negative trends (HI vs. U.S. and/or HI over time), and disparities observable in available data
	Based upon available data: no disparities observed -> disparities observed	

Additional sorting allowed for categorization of similar trends (HI vs. US, and/or HI over time) and indicators with

insufficient data to examine trends.

Maternal/Women's Health. In general, women and women of reproductive age in Hawaii fared well on most indicators, when compared to the nation, and in-state trends over time. However, outcomes are not equal for all women across the 38 indicators reviewed.

While 15 indicators had positive outcomes, when compared to the nation or in-state trends over time, 12 indicators indicated disparities that were observable in the available data. Further, 15 indicators had outcomes that were worse, when compared to the nation or in-state trends over time, and 12 of those indicated disparities that were observable in the available data. (See graphic below.)

Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Heart disease (Coronary Artery Disease) High cholesterol Breast cancer exam	**Positive trends (HI vs. US and/or HI over time), but disparities observable in available data** Women's health status (Good or better) Overweight Low-risk cesarean delivery (first births) Preterm birth Well-woman visit* Preventive dental visit Took folic acid/vitamins prior to pregnancy* Postpartum visit Current drinker Current tobacco user* Smoking during pregnancy Drinking during pregnancy
Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Maternal mortality* Severe maternal morbidity* Heavy or binge drinking * = trends are statistically significant	**Negative trends (HI vs. US and/or HI over time), and disparities observable in available data** Diabetes* High blood pressure 2 or more chronic conditions Depressive disorder Mental/physical disability, at least 1* Obesity* Depression before pregnancy Postpartum depression* Early prenatal care Early and adequate prenatal care Preventive dental visit during pregnancy Current e-cigarette user*

Of the eight additional indicators with data, two indicated trends that were similar to the nation and/or over time, but both the US and Hawaii had disparities that were observable in the available data. The remaining 6 indicators did not possess sufficient data that allowed for examination of outcome trends, but three had disparities that were observable in the available data. (See graphic below.)

Similar trends (HI vs. US and/or HI over time Cervical cancer screening # Current marijuana user # # = Disparities observable in available data
Insufficient data to examine trends (HI vs. US and HI over time) Women's mental health status = good # Overweight or obese # At least one HPV vaccine # Early elective delivery Postpartum contraceptive use Postpartum mental health screening # = Disparities observable in available data

Disparities, when data indicated its presence, had more frequently worse outcomes for individuals with lower incomes, individuals who identified as a sexual minority and/or gender minority, and for specific race/ethnic groups (specifically Native Hawaiians, Other Pacific Islanders, Blacks, and Hispanics).

Based on all available data from the mixed methods needs assessment, the following priority needs topics and key findings were identified for the women/maternal health domain.

Need Topic	Key Findings
Comprehensive Postpartum Care	• Lack of, or unequal access to, comprehensive and respectful postpartum care.
Postpartum Depression Screening	• Lack on, or unequal access to, postpartum depression screening.
Access to Comprehensive Reproductive Health Care, Birthing Options, and Contraception	• Lack of, and unequal access to, comprehensive reproductive health care. • Inconsistent provider training and awareness of resources to support women/pregnant persons who are experiencing substance use and houselessness. • Lack of, and unequal access to, inclusive birthing choices, providers, and culturally appropriate traditional birthing practices.
Specialized Care for Women/Pregnant Persons Experiencing Substance Use Issues	• Unacceptable levels of stigma and lack of empathy during care for women, who are experiencing substance use issues. • Inconsistent provider training and awareness of resources to support women/pregnant persons, who are experiencing substance use issues. • Lack of, and unequal access to, appropriate postpartum supports for women experiencing substance use issues.
Access to Comprehensive Healthcare	• Lack of, or unequal access to, comprehensive healthcare. • Insufficient investments in local communities to support a more diverse healthcare workforce. • Inadequate pay for healthcare workers.
Access to Mental Health Supports	• Lack of, or unequal access to, mental health services and supports.
Family/Partner Violence and Neglect	• Limited resources, or limited access to and awareness of, resources for women/pregnant people experiencing family violence.
Education and Resources	• Insufficient or lack of awareness of, accessible and culturally appropriate traditional education and resources related to prenatal care, birthing choices, breastfeeding, nutrition, and health-related topics. • Inconsistent education during pregnancy, to support breastfeeding and infant early education and development.
Partner, Peer, and Community Supports	• Unequal access to peer and community supports for women, new mothers, single mothers, and families. • Inconsistent inclusion of support partners during pregnancy, birthing, and postpartum.

Perinatal/Infant Health. In general, the perinatal and infant population in Hawaii fare well on most indicators, when compared to the nation, and in-state trends over time.

However, outcomes are not equitable for all infants across the 16 indicators reviewed. While 10 indicators had positive outcomes, when compared to the nation or in-state trends over time, six indicators had disparities that were observable in available data. Further, six indicators had outcomes that were worse; when compared to the nation or in- state trends over time; and three of those indicators also had disparities that were observable in available data. (See graphic below.)

Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Infant mortality Neonatal mortality Breastfeeding initiation Breastfeeding exclusively through 6 mos	**Positive trends (HI vs. US and/or HI over time), but disparities observable in available data** Postneonatal mortality Preterm-related mortality Preterm birth Infants breastfeed at 8 weeks* Safe sleep – infant placed on back Safe sleep – no soft bedding
Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Perinatal mortality SUID mortality Neonatal abstinence syndrome * = trends are statistically significant	**Negative trends (HI vs. US and/or HI over time), and disparities observable in available data** Low birth weight Early term birth Safe sleep – separate approved sleep surface

There were no additional data indicators that had trends similar to the nation and/or over time or for which there was sufficient data to examine outcome trends.

Disparities, when present, indicated worse outcomes most frequently for individuals with lower incomes and for specific ethnic groups (particularly Native Hawaiians, Other Pacific Islanders, Filipinos).

Based on all data available in the mixed methods needs assessment, the following needs topics and key findings were identified for the perinatal/infant health domain.

Need Topic	Key Findings
Risk-Appropriate Perinatal Care	• Inconsistent access to risk-appropriate perinatal care. • Lack of, or inconsistent provider training and staffing, in order to manage higher acuity care, both before, during and after delivery.
Safe Sleep Environment	• Downward and worsening trend for infants who were placed in a safe sleep environment, with unequal observance among identified groups. • Increased difficulty in meeting some measures of safe sleep environment, including separate sleep surface without soft objects/loose bedding, and with unequal observance among identified groups.
Breastfeeding Supports, Nutrition, and Diet	• Lack of, lack of awareness of or unequal access to, education and supports for breastfeeding and overall nutrition.
Access to Comprehensive Healthcare	• Lack of or unequal access to comprehensive pediatric healthcare, including primary and specialty care. • Insufficient communication and follow-through from providers. • Inadequate insurance reimbursements for healthcare workers, in order to attract and retain pediatric providers.
Developmental Screening	• Insufficient levels of developmental screening for infants and young children.
Access to Mental Health Supports-Infant Mental Health	• Lack of, or unequal access to, infant and pediatric mental health services and supports. • Lack of, lack of awareness of, or unequal access to, mental health services and supports for parents and caregivers.
Affordable Childcare	• Lack of or unequal access to quality, affordable childcare.
Family Violence and Neglect; Safety and Abuse Prevention	• Limited resources, or limited access to and awareness of, resources for families who are experiencing violence. • Inconsistent provider training and awareness of resources to support women/pregnant persons who are experiencing substance use issues. • Lack of, and unequal access to, facilities and supports for families experiencing substance use issues.
Education and Resources	• Insufficient or lack of awareness of accessible and culturally appropriate traditional education and resources related to breastfeeding, nutrition, well-child visit schedules, vaccination information, and early learning programs. • Inconsistent education during pregnancy to support postpartum recovery, mental health, breastfeeding, and infant early education and development.
Partner, Peer, and Community Supports	• Unequal access to peer and community supports for women, new mothers, single mothers, and families. • Inconsistent inclusion of support partners during pregnancy, birthing, and postpartum.

Child Health. In general, the child population in Hawaii appears favorably on most indicators, when compared to the nation and in-state trends over time.

However, outcomes are not equitable for all children across the 41 indicators reviewed. While 22 indicators had positive outcomes, when compared to the nation or in-state trends over time, 11 indicators had disparities that were observable in available data. Further, 14 indicators had outcomes that were worse, when compared to the nation or in-state trends over time, and five indicators also had disparities observable in available data. (See graphic below.)

Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Non-fatal injury hospitalization Child mortality, overall, (1-4 yrs) and (5-9 yrs) Children (3-17 yrs) with mental health treatment Children (6-11 yrs) with a medical home Medical home components: care coordination, family-centered care Adequate and continuous insurance (0-5 yrs) and (6-11 yrs) Developmental screening Preventative dental visit (1-5 yrs) and (6-11 yrs) Children with annual flu vaccination (2-4 yrs) and (5-12 yrs) Someone living in household who smokes (6-11 yrs)	**Positive trends (HI vs. US and/or HI over time), but disparities observable in available data** Children (0-17 yrs) in very good or excellent health Attempted suicide resulting in injury or treatment Preventative dental visit (1-17 yrs) Adequate and continuous insurance (0-17 yrs) Child vaccination- 7-vaccine series by 24 months Someone living in household who smokes (0-17 yrs) Ever tried cigarettes* Current cigarette smoker* Current e-cigarette (vape) user Current drinker* Binge drinker
Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* Children in very good or excellent health (0-5 yrs) and (6-11 yrs) Children (6-11 yrs) with mental health treatment Physical activity (everyday) Children (0-5 yrs) with a medical home Medical home components: personal doctor/nurse, referrals, usual source of care Preventive health visit (0-17 yrs), (0-5 yrs), and (6-11 yrs) Children with annual flu vaccination (6 mos-17 yrs) and (6-23 mos)	**Negative trends (HI vs. US and/or HI over time), and disparities observable in available data** Children (1-17 yrs) with decayed teeth or cavities Had depression within ever* Children (0-17 yrs) with a medical home Someone living in the household who smokes (0-17 yrs) Marijuana use * = trends are statistically significant

Of the five additional indicators, one indicator reflected trends that were similar to the nation and/or over time but had disparities that were observable in available data. The remaining four indicators did not have sufficient data to examine outcome trends, but two had disparities that were observable in available data. (See graphic below.)

Similar trends (HI vs. US and/or HI over time Ever tried vaping # # = Disparities observable in available data
Insufficient data to examine trends (HI vs. US and HI over time) Children with decayed teeth or cavities (1-5 yrs) and (6-11) Overweight # Ever had sex# Used birth control last time had sex # = Disparities observable in available data

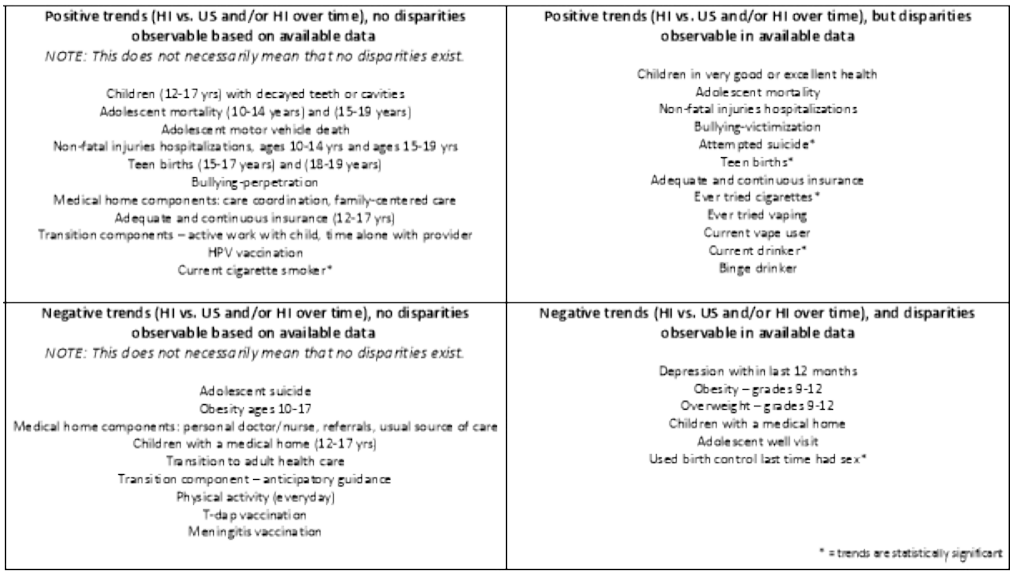
Disparities, when present, were most frequently worse for individuals who had lower incomes; who identified as a sexual minority and/or gender minority; and for specific ethnic groups (especially Native Hawaiians, Other Pacific Islanders, and Hispanics).
Based on all data reviewed from the mixed methods needs assessment, the following priority needs topics and key findings were identified for the child health domain.

Need Topic	Key Findings
Quality Early Education/Education and Development	• Lack of, or unequal access to, quality early education and education programs and resources.
Role of Schools in Health Promotion	• Untapped opportunities to increase the role of schools in offering healthcare, health promotion, and health education. • Inconsistent quality, nutrition, and cultural appropriateness of public school lunches.
Nutrition and Healthy Food Options	• Lack of, or unequal access to, fresh, healthy foods, including local fruits and vegetables. • Insufficient nutrition education for children and families.
Substance Use (alcohol, drugs, tobacco, vape, etc.)	• Concerning levels of substance use among middle school children.
Recreational Activities	• Insufficient levels of daily physical activity for children. • Lack of, or unequal access to, quality parks, extracurricular actives, and recreational opportunities. • Excessive online screen time.
Developmental Screening	• Insufficient levels of developmental screening for infants and young children.
Medical Home	• Insufficient levels of medical home options for all children and adolescents. • Increased difficulty in meeting specific components of medical home, including access to usual source of sick care and care coordination.
Access to Comprehensive Healthcare	• Lack of, or unequal access to, comprehensive pediatric healthcare, including primary and specialty care. • Insufficient communication and follow-through from providers. • Inadequate insurance reimbursements for healthcare workers to attract and retain pediatric providers.
Access to Mental Health Supports	• Lack of, or unequal access to, pediatric mental health services and supports. • Lack of, lack of awareness of, or unequal access to mental health services and supports for parents and caregivers.
Affordable Childcare	• Lack of, or unequal access to, quality affordable childcare.
Family Violence and Neglect; Safety and Abuse Prevention	• Insufficient or unequal access to, resources to ensure safe family environments. • Insufficient, or unequal access to, supports to prevent child abuse and neglect.
Education and Resources	• Lack of or insufficient health education programs and resources to help families learn about and teach their children healthy behaviors, nutrition, and other health-

Need Topic	Key Findings
	related topics. • Untapped opportunities to increase partnerships with schools and community organizations to provide more health education to children and families.
Partner, Peer, and Community Supports	• Lack of or insufficient peer and community resources and supports for children, caregivers, and families. • Untapped opportunities to increase partnerships with community organizations and other relevant programs to provide more resources and supports for children and families.

Adolescent Health. In general, the adolescent population in Hawaii fares well on most indicators, when compared to the nation and in-state trends over time.

However, outcomes are not equitable for all adolescents across the 48 indicators reviewed. While 25 indicators had positive outcomes, when compared to the nation or in-state trends over time, 12 indicators had disparities that were observable in available data. Further, 17 indicators had outcomes that were worse, when compared to the nation or in state trends over time, and six indicators also had disparities that were observable in available data. (See graphic below.)



Of the six additional indicators, three indicators had trends that were similar to the nation and/or over time, and none had disparities that were observable in available data. The remaining three indicators did not have sufficient data to examine outcome trends; however, two had disparities that were observable in available data. (See graphic below.)

Similar trends (HI vs. US and/or HI over time
Children in very good or excellent health (12-17) Children with decayed teeth or cavities (1-17) Children with mental health treatment (3-17) # = Disparities observable in available data
Insufficient data to examine trends (HI vs. US and HI over time)
Children with mental health treatment (12-17) (no data) Currently sexually active [#] Marijuana user, ever [#] # = Disparities observable in available data

Disparities, when present, indicated worse outcomes more frequently for individuals with lower incomes; males; individuals who identified as a sexual minority and/or gender minority; and for specific ethnic groups (especially Native Hawaiians, Other Pacific Islanders, and Hispanics).

Based on all data reviewed from the mixed methods needs assessment, the following priority needs topics and key findings were identified for the adolescent health domain.

Need Topic	Key Findings
Enhancing School Safety and Resources	• Untapped opportunities to increase the role of schools in health promotion and health education. • Concerns about school safety and bullying. • Inadequate or inconsistent elective course offerings that support student interests and career goals.
Substance Use and Risky Behaviors	• Concerning levels of substance use and other risky behaviors among high school adolescents.
Gender-Affirming Care	• Lack of, or unequal access to, respectful, gender-affirming care. • Insufficient training for providers on gender-affirming care and the specific needs of LGBTQIA+ individuals.
Social Media and Technology	• Excessive use of social media, which may be a source of social pressure, create stress, and exacerbate conflicts. • Insufficient training on social media safety.
Violence, Violence Prevention, and Safety	• Concerns about violence and safety for adolescents. • Insufficient, or unequal access to, violence prevention programs and education.
Medical Home	• Insufficient levels of medical homes for all children and adolescents. • Increased difficulty in meeting specific components of medical home, including providing a usual source of sick care and care coordination.
Transition to Adulthood	• Lack of, insufficient, or unequal access to, resources and supports to help all adolescents transition to adulthood. • Insufficient levels of provision of services to help all

Need Topic	Key Findings
	adolescent prepare for the transition to adult healthcare.
Access to Comprehensive Healthcare	• Lack of, or unequal access to, comprehensive pediatric/adolescent healthcare, including primary and specialty care and comprehensive reproductive care.
Access to Mental Health Supports	• Lack of, or unequal access to, pediatric/adolescent mental health services and supports. • Inadequate insurance reimbursements for healthcare workers to attract and retain pediatric/adolescent providers.
Recreational Activities	• Insufficient levels of daily physical activity for adolescents. • Lack of, or unequal access to, safe socialization spaces and culturally relevant recreational opportunities. • Excessive online screen time.
Education and Resources	• Lack of, or insufficient, comprehensive sexual education programs. • Untapped opportunities to increase partnerships with schools and community elders to help develop and provide more culturally sensitive/appropriate comprehensive sexual health education. • Lack of, or insufficient, education programs and resources for adolescents to support transition to all aspects of adulthood.
Partner, Peer, and Community Supports	• Lack of, or insufficient, peer and community resource and supports for adolescents and families. • Lack of, or unequal, access to safe youth spaces for young people to gather and feel supported. • Untapped opportunities to increase partnerships with community organizations and other relevant programs to provide more resources and supports for adolescents and families.

CYSHCN. In general, children and youth with special health care needs fare well on indicators, when compared to the national data. However, limited data and sample sizes preclude determination of trends over time or ability to pinpoint disparities for most indicators.

Of the 19 indicators reviewed, most indicators had positive outcomes, when compared to the nation. However, two indicators under medical home (referrals and usual source of care) had worse outcomes, when compared to the nation or in-state trends over time. (See graphic below.)

Positive trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* CYSHCN (0-17 yrs)* CYSHCN (0-17 yrs) in very good or excellent health CYSHCN (1-17 yrs) with decayed teeth or cavities CYSHCN Obesity, 10-17 yrs CYSHCN Bullying, perpetration CYSHCN Bullying, victimization CYSHCN (0-17 yrs) with a medical home CYSHCN medical home components: care coordination, family-centered care, personal doctor/nurse CYSHCN adequate and continuous insurance CYSHCN transition to adult health care CYSHCN transition to adult health care components: anticipatory guidance, time alone with provider CYSHCN systems of care* (overall and all components) CYSHCN preventative dental visit (1-17 yrs) CYSHCN, Someone living in the household who smokes	**Positive trends (HI vs. US and/or HI over time), but disparities observable in available data** Unable to determine based on data source limitations
Negative trends (HI vs. US and/or HI over time), no disparities observable based on available data *NOTE: This does not necessarily mean that no disparities exist.* CYSHCN Medical home components: referrals, usual source of care	**Negative trends (HI vs. US and/or HI over time), and disparities observable in available data** Unable to determine based on data source limitations

Based on all data review from the mixed methods needs assessment, the following priority needs topics and key findings were identified for the CYSHCN domain.

Need Topic	Key Findings
Access to Comprehensive Healthcare, Specialty Care, and Health Related Therapy Services	• Lack of, or unequal access to, comprehensive healthcare for CYSHCN, including primary and specialty care, as well as health-related therapies. • Inconsistent quality of care, communication, coordination, and interaction with health and health-related providers. • Increased challenges in accessing specialty healthcare, often related to provider shortages, lack of qualified providers, travel issues, inconsistent language access, and insurance limitations. • Increased challenges in accessing health-related therapy services, especially outside of school settings. • Lack of, or inconsistent supports, for families to understand insurance coverage application processes and eligibility requirements.
Access to Health Supplies and Equipment	• Unequal and untimely access to, health supplies and equipment.
Comprehensive Care Coordination and Communication Among Providers	• Lack of, or unequal access to, comprehensive care coordination for CYSHCN. • Inadequate integration of services and communication among providers and organizations.
Special Education Services	• Inconsistent access to, and quality of, special education services, including health-related therapies.
Income Eligibility and Financial	• Unequal access to service programs, due to income eligibility requirements that do not account for costs of

Need Topic	Key Findings
Barriers for Service Programs	caring for a child or youth with special health care needs. • Complicated processes for applying for service programs and in assuring insurance coverage that meets needs.
Support for Rare Conditions and Rare Genetic Disorders	• Lack of, or insufficient access to, care, education, and supports for children with rare conditions/rare genetic disorders and their families.
Medical Home	• Insufficient levels of medical home options for children and youth with special health care needs. • Increased difficulty in meeting specific components of medical home care, including family-centered care, referrals, and care coordination.
Transition to Adulthood	• Lack of, insufficient or unequal access to, resources, supports, and guidance to help youth with special health care needs and their families prepare for transition to adulthood. • Insufficient levels of provision of services to help youth with special health care needs prepare for the transition to adult healthcare.
Bullying	• Concerning levels of bullying experienced by CYSHCN.
Access to Mental Health Supports	• Lack of, or unequal access to, mental health services and supports for CYSHCN and their families.
Accessible Childcare	• Lack of, or unequal access to, quality, affordable, and accessible childcare.
Education and Resources	• Lack of, insufficient or unclear, educational information and resources to help families with CYSHCN learn about health conditions, programs, and services. • Lack of or insufficient comprehensive sexual health education for CYSCHN.
Partner, Peer, and Community Supports	• Lack of, insufficient, or unequal access to, peer and community resources and supports for CYSHCN and their families.

Analysis of Current Title V Block Grant Effort

Priority needs were selected after reviewing these findings by the FHSD staff.
The following is a need-by-need review with disposition.

Domain	Need	Disposition
Women's Maternal Health	Promote reproductive life planning with a focus on underserved populations	Hawaii has consistently made steady progress in this area. Early on, FHSD played a leadership role by supporting community capacity building. Several community-based initiatives now specifically address women's health through systems-building efforts. FHSD has also placed greater emphasis on underserved communities

Domain	Need	Disposition
		and those with limited access to care. Moving forward, FHSD plans to focus on improving postpartum care by promoting timely, comprehensive follow-ups as well as expanding access to more responsive services.
Perinatal Infant Health	Promote safe sleep practices	Safe sleep continues to be a priority for Hawaii, where an array of community and social factors impact on safe sleep practices. FHSD will continue this priority by strengthening the state Coalition, media outreach, and crib distribution.
Child Health	Improve early and continuous screening for developmental delay	FHSD determined that the expansion of its screening program, Hi‘ilei, can have a significant impact to increase screening rates statewide. This structured expansion will be accomplished by better coordination with other HRSA, federal, state and private investments in early childhood systems. This priority will continue with a broader vision and more rigorous implementation.
	Reduce Child Abuse & Neglect	The assessment findings found that parents identified a clear need for increased supports and services to reduce family stress, which is a recommended strategy to help prevent CAN. Although FHSD identified Family Support as a priority need, work will be delayed until newly funded staff positions can be established and filled. Reframing this priority aligns more closely with the Title V role.
	Increasing the number of children who have a Medical Home	External factors—such as Hawaii’s high cost of living and a declining primary care workforce—continue to limit access to medical home providers for children. FHSD is shifting its focus to improving care coordination through CSHCN and other programs. While centered on CSHCN, these efforts are expected to benefit all children.
Adolescent Health	Improve adolescent healthy development, health, safety, and well-being	Rising concerns about mental health and bullying prompted FHSD to adopt a more strategic and focused approach to support adolescent well-being. A new cross-cutting MCH mental health initiative and a targeted bullying prevention strategy were selected, replacing the broader well-being focus and reflecting FHSD’s growing capacity to address mental health.
	Improve transitions to adult healthcare	FHSD made significant strides in strengthening transition activities both within the division and in

Domain	Need	Disposition
Children With Special Health Care Needs (CSHCN)		collaboration with community partners. CSHNB developed educational materials, established guidelines, and supported partners in delivering transition-related services. While FHSD staff will continue to promote and support transition efforts, this area will no longer continue as a priority need.
	Increasing the number of children with special health care needs who have a Medical Home	FHSD will shift its focus to enhancing care coordination to strengthen the medical home through services provided directly or contracted by its programs. An environmental scan will be conducted to inform strategic activities aimed at improving these services.
Cross-Cutting Systems Building	Expand pediatric mental health care access to underserved rural communities	Research shows that pediatric mental health is closely linked to the mental health of mothers, parents, and families. Thus, FHSD will adopt a broader MCH systems approach to implement and sustain comprehensive, responsive, trauma-informed mental health services that support both children and their families.

III.C.1.b.ii. Title V Program Capacity

III.C.1.b.ii.a. Impact of Organizational Structure

The Family Health Services Division (FHSD) is located within the Hawaii State Department of Health (DOH) and serves as the state's Title V Maternal and Child Health (MCH) program. A more detailed description of the state organizational structure is provided in the Section III.B.2. b, along with accompanying organizational charts and descriptions in Section VI.

This organizational structure that is described significantly enhances the program's capacity to address statewide Title V priorities, as well as to respond effectively to the findings of the 2025 Title V Five-Year Needs Assessment.

Strengths. The placement of the Title V program within FHSD provides several key advantages. FHSD is the state's lead MCH agency and is one of the largest divisions within DOH's Health Resources Administration. More significantly, it is solely focused on the health of MCH populations and is not embedded within any other DOH program, providing focused and experienced MCH leadership and direction.

Title V is located directly under the FHSD Chief, and functions as the overarching framework or "umbrella" for the division's programs and services. With nearly 30 federally and state-funded MCH programs located within FHSD, including those in the Maternal and Child Health Branch; Children with Special Health Needs Branch; and Women, Infants, and Children (WIC) Services Branch, resource streams can be efficiently and strategically aligned to support Title V goals.

At the division level, Title V funds also help to strengthen all levels of administrative, fiscal, communications, programmatic, and data infrastructure across FHSD and its branches. These investments enhance overall program efficiency, supports core public health functions, and expand the reach of FHSD services delivered statewide. One notable example is the addition of a Division Communications position to assist with media messaging including social media engagement, graphic design of outreach materials, website design, and television/radio advertising. Communications was the top area of support requested by program managers and staff at an FHSD retreat. Since the position was established, the division's reach has doubled since 2019 as reported in Form 5b,

largely due to increased media efforts.

As detailed in Sections III.A.2 *How Federal Title V Funds Complement State-Supported MCH Efforts* and the *Expenditures and Budget* narratives, Title V funding supports essential MCH infrastructure personnel. These roles are critical for securing, managing, and leveraging a broad mix of targeted programs, funding streams, surveillance systems, partnerships, and services. This diversified funding base contributes to the division's resilience and stability, particularly during times of economic uncertainty and change.

Opportunities. The unique island-based geography and multiethnic demographic composition of Hawaii creates both challenges and opportunities for the Title V program. FHSD personnel are located in all the neighbor island counties, while other DOH divisions do not all have county-level staff.
Neighbor island MCH staff are therefore considered essential personnel for county-level emergency response and disaster management and also play key roles in supporting their communities during prolonged disaster or emergency situations, such as the 2020-23 COVID outbreak and the 2023 Maui wildfires response. By leveraging county-level relationships and insights, the central Oahu office can respond faster, tailor support to community needs, and coordinate recovery efforts with greater coordination.

MCH staff who work on Oahu are located in both urban and rural locations across the island. The decentralized location of FHSD staff broadens and deepens community connections, while helping to provide more knowledgeable, responsive, and place-based service delivery.

FHSD's central organizational location within DOH provides an effective platform for statewide coordination, particularly with other key state department programs that serve families. These state partnerships include the Department of Human Services (DHS) and Department of Education (DOE), as well as ready access to state policymakers, as needed.

Recent efforts to align MCH efforts with Medicaid and the DHS via shared programmatic priorities (e.g., perinatal health, behavioral health, and care coordination for CYSHCN) indicates promising and growing opportunities for statewide interagency collaboration.

The administrative proximity of FHSD's 30 programs provide more opportunities to increase and improve alignment with programs across FHSD, such as between Early Intervention, Home Visiting, Reproductive Health Services, and WIC. This alignment allows for the strategic layering of resources and interventions that can be tailored to the specific priorities that have been identified in the 2025 Title V Needs Assessment, such as promoting postpartum visits, providing more mental health supports and increasing access to developmental screening.

Challenges. Despite its many strengths, the organizational structure also presents logistical challenges. Coordinating across division programs with differing funding sources, mandates, operations, and services can be difficult to manage and scale effectively. Statewide geographic dispersion of staff and offices adds further complexity to collaboration and alignment efforts.

Limited staffing capacity and recent turnover in key roles have constrained Title V's ability to fully implement its proposed cross-cutting strategies. In addition, the DOH's layered internal processes, such as procurement and oversight, can delay the adoption of innovative practices, particularly those requiring rapid response and/or engagement with nontraditional community partners.

While centralization facilitates alignment, it can also create distance from community voices, particularly for neighbor islands and Oahu's rural areas. This requires deliberate efforts to bridge those gaps through sustained and committed community outreach and family partnerships, as well as investments in the FHSD neighbor island workforce.

Overall, the organizational structure of Hawaii's Title V program provides a strong foundation for resource sharing, coordination, and alignment with statewide health priorities. While structural strengths support meaningful progress in addressing MCH needs, many

opportunities remain to help streamline interagency collaboration, expand staffing capacity, and strengthen engagement with local communities.

These areas will be a focus in the coming years as the state continues to implement key findings from its Five-Year Title V Needs Assessment, while responding to new and emerging MCH challenges across the state.

III.C.1.b.ii.b. Impact of Agency Capacity

Title V Agency Capacity Description. The Family Health Services Division (FHSD), located within the Hawaii State Department of Health (DOH), carries out the primary mission of promoting and protecting the health of all mothers, children, and youth, including Children with Special Health Care Needs (CSHCN) and families.

This capacity is shaped by the program's strategic organization, partnerships, leadership and staffing, as well as alignment with state and community health priorities. The Five-Year Title V Needs Assessment offers a recent snapshot of key findings to help guide the state in strengthening its systems of care, identify critical service gaps, and prioritize its efforts to address community health needs, particularly among identified at-risk populations.

Strengths

FHSD is the state's singular MCH public health agency, administering 30 state and federally funded programs, with additional neighbor island county MCH organizational units. It is one of the largest divisions in DOH and is solely focused on MCH and family health.

Programs Administered by Hawaii Title V. A list of FHSD programs with short descriptions is attached to the Organizational Charts in Section VI of this report. The Division and three branches administer the following programs with dedicated federal or state funding:

Division:

- Community Health Services: medical services for under and uninsured safety net services
- Early Childhood Comprehensive Systems grant
- Medicare Rural Hospital Flexibility grant
- Pediatric Mental Health Care Access grant
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Small Hospital Improvement Program
- State Primary Care
- State Rural Health
- Title V: Maternal and Child Health Service Block Grant
- State Systems Development Initiative Grant
- Oral Health (in state statutes, but unfunded until FY 2026)

Maternal & Child Health Branch (MCHB)

- Personal Responsibility Education Program grant
- Community Based Child Abuse & Neglect Prevention grant
- Parent Line/Parent Support
- Rape Prevention & Education grant
- Child Death Review
- Domestic Violence Fatality Review
- Family Planning Services

- Maternal, Infant, and Early Childhood Home Visiting Program
- Maternal Mortality Review

Children with Special Health Needs Branch (CSHNB)

- Birth Defects Surveillance
- Childhood Lead Poisoning Prevention
- Children and Youth with Special Health Needs services
- Early Childhood coordinator
- Early Intervention Services
- Genetic Services
- Hiʻilei Developmental Screening
- Newborn Hearing Screening
- Newborn Metabolic Screening
- Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)

Women, Infants & Children Services Branch (WIC) Chart

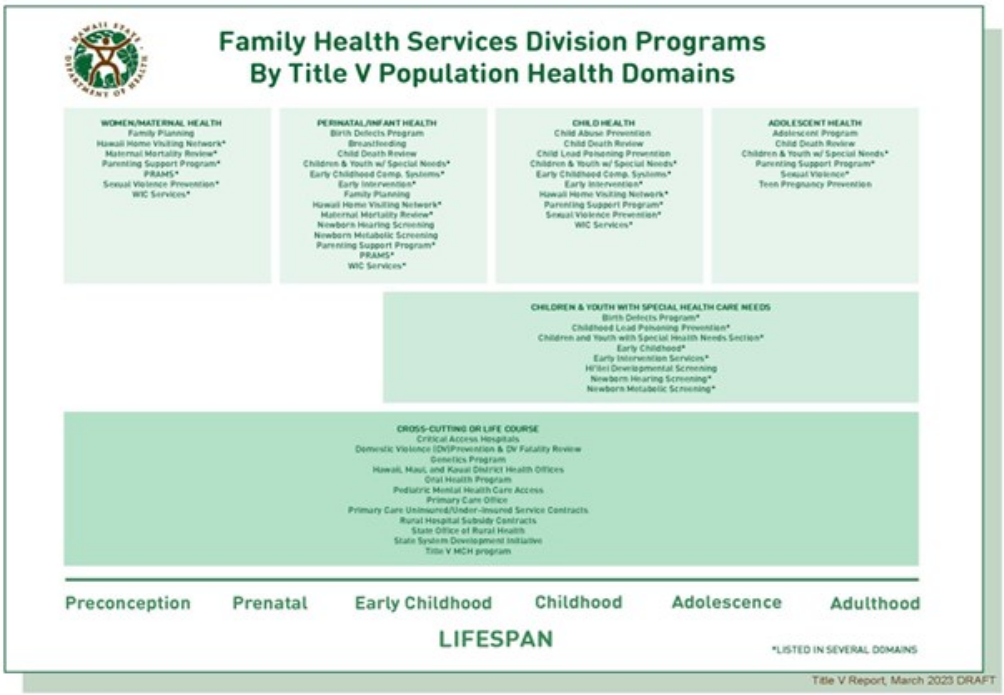
- WIC Services
- Breastfeeding Peer Counseling

In addition to these programs, FHSD leads several targeted initiatives aligned with Title V priorities, many of which operate without dedicated funding sources.

Title V Leadership. Title V programmatic leads are embedded within Division/Branch organization programs often using staffing and blended funding from state and federal sources:

- The MCHB Women's Health Section provides leadership for:
  - Women's Wellness Visits
  - Postpartum Visits
- The MCHB Family Strengthening & Violence Prevention Section provides leadership for Safe Sleep.
- The MCHB Adolescent Health program provides leadership for:
  - Adolescent Wellness Visits
  - Bullying Prevention.
- The CSHNB Hiʻilei Program provides leadership for Developmental Screening.
- WIC Branch provides leadership for food insecurity/sufficiency.
- The CSHNB Early Childhood program provides leadership for:
  - Transition to Adult Care
  - Medical Home priority for both CSHN and Child.
- The Pediatric Mental Health Care Access (PMHCA) grant-funded staff provide leadership for:
  - The SPM on PMHCA services
  - SPM on MCH mental health

Hawaii Title V Programs by Population Domain. Collectively, FHSD programs and services ensure that identified needed services are provided across the five MCH population health domains. A graphic that illustrates all FHSD programs is included in Section VI as part of the Organizational Charts and is also shown below:



The programs by domain are listed below:

Maternal/Women's Health

- Family Planning
- Hawaii Home Visiting
- Maternal Mortality Review
- PRAMS
- Sexual Violence Prevention
- WIC Services

Perinatal/Infant Health

- Birth Defects Program
- Breastfeeding
- Child Death Review
- Children & Youth with Special Needs
- Early Childhood Comp. Systems
- Early Intervention
- Family Planning
- Hawaii Home Visiting
- Maternal Mortality Review
- Newborn Hearing Screening
- Newborn Metabolic Screening
- Parent Line/Parenting Support
- PRAMS
- WIC Services

Child Health

- Child Abuse Prevention
- Child Death Review
- Child Lead Poisoning Prevention
- Children & Youth w/ Special Needs
- Early Childhood Comprehensive Systems
- Early Intervention Services
- Hawaii Home Visiting
- Parent Line/Parenting Support
- Sexual Violence Prevention
- WIC Services

Adolescent Health

- Child Death Review
- Children & Youth w/ Special Needs
- Parent Line/Parenting Support Program
- Sexual Violence Prevention
- Personal Responsibility Education Program grant

Children with Special Health Care Needs

- Birth Defects Program
- Childhood Lead Poisoning Prevention
- Children and Youth with Special Health Needs Section
- Early Childhood
- Early Intervention Services
- Hiʻilei Developmental Screening
- Newborn Hearing Screening
- Newborn Metabolic Screening
- Genetic Services

Program Reach. Collectively, Title V programs provide a broad range of services across the five MCH population domains. This translates to the creation of a coordinated foundation for delivering comprehensive, community-based, and family-centered care that serves MCH populations across the lifespan.

While it can be difficult to fully quantify the impact of these programs, one available indicator is program reach, as reported in Forms 5a and 5b.

In FY 2024, Title V programs provided direct or enabling services to nearly **39,000 clients**, including:

- 1,732 pregnant women
- 933 infants
- 13,500 children, including 10,158 CSHCN
- 19,697 adults

This reflects a 4.2% increase in the number of clients directly served in 2024, compared to FY 2023.

In addition, Form 5b estimates the broader reach of FHSD's population-based services. In FY 2024, FHSD programs reached:

- 99% (14,781) of pregnant women
- 99.1% (14,796) of infants

- 26.4% (90,110) of children, including 35.1% (25,025) CSHCN clients
- 97.3% (1,049,541) of adults reached by contracts and other services

This broad population-level reach is largely attributable to services provided by the WIC program, statewide newborn screening efforts, state-funded community services contracts for uninsured/under-insured, and media-based public health campaigns.

Collectively, the number of clients directly served and the estimated population reached reflects FHSD's extensive program impact. For additional details, see the notes for Forms 5a and 5b.

Workforce Capacity. One of FHSD strengths is its extensive and diverse workforce that is located statewide. FHSD has a total of 261.5 FTE staff, of which 23.9 FTE are Title V funded and 37 FTE are located on neighbor islands.

The largest FHSD branch is CSHNB (133 FTE), reflecting the extensive systems development work and the high volume of both direct and population-based services it provides. The other branches, in descending order by size, are WIC Branch, MCH Branch, and the FHSD-level staff.

FHSD Workforce Strengths. As part of the Title V needs assessment, a May 2025 staff survey examined workforce demographics, education, and overall well-being. Due to timeline delays and limited epidemiology capacity, detailed analysis is still pending. The response rate was 60%.

Preliminary survey findings show most respondents were female (78%), based on Oahu (82%), aged 35–64 (83%), and reported no special health needs or disabilities (75%).

All counties were represented in the survey, though FHSD has no staff on Lanai or Molokai. Most respondents were aged 45–54 (39.5%), followed by 55–64 (23.7%) and 35–44 (19.3%). The smallest groups were 25–34 (9.6%) and 65+ (7.9%).

Well-Education Workforce. Over 80% of the staff possessed college degrees, with 20% specializing in public health and 30% in related fields such as community health, health education, health policy, environmental health, or epidemiology.

Experienced Public Health Workforce. While the largest age category of responses was from those with 6-10 years of service (20.0%), 48.7% had more than 16 years of experience.

Balance in Workforce Age. While FHSD staff reflect Hawaii's overall aging workforce, the survey data also indicates the significant presence of younger staff. This balance brings greater resiliency to FHSD since more experienced employees bring institutional knowledge and historical context, while younger staff tend to introduce new energy, diverse perspectives, and updated skillsets.

Engaged in Self-Care. Nearly 74% of the respondents indicated that they are aware of and practice some level of self-care relating to their work.

Opportunities

FHSD programs continue to pursue opportunities to strengthen its service delivery by continuing to expand its collaborative opportunities both internally and externally. The Title V Needs Assessment process created avenues for cross-program discussions that focused on common population-based health issues, systems thinking, and information sharing.

Implementation of the Five-Year Plan will build on collaborations established through existing partnership work and new partnerships created through the Title V needs assessment's collaborative and inclusive process. Many of the preliminary strategies selected for the Title V national and state performance measures emphasize the need for more formative research and landscape analyses, which underscores the need for greater coordination within the Division and with external partners.

Workforce Survey. Further analysis of FHSD survey data, along with new PH WINS results, will inform more effective workforce planning, including recruitment, retention, and staff development.

Workforce Recruitment. To address staffing vacancies, FHSD has implemented recruitment and hiring strategies that are designed to attract greater interest and applications from more recent public health graduates. These efforts include:

- Establishing more entry-level positions suitable for basic public health work
- Broadening position classifications to attract applicants with limited experience and/or non-public health specific education
- Actively recruiting from the University of Hawaii, Chaminade, and HPU's public health training programs

Workforce Supports. Providing workforce supports such as promoting self-care and enhancing communication is essential to foster a positive work environment and strengthen overall organizational culture. These efforts can help improve employee morale, increase job satisfaction, and support staff productivity and retention.

Preliminary results from the FHSD workforce survey captured a range of staff recommendations being considered to support greater staff self-care and workplace well-being. Suggestions included: creating time and space for breaks and recharging, improving communication across teams, and offering more opportunities for employee recognition and appreciation.

The workforce survey also asked staff about the need to improve communication across the Division. Responses strongly confirmed this need, especially in light of the current changing federal policy and funding environment. Suggestions included: division- and branch-level meetings, regular email communications, and a staff newsletter.

Challenges

Despite these strengths, the Title V program faces ongoing challenges in meeting the diverse needs of the state's MCH populations:

- Geographic isolation and limited providers on the neighbor islands lead to major service gaps, particularly in specialty care for Children with Special Health Care Needs (CSHCN) and the existence of chronic provider shortages in primary care.
- Fragmented funding and data systems across agencies, including FHSD hinder coordinated service delivery and require ongoing collaboration, alignment of priorities, and navigation of shifting eligibility and reporting requirements across programs.
- Cultural and linguistic barriers significantly limit access to timely, appropriate, acceptable, and effective care, particularly for those with limited English proficiency or unique cultural health beliefs.
- The high cost of living in Hawaii places significant strain on families, particularly those with low-to-moderate incomes. Rising expenses for housing, food, childcare, transportation, and utilities consistently outpace wage growth, making it difficult for many families to meet basic needs. In high-cost communities like Hawaii, even families who are employed full time or have multiple jobs still struggle with financial insecurity.

Staffing shortages. As of August 2024, the Division reported approximately 86 vacant positions. These staffing shortages mirror the broader statewide labor shortage affecting both the public and private sectors. The high number of vacancies places additional strain on existing staff, many of whom are covering added responsibilities beyond their primary roles. This staffing shortage also hinders the Division's capacity to deliver timely and responsive services to families.

Staff Representation Gaps. One notable finding from the FHSD staff survey is that the ethnic composition of existing staff does not fully reflect the state population or the key subgroups that public health services strive to reach. Japanese, Chinese, and Caucasian staff are substantially overrepresented within FHSD. While Filipino and Native Hawaiian staff are represented proportionally to the

general population, there are currently no reported staff identifying as Other Pacific Islander, which is a key target demographic for MCH services.

Conclusion

The Hawaii Title V program offers a broad range of programs and services across the five Title V population domains. This provides a foundation for delivering comprehensive, community-based, and family-centered care across the lifespan. Although coordination within FHSD can be improved, many programs collaborate as evidenced in the FY 2024 reports in section III.E.

Coupled with extensive interagency and community partnerships, FHSD is able to broaden its reach and impact across the five MCH population domains. Continued focus on improving workforce development, systems integration, and community responsive strategies are key to addressing the service gaps identified in the Five-Year Needs Assessment. This is particularly true for CSHCN clients and families living in rural and underserved communities.

Through a commitment to responsive care and continuous improvement, the Hawaii Title V program is well positioned to adapt and strengthen its capacity towards meeting the needs of mothers, children, and families across the state.

III.C.1.b.ii.c. Title V Workforce Capacity and Workforce Development

A skilled and culturally diverse workforce is essential to support the health of the MCH population in Hawaii. Ongoing professional development and organizational support are critical to strengthen staff capacity and address the complex health needs of women, infants, children, and families. Both organizational and individual supports are needed to help public health employees function and thrive in their respective roles and positions.

With a total of 265 staff positions, the Family Health Services Division (FHSD) is the third largest division in the Hawaii State Department of Health (DOH). FHSD staff possess a wide range of non-professional and professional experience and training. Although about half of FHSD program professional staff have some degree of educational training in public health, many possess either non-public health degrees or on-the-job experience in public health. Many of the FHSD staff have program management experience and/or are knowledgeable in their respective subject matter program areas but have expressed that they would benefit from more public health-specific education and skill building.

University Public Health programs. Public health educational programs in Hawaii are varied. Hawaii has three relatively small university-level public health programs, offering both graduate and undergraduate public health courses at the University of Hawaii (UH) and at two private colleges, Chaminade University and Hawaii Pacific University (HPU). UH and HPU offer master's and doctoral degrees in public health specializations, and UH also offers one online MPH policy-specific degree option. UH is the only Hawaii-based university with a Ph.D. degree in public health.

Chaminade University currently offers an undergraduate public/community health program. Until recently, none of the Hawaii academic institutions offered MCH-specific courses, and none of the three institutions currently have dedicated MCH faculty. All three programs are located on Oahu. Two FHSD staff are currently enrolled in the new UH online MPH policy program.

MCH Academic Pathways: Until 2012, the HRSA MCH Bureau funded a graduate-level public health leadership MCH certificate program at the University of Hawaii at Manoa (UHM) that:

- Developed and implemented an academic and skill-building pathway that was dedicated to developing MCH workforce/leaders and staff in public and private sector MCH programs for here in Hawaii and throughout the Pacific, as well as parts of Asia.
- Created MCH research opportunities to provide more evidence-based research into Hawaii's unique Asian, Native Hawaiian, and Pacific Islander populations to better inform and support public health MCH practice.

Reestablishing this MCH leadership program in Hawaii is now deemed critical given the increasing number of

MCH/Title V vacancies. This is due to lack of qualified applicants; ongoing challenges with MCH staff recruitment; training and retention; the growing emphasis on a more diverse and capable workforce; and greater emerging public health needs.

In 2024, FHSD supported the UH Department of Public Health Sciences (DPHS) in applying for an MCHB Catalyst grant to develop an MCH-specific curriculum—a key step toward a workforce development plan for FHSD and a pipeline between UH and FHSD. However, in May 2025, Hawaii was notified it was not selected for funding. DPHS is now exploring alternative funding opportunities for the proposed training initiative.

MCH Academic-Practice Partnerships. The Title V agency collaborates with DPHS faculty to access national MCH academic resources. In 2021, FHSD connected with DPHS through the Association of Teachers of MCH (ATMCH), leading to a mentorship award with Drexel University. This collaboration produced a proposed set of foundational MCH courses for graduate and undergraduate students, intended to support reestablishing an MCH certificate program and future Catalyst grant applications.

UH DPHS Epidemiologist. In 2023, Dr. Jonathan Huang was hired as a new epidemiology faculty member at theDPHS, with his primary MCH research focus on child development, perinatal research, and practice outcomes.

Dr. Huang recently served as a member of the Title V Needs Assessment Advisory Committee and is currently the lead data consultant for the HRSA Maternal Health Innovation grant, which is supporting the development of a maternal health surveillance system for Hawaii. He is also serving on the domestic violence (DV) data workgroup that is convened by the Title V DV coordinator. More information about these projects is in the II.E.a.b.ii.e., Other Data Capacity narrative.

MCH Workforce Development Center (WDC) Faculty Development Fellowship
FHSD was able to share information with the DPHS, about an MCH WDC faculty development fellowship and supported Dr. Huang's application for it, which he was awarded in 2024.

Dr. Huang used the fellowship to develop an MCH epidemiology course that was offered at DPHS in the Fall of 2024 and will be offered again in Fall 2025. FHSD and other DOH staff were invited to participate in the course based on their respective interests. FHSD is also helping DPHS to sponsor a meeting of the national MCH WDC faculty fellows in Hawaii this summer.

MCH Public Health Scholarship. FHSD worked with UH DPHS to reinvigorate and support a UH Foundation's MCH scholarship fund, which was named in honor of former FHSD Chief and DOH Director, Loretta Fuddy. Director Fuddy tragically died December 11, 2013 in a plane crash while returning to Oahu from a visit to the remote Hansens Disease community of Kalaupapa on Molokai. Historically, Kalaupapa was a former leprosy colony, which the Director of the Health Department helps to oversee administratively. FHSD originally intended to use Title V to fund MCH student scholarships but changes in the current federal funding landscape are delaying these plans at this time.

MCH LEND. The UH John A. Burns School of Medicine (JABSOM) has administered the MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) grant for many years, which is led by pediatric faculty of JABSOM. Several FHSD staff are LEND graduates, and FHSD continues to encourage existing program staff to enroll in LEND, particularly staff within Children with Special Health Needs.

Federal Grant-funded resources. Most workforce development opportunities for Title V staff are funded by the 20+ federal grants that support staff participation in national conferences, enabling access to national MCH subject matter experts, current research, technical assistance (TA), and statewide professional networking. State-funded staff generally need more access to these invaluable resources.

Public Health Workforce Interests & Needs Survey (PH WINS). PH WINS is designed to help public health agencies nationally understand their workforce strengths, gaps, and opportunities in order to improve skills, training, and employee engagement. The survey is usually conducted every three years, with the last conducted in 2024. Results

from the 2024 survey were just released in July, and preliminary DOH findings are provided below.

- Education: 22% of Hawaii's public health workers have a degree in public health (bachelor's, master's, or doctorate). This is twice the 11% rate that was reported from the 2021 PH WINS survey.
- Top Training Needs: 51% of workers request more training in budget and financial management; 40% in policy engagement; 34% in systems and strategic thinking; and 33% in change management.

In 2021, FHSD arranged for a presentation of the PH WINS data for the DOH management team. FHSD also worked with one of the PH WINS epidemiologists to conduct an analysis of FHSD survey results.

Key findings for 2021 are below. Hawaii plans to carry out a specific analysis of the 2024 PH WINS data, if the sample size permits. Compared with the state and national government public health workforce, FHSD staff are:

- Older (58% are 51 years of age or more) and are more racially/ethnically diverse
- Less likely to have formal academic public health education and training (8% of FHSD staff have a degree in public health, compared to 14% nationally)
- Have served longer at their current program (13% served 21 years or more) and are more likely to retire within the next five years (65%)
- Much more likely than national respondents to report a training need in Justice, Equity, Diversity, and Inclusion (44%). Nationally, and in Hawaii, budget and financial management was the number one identified training need for FHSD staff.

While most FHSD staff in 2021 reported being satisfied with their job and their supervisors (81% vs. 79% nationally), their perceptions of their organization are lower than those cited by the national workforce (51% vs 68% nationally).

The 2021 survey confirmed that stress (32%) and burnout (32%) are factors leading to intent to leave among the FHSD staff. Generally, 47% of FHSD staff reported their mental health was very good or excellent, with 19% reporting their mental health as poor/fair, roughly equivalent to overall departmental rates.

FHSD Employee Survey: FHSD conducted a brief staff survey as part of the needs assessment. Preliminary results are shared in the III.C.1.b.88.b Impact of Agency Capacity narrative.

Coaching Services. In 2024, FHSD piloted a program to provide executive coaching services to identified program managers in the division. Through a state mentorship, Hawaii learned that the Colorado Title V program invests in executive coaching services for program managers, which is deemed as a better 'return on investment' than sending staff to national conferences. The Colorado program was originally initiated through a former AMCHP coaching service provided to states.

Hawaii is now using an MCH coach that formally worked with AMCHP, who came highly recommended by the Colorado staff. Librada Estrada is currently working with seven Hawaii FHSD staff.

FHSD will work with new DPHS faculty dedicated to workforce development to evaluate the program and explore the possibility of contracting support to draft a FHSD workforce development plan.

Title V Building Public Health Capacity: FHSD utilizes Title V as an ideal opportunity to build public health capacity for program staff. Since 2020-2024, Hawaii provided continued TA for staff to assist with evaluation and planning, utilizing Nancy Partika, RN, MPH, who was the director and lead faculty member at the former MCH Leadership Certificate program at DPHS from 2007-2012. Her TA supported building staff public health knowledge and skills, assisted with reviewing evidence research, and assisted with reviewing and updating Title V documents and logic models.

National Resources: Title V continues to sponsor staff and community partners to attend national conferences or share in national presentations and webinars, including:

- The annual AMCHP conference
- The MCH Workforce Development Center trainings
- The CityMatch/MCH Epidemiology Conference
- The American Public Health Association Conference
- The Council of State and Territorial Epidemiologists (CSTE)

These TA opportunities help to develop staff and community capacity, while providing an opportunity to share our unique MCH issues nationally.

Hawaii Public Health Training Hui (HPHTH): FHSD supports the HPHTH, a statewide effort launched in the early 2000s to coordinate public health training. The FHSD Rural Health Coordinator serves on the steering committee. Training priorities are informed by surveys of public and private health professionals, with support from the Western Region Public Health Training Center. Sessions are recorded and shared on: https://www.hiphi.org/phth/.

Trainings: One of FHSD's core public health roles is to support training and capacity building for the broader MCH workforce statewide. Several FHSD federal grants include workforce development as a key component. In 2024, many of these events are now offered in-person and in virtual formats to increase accessibility. These include:

- Maternal Infant Early Childhood Home Visiting grant that supports regular trainings for the Hawaii Home Visiting Network.
- The SAMHSA Project LAUNCH grant, which conducted over 10 trainings for early childhood providers, DOH staff and contractors, and families to enhance their mental health knowledge and practice. Workshop included: Nurturing Wellness & Self-Care, Healthy Outcomes from Positive Experiences, Mental Health First Aid, Pyramid Model Infant Toddler/Preschool Modules, and Infant and Early Childhood Mental Health Overview.
- Early Childhood Comprehensive Systems (ECCS) grant, which supports training for providers on developmental screening tools and protocols also sponsored trainings on family leadership (Michigan People Partnering for Change) and workshops on equity and inclusion (Racial Equity Institute Groundwater training).
- The Kauai District Health Office's FHSD program in 2024 partnered with the Kauai Planning & Action Alliance to sponsor a Community Engagement Training by Paul Schmitz, who is from Leading Inside Out. Attendees also arranged for Mr. Schmitz to return in 2025 to conduct additional trainings for the DOH managers and other Oahu community organizations.
- Hawaii Medicare Rural Hospital Flexibility Program grant, which is used to conduct training on healthcare quality improvement for healthcare professionals on operational and financial performance improvement for Critical Access Hospitals.
- The State Office of Rural Health sponsors numerous training projects, including the annual Hawaii Healthcare Workforce Summit
- FHSD programs have sponsored an ECHO training series to highlight MCH programs, services, and pediatric concerns, including mental health training.
- The Primary Care Office has sponsored two 2024 trainings for state Rural Health Centers: one to build operational capacity and the other to provide an overview of Health Professional Shortage Designations.
- The Domestic Violence (DV) and Sex Assault Prevention programs collaborate to support training and technical assistance for DV prevention for neighbor island and community coalitions and violence prevention professionals statewide.
- Several Title V programs support the Parent Leadership Training Institute, which is coordinated through the Hawaii Children's Action Network (HCAN).

Conferences: FHSD programs also sponsor conferences for public health and healthcare providers to offer updates MCH research, best practices, and data. Examples include:

- Safe Sleep Summit
- Hawaii State Coalition Against Domestic Violence
- Hawaii State Rural Health Association Annual Conference
- Hawaii Health Workforce Summit

- Early Intervention Stakeholder Conference
- Hawaii Home Visiting providers meetings
- WIC Services Branch annual staff meeting
- Hawaii Maternal Infant Health Collaborative Annual Meeting
- MCH Needs Assessment Partnership Planning Meeting

III.C.1.b.ii.d. State Systems Development Initiative (SSDI)

The primary purpose of the State Systems Development Initiative (SSDI) grant is to:

- Strengthen capacity to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure data-driven programming
- Strengthen access to, and linkage of, key MCH datasets to inform MCH Block Grant programming and policy development, as well as assure and strengthen information exchange and data interoperability
- Enhance the development, integration, and tracking of community health factors to inform Title V programming
- Develop and enhance capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to public health emergencies and emerging issues/threats

SSDI Funds. The eight key MCH datasets that are identified in the SSDI grant are regularly used for surveillance, needs assessment, planning, public education, and program evaluation. While access to the datasets is not routinely supported by The state's Title V SSDI grant, grant funds are used to hire consultants to help analyze, interpret, and present data. This is utilized to inform the work described in the annual Title V report and the 5-year needs assessment and other ongoing needs assessment activities. This is particularly crucial since FHSD does not currently have any epidemiologists, who would normally assist with data analysis for the Title V block grant.

Access to Key Datasets: Form 12 provides information on the Hawaii Title V program's ability to access these datasets electronically, which occurs both routinely and promptly. Form 12 also tracks linkage of the datasets with birth records, as appropriate and indicated. This narrative reflects reporting on Year 5 of a five-year project period.

Generally, Hawaii has maintained consistent access to most SSDI datasets, with only a few exceptions, such as Medicaid and hospital discharge data and electronic datasets that are available for newborn screening programs, PRAMS, and vital statistics.

Vital Statistics: In 2017, enforcement of a Hawaii Revised Statute related to data-sharing policies resulted in severely limited, and ultimately terminated, access to the Hawaii Vital Records Office data. In 2018, FHSD successfully helped to advocate with community partners for legislation to amend the statute.

In March 2019, FHSD regained access to the electronic vital statistics dataset, following approval by a newly established DOH Institutional Review Committee, which was required by the new statute.

PRAMS: Hawaii began collecting statewide PRAMS data in 2000. While changes were made to the data-sharing statute, the Hawaii PRAMS survey operations were halted for 18 months from 2017 to 2018, lacking access to birth records to draw the survey sample. Survey operations resumed in December 2018, but there is no Hawaii PRAMS data for 2017 and 2018. Additionally, issues with the 2019 sample resulted in only six months of usable data. Data for 2020 is the first full year of PRAMS data since 2016. Recently, PRAMS data collection was halted at the end of January 2025.

On January 31, 2025, the CDC paused all PRAMS data collection. The CDC directed states to redact the PRAMS Phase 9 survey questions to comply with the Trump Administration DEI Executive Order. On April 1, 2025, DOH

received information from the CDC that the Division of Reproductive Health was eliminated (with the exception of the Maternal/Infant Health Branch). The Initial impacts were:

- all affected CDC staff received reduction-in-force (RIF) notifications and placement on administrative leave effective April 2, 2025 through June 2, 2025
- PRAMS grant program staff was unavailable.
- The Hawaii CDC MCH Epidemiology Assignee also received a RIF notification

On April 10, 2025, Hawaii received the Year 5 PRAMS grant notice of award (05/01/2025 – 04/30/2026). There was no clear guidance on how to administer these awards/programs. There are a minimal CDC staff administering the programs and responding to emails. The CDC PRAMS data system (PIDS) was not available for any data entry. On June 9, 2025, the CDC notified Hawaii that our Hawaii PRAMS Questionnare V9.2 was available in PIDS for User Acceptance Testing (UAT).

Hawaii currently contracts with Rutgers University to administer the PRAMS survey protocol/data collection. The contract is state funded. Rutgers University completed the PIDS UAT for Hawaii in mid-June and began PRAMS data collection on June 23, 2025. June data collection is for births during the month of January and February 2025. Hawaii plans to continue PRAMS data collection through the end of the grant period (04/30/2026).

WIC: In 2020, WIC completed installation of its new WIC data system.
A private third-party vendor now houses, analyzes, and reports data for the WIC program. While the FHSD WIC Branch no longer has direct access to the electronic dataset, it does have regular access to standard and special data reports. WIC can also request a copy of specific elements of the program dataset for analysis, if FHSD requests it.

A subset of the WIC dataset was analyzed via a contract with the University of Hawaii's Center on the Family. More information on this data can be found in the Other Data activities narrative and in the SPM on food insecurity.

WIC is also collaborating with Hawaii's SNAP program on a joint project to link client records, facilitating enrollment in both programs for individuals who are dually eligible.

Medicaid Data: In 2025, FHSD executed a new Memorandum of Agreement (MOA) with the State Medicaid program in order to comply with Title V requirements for an interagency agreement. The agreement formalizes each existing agency's roles, responsibilities, and collaborative efforts to improve the health of mothers, children, and families. It includes specific provisions for FHSD to request analyzed Medicaid data. Currently, Medicaid has provided data that is needed to complete the Title V annual report, including:

- Information for Form 6 (Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX)
- MCH Core Quality Measures
- Medicaid enrollment data (including numbers of children and pregnant women)

The Medicaid MOA expires in 2030, and it is anticipated to be renewed next year.

Hospital data: In 2021, FHSD received access to a new hospital data portal that was established between DOH and the new statewide hospital data administrative entity, the Laulima Data Alliance. The Data Alliance is a subsidiary of the Healthcare Association of Hawaii (HAH), the nonprofit trade organization representing all Hawaii hospitals, skilled nursing facilities, assisted living facilities, home care companies, and hospices. The data portal currently only

provides summary utilization reports; however, record-level data is available for purchase for specific research and programmatic needs.

Data Linkage: FHSD successfully linked data to vital statistics birth records with the amendment to the data-sharing law that now permits access to vital records for public health research. Hawaii Title V currently has access to four linked electronic datasets within birth records:

- Birth and infant death records
- Birth and newborn metabolic screening records
- Birth and newborn hearing screening records
- PRAMS records

Currently, the FHSD research statisticians are able to access and link the records for newborn screening and PRAMS. Every month, the statisticians remotely extract data from the vital statistics systems through a secure login. The Office of Health Status Monitoring (OHSM), which is the DOH vital statistics program, allows FHSD statisticians to draw down birth certificate records, using a special software program that was developed by OHSM. The software program is able to link to infant death records and delete those records, so that FHSD programs are not contacting those families. Data linkage for newborn screening is conducted in the CSHN Branch office.

For PRAMS, the sampling frame is applied to the dataset to extract the sample within the FHSD office. The final analytic file partially links certain specific variables from the birth certificate records. The linkage for the birth and infant death file is conducted annually by OHSM and is then provided to FHSD for Title V reporting purposes.

Epi Vacancies: SSDI data activity was limited due to the ongoing vacancies of FHSD's two epidemiology positions. In October 2023, Dr. NaeHyung Lee was selected by Hawaii as its CDC MCH Epidemiology assignee. She has since been terminated due to the federal elimination of the MCH Epidemiology assignee program. Dr. Lee was unfortunately unable to assist with the Hawaii Title V report or needs assessment process because of her limited experience with the Title V MCH Block Grant .

Planning/Evaluation: In FY 2023-2025, SSDI funds were used to continue TA support for staff by Nancy Partika. Ms. Partika served as administrator and faculty for the former MCH Graduate Certificate program at OPHS from 2007-2013. She also has extensive public health experience working for the Department of Health and with leading community nonprofits, like Healthy Mothers, Healthy Babies Hawaii.

Her TA work supported building staff's public health knowledge and helped staff assess and respond to the challenges that were posed by the COVID pandemic. Ms. Partika also assisted staff with reviewing updated research by the MCH Evidence Center (EC) to support strategy selection, assist with planning and evaluating strategies/activities, and help to update logic models. She also currently assists with technical drafting, review, and editing of the Title V report.

Until recently, there was no dedicated MCH faculty at UH-OPHS, and public health faculty there have declined repeated offers to work on Title V given their own academic program demands and other research interests. With few faculty prospects at OPHS, Hawaii searched out-of-state for MCH Epi support to assist with the current annual Title V report and needs assessment process. The HRSA's MCH Bureau data scientist, Dr. Keriann Uesugi, was fortunately able to help Hawaii identify qualified potential contractors.

Title V Data Contractor. In 2023, FHSD contracted with the University of Alabama Birmingham's (UAB) Public Health

Program for data support services. UAB is one of a few public health programs nationally that maintains a sustained and robust MCH program with dedicated faculty.

A team of several faculty and researchers from the UAB Applied Evaluation and Assessment Collaborative are currently providing Hawaii with technical assistance on the process of collecting, reviewing, and interpreting Title V data. This effort is invaluable in assisting FHSD and its partners through the process of developing and sharing an accurate and current summary description of the MCH population in Hawaii.

Title V Needs Assessment Hawaii also contracted with UAB to plan and assist with implementing the Title V 5-year needs assessment process. The needs assessment summary of this report updates months of collaborative work, including a secondary data review, engaging FHSD staff and community partners in the months-long, multifaceted needs assessment process. This included analysis of primary data collection, a process involving multiple focus groups and broader community-specific and FHSD workforce surveys.

A Hawaii-based needs assessment consultant was hired through the Family-to-Family Information Center HRSA grant. Their role includes engaging with families, communities, and staff; planning and facilitating multiple meetings; and reviewing and revising needs assessment materials to ensure the information resonates with Hawaii audiences. Once the Title V report is completed, the Hawaii team of consultants will be assisting with the development of user-friendly data products and presentations from the Title V needs assessment to help inform both internal and community-based program planning and policy development.

Publications

- Fok, CCT, Shim, MJ. Prevalence and Risk Factors for Adolescent Alcohol Use in Hawai‘i, Youth Risk Behavior Survey 2017-2021. *In Progress.*

Factsheet

- Fok, CCT, Awakuni, J, Shim, M. “Alcohol Use During Pregnancy Factsheet” Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; September 2024.
- Fok, CCT, Awakuni, J, Shim, M. "Unintended Pregnancy Factsheet” Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; December 2024.
- Fok, CCT, Awakuni, J, Shim, M. “Safe Sleep Factsheet” Honolulu, HI: Hawaii State Department of Health, Family Health Services Division; February 2025.

Presentations

- Takahashi, K. & Matheis, M. (2024, April). Experiences of youth with special healthcare needs: Perspectives on their healthcare needs. Paper presentation at the 39th Pacific Rim International Conference on Disability and Diversity, Honolulu, HI.
- Fok, CCT, Shim, M. (2024, September). Risk factors associated with adolescent alcohol use in Hawaii, YRBS 2017-2021. Poster presentation at the 2024 CityMatCH Maternal and Child Health Leadership Conference, Seattle, WA.
- Galanis, Dan. (2025, June). Hawaii Pregnancy Risk Assessment Monitoring System (PRAMS) Safe Sleep Data. Presented at Hawaii Safe Sleep Summit.

Websites/Data Trackers (Dashboards)

Hawaii State Department of Health, Hawaii Health Data Warehouse, **Pregnancy Risk Assessment Monitoring System**. Data for 2000-2019. https://hhdw.org/data-sources/pregnancy-risk-assessment-monitoring-system/

Hawaii State Department of Health, **Pregnancy Risk Assessment and Monitoring System** (PRAMS). https://health.hawaii.gov/fhsd/home/hawaii-pregnancy-risk-assessment-monitoring-system-prams/.

Hawaii State Department of Health, The **Hawaii Primary Care Needs Assessment** Data Tracker www.hawaiihealthmatters.org/Dashboards/PCNA. This convenient online tool allows users to compare common health statistics across all 35 primary care service areas in Hawaii. It includes over 45 indicators of population characteristics and health status to monitor an area's social determinants of health. The tracker includes a short section on Maternal Infant health, utilizing basic vital statistics of birth and infant death data.

Hawaii State Department of Health, The **Oral Health** Data Tracker Hawaii Health Matters :: Indicators :: Oral Health Tracker This convenient online tool allows users to review data across 30 oral health indicators for children, pregnant women (PRAMS), and adults.

Hawaii State Department of Health, The **MCH Mental Health** Data Tracker https://www.hawaiihealthmatters.org/indicators/index/dashboard?alias=MentalHealth This convenient online tool allows users to quickly review data across over 40 mental health indicators for pregnant women, children, adults, and families.

III.C.1.b.ii.e. Other Data Capacity

Hawaii Unique Data Issues. Hawaii faces a uniquely complex challenge: U.S. datasets collected or aggregated at the national level often fail to reflect local realities. The majority of the state's population currently identifies as Asian, Native Hawaiian or Pacific Islander, and/or with mixed ancestry. These categories of race/ethnicity are typically aggregated or suppressed in national datasets. Within these broad categories are priority ethnic subpopulations, such as Filipinos (within "Asian") and Micronesians (within "Native Hawaiian and Pacific Islander"), whose specific health needs are often disparate and obscured by the broader data provided.

Island Landscape. Additionally, standard national geographic data classifications (e.g., county, metro vs. rural) fail to account for the unique diversity in health access and infrastructure across the Hawaiian Islands. For example, Maui County is comprised of three inhabited islands (Maui, Molokai, and Lanai), yet the main perinatal delivery and healthcare facility is located only on the island of Maui, which is inaccessible to residents of Molokai and Lanai except by air or sea transport.

Most specialty care, with related physician and support services, are concentrated in Honolulu on Oahu Island, which creates significant imbalance of access to needed care for all neighbor island communities.

As a result, existing data sources are limited in providing detailed information on key population groups, such as diverse Pacific Islander communities, and in identifying healthcare gaps smaller than the county level. This challenge is further compounded by a post-COVID reduction in state epidemiologic capacity, creating gaps in both the availability and analysis of MCH health data statewide.

To help address these data collection and analysis limitations, FHSD collaborated with an array of public and private sector partners to strengthen data collection and analysis for more effective program planning purposes.

WIC Clients Research: WIC oversees one of the largest client datasets in DOH, yet it has very limited internal resources for data analysis. The University Center on the Family (COF) was recently contracted to more comprehensively analyze existing WIC program data. This was implemented to better understand more about specific WIC client population characteristics, how clients use their benefits, and WIC enrollment issues.

COF collaborated with a diverse WIC Community Advisory Committee to help develop the data analysis plan. The WIC Data findings and factsheets are posted on both the WIC and COF websites. See the narrative for SPM 2 (food insecurity) for its key data findings.

Domestic Violence (DV) Data Workgroup. In a unique cross-agency data collaboration effort, the Title V DV Coordinator is currently convening a team of epidemiologists from the Department of Health's Planning Office, Injury Prevention Program, Violent Death Surveillance System, and the University of Hawaii at Manoa, Department of Public Health Sciences Epidemiology faculty. Together, they propose to examine and analyze all available data to

better understand and respond to the extent, scope, and nature of DV-related injury and death in Hawaii.

The workgroup also included recent UH graduate PH students, who will analyze the DOH Emergency Management System Patient Care Report data to more accurately determine relevant recent hospital-emergency response trends and determinants of DV and DV disparities in Hawaii. UH Institutional Review Board (IRB) approval was secured, and preliminary findings are expected by early 2026. National Incident Based Reporting System (NIBRS) data is also being examined for potential added data elements relating to DV.

National Survey on Children's Health (NSCH): The NSCH addresses the gap in surveillance data for early and middle childhood, CSHN, and their families, including social determinants of health. However, as earlier discussed, problematic issues with the NSCH data currently limit its usefulness in state-level planning efforts, particularly with geographic limitations and Hawaii subpopulation health equity concerns.

Limitations: While the NSCH survey provides standardized state-level estimates, Hawaii's sample size is small, which calls for analysis of aggregated data across multiple years. For measures that examine a subset of data (i.e., ages 1-3 years for developmental screening), even aggregated data does not provide stable estimates, so states are advised to use the data with caution.

Secondly, the NSCH data is reported by using standard federal race classifications that combine all Asian groups and combining Native Hawaiians with all other Pacific Islanders.

Finally, the NSCH data does not allow for essential county-level estimates. Since Hawaii is a relatively small island state, the geographic barriers and varying resources across counties often result in significant health outcomes with disparate health status. This presents a major limitation for the use of existing NSCH data.

Value of NSCH. Despite its noted data limitations, the NSCH is a unique and useful population-based national data source. Unlike many datasets that focus only on physical or mental health, the NSCH covers a broad range of issues, including physical/mental/emotional health, development, health care access, family environment and community context.

Some of the data gaps the NSCH survey fills include:

- Data on Children with Special Health Care Needs (CSHCN), a population that is often overlooked in general child health surveys.
- Data on early to middle childhood health status, including measures for screen time, frequency of reading to children, school readiness, and an innovative Flourishing Child Index used to assess overall wellness.
- Community Health factors such as family economic hardship, neighborhood safety, and access to safe play spaces, which are often missing in other child and family health datasets.
- Parental Health and Family Functioning indicators, including parental mental health, stress, and family resilience, all of which directly influence child health outcomes.
- Tracks access to preventive health services, continuity of care, and the presence of a medical home, all of which are essential indicators of a functional child health system

Title V MCH Interns. Two Title V summer interns are currently working on a Hawaii-specific NSCH data report card, which replicates elements of the 2009 state NSCH profile report cards that were at one time generated by the NSCH website for each state. The intent of the profiles is to generate greater interest in the survey findings and to support efforts to secure funding for an expanded sample or the development of a similar locally based survey.

P-20 Project: CSHNB programs are participating in the Hawaii P-20 Partnerships for Education project. It is designed to analyze data across state agencies to track the progress of student cohorts to help identify and improve educational and workforce outcomes.

The Statewide Longitudinal Data System (SLDS) is administered by the University of Hawaii and links cross-agency information on Hawaii residents from infancy, early learning, K-12, postsecondary education, and the workforce. The

data is intended to inform strategies and drive resource allocations to strengthen student transitions and outcomes, support program evaluation, and allow partners to better understand and predict the longitudinal outcomes of their populations.

CSHNB has an agreement in place with P-20 to share its data from both the early intervention and newborn hearing screening programs. With this data, P-20 can help determine to what extent the implementation of newborn hearing screening and early intervention services might affect children's development, education, and later life outcomes.

CSHN Ongoing Needs Assessment**:** CSHNB recently collaborated with the University of Hawaii Center on Disability Studies (CDS) to conduct an ongoing needs assessment of children with special healthcare needs (CSHCN) in Hawaii. This effort included a comprehensive analysis of data on the state's CYSHCN population, which included a variety of data sources such as the National Survey on Children's Health (NSCH). In February 2024, preliminary findings from the 2019-2020 NSCH dataset were presented at the Pacific Rim International Conference on Disability and Diversity. Data from 2019-2020 is currently being further updated and analyzed.

Primary data was collected via an online survey of youth, ages 12-22 years, including special healthcare needs youth and focus groups of both youth and parents. Questions for the survey were adapted from the National Survey on Children's Health (NSCH). The survey was translated into Tagalog, Ilokano and Hawaiian to collect specific and more useful data from underrepresented and disparate health populations.

The CSHCN survey was disseminated widely through targeted outreach via various community programs for youth with special needs. CDS secured approval from the State Department of Education's Superintendent to distribute information about the survey to students who were currently receiving DOE special education services. Approximately 440 students began the online survey with 272 respondents completing the full written survey.

Focus groups with HYSN and/or their caregivers were initiated; however, CDS had a difficult time recruiting participants. Partnerships with youth-serving organizations were considered to develop more effective recruitment focus group strategies. Unfortunately, release of results of the needs assessment were delayed due to the loss of key project research staff. A final report is expected in late Summer 2025.

III.C.1.b.iii. Title V Program Partnerships, Collaboration, and Coordination

This section highlights Family Health Services Division's (FHSD or Division) collaborative efforts with both public and private organizations to address the needs of the general maternal and child health population, as well as those of CSHCN.

Federal MCH Bureau (MCHB) Investments. In Hawaii, three primary recipients receive MCHB funding: DOH, Hilopa'a, and University of Hawaii. With the exception of one award, all DOH grants are managed by FHSD. FHSD is the lead agency for the following:

- Title V Maternal and Child Health Services (Title V)
- MCHB State Systems Development Initiative (SSDI)
- Maternal, Infant and Early Childhood Home Visiting (MIECHV) Grant Program
- Early Childhood Comprehensive Systems: Health Integration Prenatal to Three Program (ECCS HIPP)
- Pediatric Mental Health Care Access Expansion (PMHCA)
- Universal Newborn Hearing Screening and Intervention (NHSI)

Both the Title V and SSDI are managed at the Division level, providing leadership with a comprehensive, systems-based perspective across the Division's operations. This vantage point is instrumental in leveraging resources from both grants to expand the capacity and reach of Title V programs and other MCHB-funded initiatives. Throughout each phase of the Needs Assessment process, key personnel from the MCHB grant funded programs were actively engaged. Recognizing the value of structured cross-collaboration, FHSD identified this as a central focus for the next five-year period.

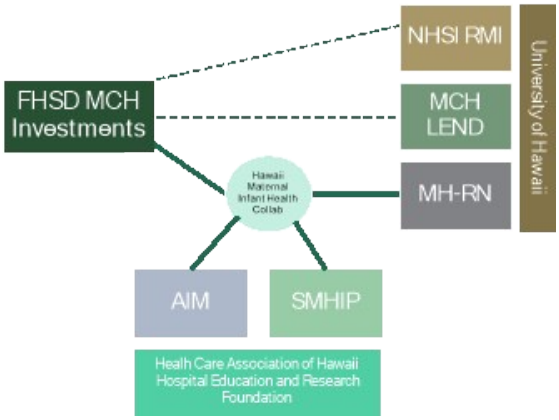
Emergency Medical Services for Children (EMSC). The EMSC grant is overseen by the Emergency Medical Services & Injury Prevention Systems Branch (EMSIPSB). This grant primarily supports advancements in Emergency Response, Provider Training, and the deployment of practical tools such as mobile applications for emergency personnel. While opportunities for program interoperability are currently limited, both the Title V Director and the Branch Chief of EMSIPSB serve on the DOH Executive Committee, which provides regular opportunities for collaboration and communication.

The following section provides a summary description of the relationships between FHSD and the non-DOH MCHB investments. Graphics depictions are used to demonstrate the strength of the relationships between the grantees. Solid, thick lines exemplify closer and stronger relationships.

University of Hawaii. Is a recipient of three MHCB funded grants, two of which serve the state of Hawaii:

- Universal Newborn Hearing Screening and Intervention (NHSI)
- Leadership Education in Neurodevelopmental and Related Disorders Training Program (MCH LEND)
- Maternal Health Research Network (MH-RN) for MSIs--Research Awards

The University's Center on Disability Studies (CDS) supports NHSI activities for the Republic of the Marshall Islands. CDS staff have strong collegial relationships with the Hawaii NHSI and Early Intervention staff and all find value in their information relationship.



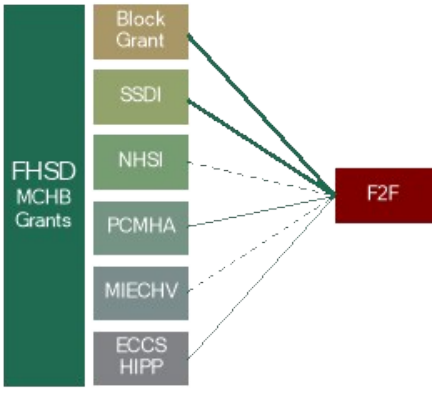
The MCH LEND has a long-standing relationship with FHSD. FHSD staff have pursued professional development opportunities as long-term trainees, which has expanded staff and program capacity.

The HMIHC, partially funded by FHSD, serves as the central hub for many aspects of maternal health. The leadership team of the Maternal Health Research Network (MH-RN) actively participates in HMIHC initiatives.

Healthcare Association of Hawaii and the Hawaii Hospital Education and Research Foundation. The Healthcare Association of Hawaii (HAH) manages two additional MCHB maternal health grant programs:

- Alliance for Innovation in Maternal Health (AIM) Capacity
- State Maternal Health Innovation Program (MHI)

Leadership and staff from both grants are also engaged in the activities of the HMIHC. By partnering with FHSD, the HMIHC provides vital input for programmatic decisions. This collaborative approach broadened the capacity and scope of all related programs. The intersection of maternal health research and quality improvement within the HMIHC offers the most effective platform for sharing knowledge and advancing advocacy efforts across the state.



Hilopa'a. The Hawaii State Family to Family Health Information Center grant was awarded to Hilopa'a since its inception. Hilopa'a has served as a long-term partner to FHSD. There is engagement at all levels of both organizations.

Hilopa'a staff support families through their warmline and can include those who are also served by the NHSI, MIECHV, and Title V programs. Hilopa'a also provides technical assistance and consultation services to other

grantees, expanding capacity and reach.

2025 Partnership Inventory. The table below lists partnerships affiliated with one or more FHSD programs or has a direct working relationship with FHSD. The table also identifies each partner's population domain areas. As noted in the Needs Assessment Process narrative, several new partnerships were formed during the assessment process. As FSHD begins implementing strategies to address priority needs, program staff are working to further integrate these new relationships into program activities.

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Other HRSA Programs within FHSD						
State Primary Care Offices	●	●	●	●	●	●
Medicare Rural Hospital Flexibility						●
Small Rural Hospital Improvement Program						●
State Offices of Rural Health	●	●	●	●	●	●
Other HRSA Programs						
Area Health Education Centers (AHEC) Program			●	●		●
Hawaii Primary Care Association	●	●	●	●	●	●
Hamakua Health Center, Inc	●	●	●			●
Hana Community Health	●					●
Hawaii Island Community Health Center Inc	●		●			●
Hoola Lahui Hawaii						●
Hui Mālama Ola Nā ʻŌiwi	●	●				●
Hui No Ke Ola Pono	●					●
I Ola Lahui						●
Kalihi-Palama Health Center	●					●
Keʻola Mamo	●					●
Kokua Kalihi Valley	●	●	●	●		●
Koʻolauloa Community Health Clinic	●					●
Lanai Community Health Center	●			●		●
Mālama I Ke Ola	●	●	●			●
Molokaʻi General Hospital Rural Health Clinic						●
Molokaʻi Ohana Health Care, Inc.						●
Papa Ola Lōkahi	●	●				●
The Clinic at Kahuku Medical Center						●
Wahiawa Center for Community Health						●
Waianae Coast Comprehensive Health Center	●	●				●
Waikiki Health Center	●					●
Waimanalo Health Center						●

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Other Federal Investments						
Centers for Disease Control and Prevention	●		●			
Department of Agriculture	●	●				
Office of Adolescent Health				●		
Tripler Army Medical Center	●	●			●	
Programs within Department of Health (not including FHSD and Title V programs)						
Adult Mental Health Division						●
Chronic Disease Branch				●		
Developmental Disabilities Division			●		●	
EMS and Injury Prevention System Branch		●		●		
Harm Reduction Services Branch	●	●		●		●
Office of Health Equity and Surveillance, Evaluation, & Epidemiology Office	●					●
Office of Planning, Policy, and Program Development	●	●	●	●	●	●
Other State and Local Government Programs						
County of Hawaii – Office of the Prosecutor						●
Department of Education		●	●	●	●	●
Department of Human Services (e.g., Medicaid program; Office of Youth Services)	●	●	●	●	●	●
Executive Office on Early Learning (including Early Head Start and Head Start programs)	●	●	●		●	●
Hawaii National Guard Youth Challenge Academy					●	●
Hawaii State Council on Developmental Disabilities					●	●
Hawaii State Judiciary						●
Office of Language Access		●				●
Health Professional Education Programs and Universities						
Chaminade University						●
University of Hawaii – Maui College			●			●
University of Hawaii at Manoa – John A. Burns School of Medicine	●	●	●	●	●	●
University of Hawaii at Manoa – JABSOM, MCHLEND					●	●
University of Hawaii at Manoa – Office of Public Health Studies	●	●	●	●	●	●
University of Hawaii at Manoa – School of Nursing and Dental Hygiene	●	●	●			●
University of Hawaii Hilo						●

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Healthcare Organizations (hospitals, clinics, insurance carriers)						
Adventist Health Castle		●				
AlohaCare Insurance		●	●		●	●
Bayada Home Care	●	●				
East Hawaii Health Clinics						●
Five Mountains Hawaii, Inc.						●
Hawaii Community Genetics Clinics					●	●
Hawaii Dental Association			●			●
Hawaii Dental Hygiene Association			●			●
Hawaii Dental Service			●			●
HHSC Kauai Region Clinics			●			●
HMSA QUEST					●	●
Kaiser Permanente		●			●	●
Kapiolani Medical Center for Women and Children	●	●				●
Kona Community Hospital	●	●				●
Ohana Health Plan	●				●	●
Queen's Medical Center		●				●
Shriners Hospital for Children		●				●
Tripler Army Medical Center	●	●				
United Health Plan					●	●
Wilcox Medical Center		●				●
Professional Organizations						
American Academy of Pediatrics – Hawaii Chapter	●	●	●	●	●	●
Maui Nui Medical Society						●
American College of Obstetricians and Gynecologists – Hawaii Chapter	●	●				●
Hawaii Society of Family Physicians					●	●
National Organizations						
National Association for the Education of Young Children		●				
US Breastfeeding Coalition	●	●				

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Non-governmental Organizations						
Aging and Disability Resource Center					●	
Best Buddies Hawaii					●	
Breastfeeding Hawaii	●	●				
Child and Family Services		●				
Children's Community Councils		●	●		●	
Coalition for a Drug-Free Hawaii				●		
DentaQuest Foundation			●			
Domestic Violence Action Center	●					●
Early Childhood Action Strategy	●	●	●			
EPIC ʻOhana, Inc.	●	●			●	●
Family Hui Hawaii	●	●	●			
Family Promise			●			●
Family Support Hawaii	●					
Hale Ōpiʻo				●		●
Hawaii Appleseed Center for Law & Economic Justice			●			●
Hawaii Children's Action Network	●	●	●	●	●	
Hawaii Coalition for Immigrant Rights						●
Hawaii Coalition Against Sexual Assault						●
Hawaii Community Foundation		●	●			
Hawaii Good Food Alliance						●
Hawaii Health Data Warehouse	●	●	●	●	●	
Hawaii Health Survey Committee				●		
Hawaii HOSA						●
Hawaii Maternal and Infant Health Collaborative	●	●	●	●	●	
Hawaii Mothers Milk	●	●				
Hawaii Oral Health Coalition			●			
Hawaii Partnership to Prevent Underage Drinking				●		
Hawaii Project Extension for Community Healthcare Outcomes (ECHO)		●			●	
Hawaii Public Health Institute	●	●	●			
Hawaii State Chapter of Children's Justice Centers	●					●
Hawaii State Coalition Against Domestic Violence	●					●
Hawaii State Rural Health Association	●					●
Hawaii Youth Services Network				●		
Healthy Mothers Healthy Babies	●	●				
Hilopaʻa Family to Family, Inc.	●	●	●	●	●	
Hoʻoikaika Partnership	●		●			●

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Non-governmental Organizations (continued)						
Ho'omana Thrift Store						●
HOPE Services						●
Imua Family Services			●		●	●
Institute for Human Services		●				
Ka Makua Holomua			●			●
Kākou for Keiki Collective			●			●
Kā'ū Rural Health Community Association						●
Kauai Action and Planning Alliance	●		●			●
Keiki Injury Prevention Coalition		●				
Keiki o Ka 'Āina		●	●			●
KMC Haleiwa						●
La Leche League	●	●				
Leadership in Disabilities and Achievement of Hawai'i					●	●
Legal Aid Society of Hawaii						●
Legislative Disability Forums					●	
Lili'uokalani Trust						●
Lydia's House						●
March of Dimes	●	●				
Marshallese Association of Kauai						●
Maui Economic Opportunity, Inc.						●
Maui Family Support Services						●
Mental Health America of Hawaii				●		
Nest for Families						●
PACT	●	●	●			●
PA'I Foundation						●
Partners in Care						●
PATCH (People Attentive To Children)		●				
Perinatal Action Network	●	●				
Perinatal Nurse Managers Task Force		●				
Planned Parenthood Kahului Health Center	●					●
PREL						●
Prevent Suicide Hawaii Taskforce				●		
Roots Reborn						●
Safe Sleep Hawaii		●				
Sex Abuse Treatment Center	●					●
Special Olympics					●	
Special Parent Information Network					●	
Vibrant Hawaii						●

Partner Organizations	Women's Health	Infant Health	Child Health	Adolescent Health	CSHCN	Needs Assessment
Non-governmental Organizations (continued)						
We are Oceania						●
Youth Tobacco Prevention Coalition				●		
YWCA Big Island						●
YWCA Kauai						●

III.C.1.b.iv. Family and Community Partnerships

Hawaii is committed to increasing engagement of families across all of its Title V programs within this complex and evolving social and healthcare environment. FHSD recognizes the crucial importance of parent and family involvement and is steadily building Title V staff and program capacity in this core area. This section highlights FHSD recent efforts towards building our agency capacity to support and grow greater family partnership/engagement.

A number of FHSD programs have an existing strong family engagement (FE) component within their work (i.e., CSHN programs) and grant-funded programs with a specified FE requirement, such as the Early Childhood Comprehensive Systems (ECCS) grant.

The Division's main goal is to build FE capacity across all FHSD Title V programs. Recent efforts to do this include:

- Convening of a division-wide workgroup to explore ways to grow FE.
- Development of compensation guidelines with the nonprofit agency, Hawaii Children's Action Network (HCAN), to assist FHSD with providing family engagement supports.
- Conducting a range of needs assessment survey activity to assess FHSD programs' FE priorities and activities.
- Contracting for an FE-specific Title V family support representative.
- Providing dedicated funding for FHSD programs to conduct a wider range of FE activities.
- Providing continued funding for the HCAN-led Parent Leadership Training Institute (PTLI), using PLTI alumni as peer facilitators in FHSD program activities.

The FE workgroup activities were halted as more programs over time have assumed greater responsibility for planning and implementing how to engage more effectively and directly with parents, families, and clients participating in program services.

Family Engagement Surveys. To help better inform and guide the FE Division activities, a series of FHSD program surveys were periodically carried out since 2018 to:

- Increase awareness and promote greater family engagement.
- Assess client knowledge and family engagement practices.
- Collect input on how family engagement practices might be better supported.

Key findings from the FE surveys indicate:

- Programs needed more incentive methods/funding sources to compensate families for their participation, more information-sharing between programs was needed, and more staff training.

- Family/youth direct input was often collected to develop more targeted educational materials/health messaging, followed closely by customized needs assessment processes.
- Over the years, there was an increase in the number of programs that regularly seek to directly engage both current clients and prospective families in program planning, priority setting, and goal setting.
- Programs have expressed a greater need for more information-sharing between and among FHSD programs, especially regarding linked research/survey findings and cross-promotion of applied family/youth research (surveys), relevant program events, and staff and client trainings.

FHSD Advisory Committees. FHSD has five long-standing advisory committees/task forces, which require FE participation via parent and/or family volunteers: the Violence Prevention programs; the Early Intervention Coordinating Council; the Hawaii Children's Trust Fund Coalition; the Newborn Hearing Program; and the Early Intervention program. There are also several existing service contracts that require community/client input/FE participation to assure quality improvement.

Ad-Hoc Family Committee Engagement. There are several ad-hoc family engagement efforts that have been time-bound:

WIC partnered with Hawaii Children's Action Network from 2022-23, convening an Advisory Group to identify specific ways to improve the WIC client experience and expand WIC enrollment numbers. The workgroup included public and private sector agency partners with several WIC clients, which was funded by a Partnership for Children grant. More information on this initiative can be found in the Food Insecurity state performance measure narrative.

Another grant-specific family leadership development effort was the state Family Leadership Council, which was convened by the Early Childhood Comprehensive Systems (ECCS) program. More information on this initiative is provided later in this narrative.

The state Legislature also has the authority to fund the establishment of community advisory groups, such as a recent Deaf and Blind Taskforce. This Taskforce was created to develop more consistent state policy approaches towards improving services for this diverse community with its unmet needs.

Peer Support. The WIC Branch is the only state program that directly employs breastfeeding-experienced mothers on a part-time basis to support its breastfeeding peer counseling program. Currently, the program is only accessible to Oahu's WIC families; however, a consultant was contracted in FY 2025 to assist with expanding this vital MCH support program to neighbor islands. The Hearing Screening program also regularly uses volunteer peer-led family supports for its clients.

AMCHP/Title V Family Leader. Since FY2023, FHSD has contracted a family support leader to serve as the state's AMCHP family leader and the Title V grant family leader. This position provides invaluable technical support to improve family and community engagement activities directed primarily for Title V grant priorities and needs assessment and for FHSD programs in general.

In FY 2024, Leolinda Iokepa—a Native Hawaiian and Director of the Hawaii Family to Family Health Information Center (Hilopa'a)—was contracted to serve as the Hawaii Title V family leader. She also brought several years of experience as the Director of the MCH Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program. As the mother of a special needs adult son, she provides experience with Title V programs, services, and the challenges of raising a child with special needs. She also brings professional experience as a

sought-after health and human services consultant and contractor, working with the Hawaii state Medicaid program, various healthcare organizations, and various DOH and agency programs. She most recently served as the lead consultant for the Division's Title V five-year needs assessment process.

Title V Needs Assessment. Family partnership and community engagement drove all phases of the recent statewide MCH needs assessment process. FHSD contracted with Hilopa'a, under Leolinda Iokepa, to lead the needs assessment planning and implementation process in partnership with FHSD and the University of Alabama at Birmingham School of Public Health (UAB).

Hilopa'a strengthened the local infrastructure in establishing advisory committees, planning and facilitating informational meetings to collect input, and enhanced engagement opportunities with community partners and families throughout the needs assessment stages. Input from families and community partners significantly shaped the development of the community survey; contributed data for the environmental scan; helped to identify gaps in existing available quantitative and qualitative data; and brought visibility to subpopulations and communities that are often underrepresented in traditional data collection efforts.

Hilopa'a also led outreach efforts with FHSD to engage community brokers who are serving key MCH populations to encourage them to host and potentially facilitate, community focus groups. Support provided included: user-friendly orientation materials; a simple agreement that enabled each organization to choose its level of involvement; a fair compensation schedule; and ongoing needs assessment training and technical assistance. Invoicing procedures were also streamlined to reduce their administrative burden.

Hilopa'a also developed customized focus group "toolkits" for each community organization with all necessary supplies and participant incentives to ensure successful community/family/individual engagement.

Building on the initial needs assessment findings, Hilopa'a and UAB faculty facilitated joint feedback sessions with FHSD and community partners to help systematically review and interpret the data. These sessions were crucial to the final prioritization of needs and the selection of performance measures, which were critical steps in developing the State Action Plan. For more details, see Section III.C: Needs Assessment.

CSHCN. Family/Community engagement was also fully integrated into the CSHN Branch development of a strategic plan, using the National Framework for CSHCN or "Blueprint": Family Community. This CSHN planning process is described in detail in section III.B.2.a , Agency Purpose and Design.

ECCS grant: Hawaii was awarded the ECCS HIPP grant in 2021, which emphasizes the importance of engaging parents in early childhood system-building efforts and in shaping key policy decisions.

The Family Leadership Engagement Coordinator (FLEC). Jessica Kaneakua, who is Native Hawaiian, was hired in 2023 through a contract with the nonprofit Healthy Mothers, Healthy Babies program. As the family inclusion expert, Ms. Kaneakua is the mother of a 3-year-old daughter and a 7-year-old son. She has extensive community service experience serving on Hawaii Island and received her master's degree in Human Development, Family Studies, and Legal Studies, with an emphasis on Indigenous Peoples' Law. She also supported the development of a several community coalitions on Hawaii Island, focusing on assuring that 'family voices' are sustainably integrated into programmatic decision-making.

Ms. Kaneakua currently leads the ECCS Infrastructure Development (ID) Work Group, which created several prototypes for engaging family leaders in the processes of grant systems-building work. She ensured that family leaders are engaged in this work group process via group and individual key informant assessment interviews.

Findings from these family interviews are widely shared with the ECCS workgroups, along with identified recommended family leader engagement methods.

Family Leadership Resources. Direct input from families was used to develop a set of *relational agreements* that guide how grant workgroups collaborate on specific projects. These agreements promote equitable participation and emphasize shared decision-making between individuals with lived experience and program professionals, ensuring all voices are valued and treated as equal partners. Other documents developed with family leaders input include:

- Family Leadership Spectrum
- Cultivating ECCS Family Leaders
- Principles and Practices
- Workgroup Onboarding for Family Leaders

2024 ECCS Summit. Family leaders provided critical guidance to plan and implement an in-person ECCS Summit that was held in 2024, which used family input into improving program design and deliverables. Family leaders were integrated to a greater degree than in previous summits as presenters, breakout group facilitators, and summit participants.

Family Leader Community of Practice. Family partnership is now supported at all levels of grant decision-making, including within the grant leadership team.

To further enhance and strengthen family input, a Community of Practice (COP) of Family Leaders was established by the FLEC, which serves to review, provide feedback on, and approve decisions by the ECCS grant leadership group. In FY 2024, a year-long plan of activities and trainings was co-created with family leaders to strengthen family leadership capacity. The intended goal was to have family leaders actively participate in ECCS workgroup meetings, along with agency and service provider professionals. Regular cohort meetings were held to implement the 'Roadmap' plan, which was led by the FLEC with additional support from Hilopa'a.

Training. Additional training opportunities were hosted by ECCS and open to other parent advisory committees. One of the trainings included the Michigan Parents Partnering for Change program, which conducted a 3-day introductory leadership training to help parents build the core skills needed to become effective leaders and active participants. Training topics included:

- How to tell your family story
- What it means to be a parent leader
- Understanding communication styles
- How an advisory board works
- Making meetings effective
- Conflict management

The ECCS COP members also served as one of the Title V Needs Assessment's family focus groups. Since membership is statewide, this focus group was conducted virtually.

Leadership development for parent participants in the COP cohort took longer than initially anticipated. Building new skills and gaining the confidence to engage with agency professionals is a challenging process, particularly for a group of parents coming primarily from working-class backgrounds. ECCS was intentional, however, in recruiting

participants from diverse socioeconomic backgrounds and communities.

To truly center families and communities in this process, ECCS emphasized the importance of a mindset shift among system decision-makers and agency partners that are involved in project workgroups. This shift includes the need to embrace inclusive practices at every stage of the work to ensure that family leadership is genuinely welcomed and valued. This evolving mindset was powerfully captured in a series of video interviews with ECCS agency partners, who underscored the critical importance of respectfully listening to families. These videos were shared with parent leaders as a way to welcome them as equal partners in the collaborative process and to affirm their vital role in driving change.

Currently, family leaders are compensated for their time. More formal long-term guidelines for improving family supports are being developed to ensure both successful and sustainable FE participation. The grant activities to date have indicated a dedicated internal commitment to support family leaders, with increasing participation in a wide range of programmatic activities across the system. The family partnership practices are currently being documented with useful handouts to help inform and educate similar state systems-building efforts.

Funds to Support FHSD FE Activities

FHSD contracted with a community partner, the Hawaii Children's Action Network (HCAN), to help strengthen and support a wide range of program engagement activities to support families within all FHSD programs. The funds are used to provide parent/family incentives so that parents/families will more readily be able to participate in program activities including:

- Incentives for participation in both online and in-person surveys of parents and youth with special health care needs.
- Compensation for parents/families to participate in specific focus groups, conferences, and meetings.
- Funds for the development, printing, and purchasing of materials to assist with more effective community educational FE outreach.
- Sponsorship of an array of community health/outreach events that are designed for parents and families.

Since FE has become more fully integrated and visible across FHSD programs, this fund has primarily supported Title V needs assessment activities. Most Division programs now routinely budget and expend funds for family stipends, incentives, messaging, and related supports, including travel and registration for parent/family participation in local and national conferences, meetings, and trainings.

Family/Community Compensation In response to FHSD's request for assistance, HCAN developed a draft compensation policy to help address FE compensation for families and community members with lived experience. HCAN now compensates family leaders using this new policy and is sharing it widely as a policy template for other organizations to consider adopting. This policy was used for determining compensation for the recent Title V needs assessment focus groups and other FE data gathering efforts.

FHSD FE Survey. Originally, FHSD planned to conduct a program survey as part of the needs assessment process to document current family engagement activities and compensation practices and rates. However, this survey has been rescheduled for FY 2026. The survey results will be used to develop further guidelines for family engagement compensation and will serve as a resource for identifying and promoting best practices in family engagement across all Division programs.

Parent Leadership Training Institute (PLTI) FHSD programs continued to provide technical assistance and financial support to PLTI Hawaii, an evidence-based parent leadership curriculum that is administered by HCAN.

The PLTI curriculum consists of a 20-week training on leadership and civic engagement in which all parent participants are required to plan, implement, and evaluate a community project of their choosing to improve child and family outcomes. A graduation ceremony is held at the end of the training where new parent leaders provide brief presentations on their individual community projects. Members from the FHSD FE committee periodically participate in PLTI sessions, including presentations on community projects and the graduation ceremonies. Information about PLTI Hawaii is available on the HCAN website http://www.hawaii-can.org/plti.

2024-25 Cohort: Out of 52 applicants, 28 individuals were selected for the 10th cohort of PLTI Hawaii, representing Kauai, Oahu, Maui, and Hawaii Islands. This hybrid cohort featured both an in-person retreat and a graduation ceremony that was held on Oahu. The 20-week training sessions were delivered virtually to ensure greater accessibility and statewide participation. To promote greater parental engagement, HCAN provided interisland travel, ground transportation, supplies, meals, and childcare, which helped to foster a more inclusive and supportive environment in which all parent participants could thrive.

Presentation topics included: effective social media practices, writing letters or editorials for publication, and understanding levels of government structure and the legislative process. Guest speakers, State Representative Luke Evslin (Kauai) and Honolulu Councilmember Radiant Cordero, both shared their perspectives on serving as elected officials, offering practical tips for engaging with policymakers and highlighting community initiatives that successfully influenced policy change.

Each Parent Leader was paired with a mentor who provided guidance throughout the 20-week training program. Mentors helped to connect participants with agency and program partners that aligned with their areas of interest and supported them in their project planning and implementation. Ten Parent Leaders recently graduated and completed their community projects that focused on the health, education, safety, and wellness of children and/or families. Several project Mini-Grants were also awarded to participants to help them start their community project implementation.

Attrition. A persistent challenge for PLTI remains parental and family attrition. While the evidence-based 20-week PLTI curriculum is rich and impactful, the duration of the program can become a burden for many parents, especially for those who are balancing both work and family responsibilities. Although supports such as parent mentors have been implemented to reduce dropout rates, these efforts have had limited success to date.

The virtual format, while expanding access, has also presented additional barriers to sustained participation. Despite these challenges, PLTI mentors continue to engage with parents who are unable to complete the full program by inviting them to alumni events and encouraging participation in future cohorts to keep them more connected to the PLTI community.

Community Organizing and Family Issues (COFI). HCAN is expanding its parent leadership curriculum by incorporating the COFI (Community Organizing and Family Issues) training program. With a 40-year track record, COFI is nationally recognized for empowering low-income parents to become effective, innovative leaders within their families and communities (https://cofionline.org).

The COFI training is structured into three short phases, each consisting of 4–6 sessions and can also be offered as stand-alone trainings. With support from FHSD, HCAN now has five certified COFI trainers and will begin offering the training to PLTI alumni as well to further strengthen and sustain their community leadership development.

PLTI Alumni: More than 120 PLTI Hawaii alumni remain actively engaged with many serving as mentors for new PLTI cohorts. Over half of HCAN's facilitation staff are also PLTI alumni. The alumni network convenes quarterly and remains virtually connected via a newsletter and social media platforms, including Facebook groups and Twitter. Alumni continue to build their leadership skills by participating in HCAN's 'Ohana Leadership Council, a group of parent advocates who are involved in HCAN Speaks' policy and civic engagement efforts.

During the 2024–2025 program year, PLTI alumni further applied their knowledge and skills by actively participating in the 2025 State Legislative Session. They provided direct testimony on bills that impacted families, attended Legislative Lobby Days, and spoke at the Working Families Day rally at the Capitol in support of Paid Family Leave and related childcare legislation.

PLTI graduates continue to provide important input/feedback to help develop, test, and evaluate new FHSD media/educational messaging, including the importance and promotion of child wellness visits/immunizations for young children.

III.C.1.c. Identifying Priority Needs and Linking to Performance Measures

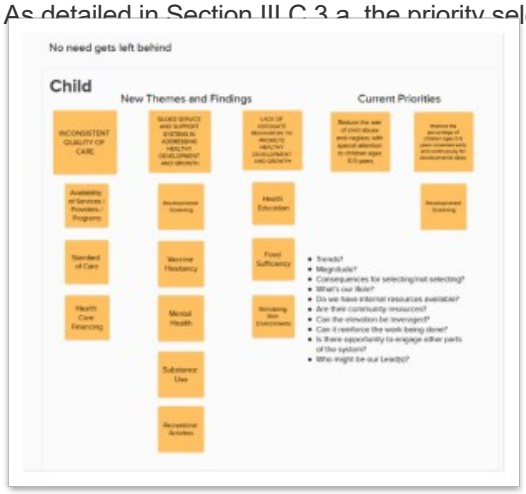
The prioritization process and the linking of selected needs to Title V performance measures (PMs) was conducted in collaboration with FHSD staff and facilitated by the Director of Hilopa'a Family to Family. A dedicated meeting was held for each MCH population domain, with broad participation from program staff and management across all Division branches and programs. For a more detailed description of the prioritization process, please refer to the needs assessment narrative in Section III.C.1.a.

Methodology. The overall methodology used to select the Hawaii priority needs and performance measures involved a facilitated process informed by results from the Title V Needs Assessment. Key resource materials included:

- Summary findings from the Community Survey, which ranked top priorities identified by families, youth, healthcare providers, and community service partners
- A revised mapping of nearly 70 key findings fact sheets

Together, these resources helped *contextualize the data*—that is, they provided insight into how specific needs and issues related to existing services, gaps in care, and community priorities within the healthcare system and the MCH population. This helped ensure that selected priorities were both data informed and grounded in local realities.

As detailed in Section III.C.3.a, the priority selection process was facilitated over a two-week period. Staff meetings were held virtually using the online collaboration tool Mural. The Mural "Board" displayed all the overarching themes and subordinate findings from the Needs Assessment for each domain. For almost all of the themes, there were two or more specific findings. This format allowed participants to visually explore linkages, relationships, and interdependencies across the numerous assessment findings.



This process led to several important insights regarding how to better align and leverage resources within the Division and across programs to address identified needs. Participants recognized that implementing a rigorous set of strategies within a single theme could generate positive impacts across multiple system areas. The concept of 'floating all boats' emerged as a unifying idea,

emphasizing that addressing one priority need could create ripple effects that could benefit other areas as well. While prioritization required making specific and difficult choices, the selected implementation strategies had the potential to support broader improvements beyond the formally identified priorities.

Throughout the process, participants utilized the needs assessment resource materials, including the Community Survey and Summary Sheets to ensure the community priorities were meaningfully integrated into prioritization decisions. These materials also sparked deeper discussions on key topics, such as:

- The inappropriate use of healthcare jargon and terminology when communicating with families
- The importance of providing services *with* and *for* the community, rather than simply *to* them
- How targeted strategic interventions could drive broader improvements in the healthcare delivery system

Ultimately, the process led to the selection of eight Priority Needs across five domains, including one cross-cutting Priority Need that spanned multiple domains.

National Performance Measures (NPMs) were selected based on their relationship to each Priority Need and evaluated, using four key criteria:

1. Data demonstrated clear needs and challenges.
2. There was alignment with community priorities, as reflected in state and local plans or initiatives.
3. The measure offered an opportunity to improve health outcomes across all communities with attention to key populations, including counties, ethnic and cultural groups, and low-income or rural areas.
4. The priority was appropriate for FHSD to address with sufficient programmatic resources and staffing.

NPM data was reviewed during the performance measure selection process. Staff discussed the reliability and availability of data sources, particularly in light of disruptions to PRAMS data collection to better assess reporting capacity. In total, eight Priority Needs were selected: seven aligned with NPMs and one required a State Performance Measure (SPM)

Following the selection of the Priority Needs and Performance Measures, the final list was presented to the FHSD Leadership Team for approval based on the recommendations of the staff participants. No changes were made to the final selections aside from a few suggested wording revisions.

Emerging Issues or Other Needs Not Selected. The needs that emerged as primary concerns for families included the state's high cost of living, lack of livable wage jobs, and lack of affordable housing. While these broader community challenges fall outside the statutory authority of FHSD, staff expressed a strong commitment to exploring strategic approaches to help address them not only through future planning and program activities aligned with Title V priorities, but also through other areas of the Division's work.

Factors that Contributed to Changes Since the Last 5-year Reporting Cycle. During this reporting cycle, increased staff engagement in the prioritization and performance measure (PM) selection process led to a deeper understanding of the needs assessment findings and the implications for the five-year plan. This collaborative approach resulted in several key takeaways:

- A strong desire among FHSD staff to work across programs to better align resources, promoting more efficient use and greater collective impact.
- Recognition that Title V activities can serve as a foundational infrastructure to support enhanced coordination across the Division.
- The rich insights offered by families and underrepresented communities through qualitative data collection,

which deepened understanding of people's experiences to inform more responsive decision-making.

- Improved staff capacity to engage in systems-level thinking, supported by technical assistance (TA) from the MCH Workforce Center and the success of local projects, which helped build staff confidence and motivation to engage in broader systems work.
- Expanded mental health program capacity enabled the inclusion of a mental health priority that cuts across all domains. While mental health was identified as a priority in the 2020 needs assessment, FHSD lacked the capacity at that time to address it effectively.

The Relationship Between Each NPM to the Priority Need.

The NPMs selected were related to addressing the selected priority needs. Seven of eight of the needs mapped to population-based NPMs. All of the priority needs relate essentially to quality assurance functions. The following table maps the Domain Priority Need to the selected Performance Measure.

Population Domain	Topic	State Priority Need	Measure
Women's/ Maternal Health	**Postpartum Visits**	Improve postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.	**NPM PPV** A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and B) Percent of women who attended a postpartum checkup and received recommended care components
Perinatal/ Infant Health	**Safe Sleep**	Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-related infant deaths.	**NPM SS** A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep
Child Health	**Develop-mental Screening**	Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems.	**NPM DS** Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
	Food Sufficiency	Assure food sufficiency for infants and young children by	**NPM FS** Percent of children, ages 0 through 11,

Population Domain	Topic	State Priority Need	Measure
		strengthening access to WIC nutrition services and supports, including outreach, enrollment assistance, and nutrition education for eligible families.	whose households were food sufficient in the past year.
	Medical Home	*Note: Required to also report on Medical Home for children*	**NPM MH** Percent of all children, ages 0-17, who have a medical home
Adolescent Health	**Bullying Prevention**	Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.	**NPM BLY** Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others
Children with Special Health Care Needs	**Medical Home** w/ focus on care coordination	Increase the number of children with special health care needs who have a Medical Home by focusing on improving care coordination.	**NPM MH** Percent of adolescents with special health care needs, ages 12 through 17, who have a medical home
Cross-Cutting		Increase access to responsive, trauma-informed mental health services and supports for women, children, and families.	**SPM**

The Needs Assessment process involved multiple touchpoints and active engagement with families, community organizations, advocates, staff, and other partners. A broad set of needs was identified and then prioritized using results from the Community Survey, which served as a key tool in the selection of state priorities. In addition, family and provider stories gathered through focus groups helped guide staff in interpreting the survey findings and making final selections.

The table below shows how the community ranked the eight selected Priority Needs, with results disaggregated by respondent role: Provider, Community Organization, and Families & Youth. Grayed-out domain areas indicate topics that were not presented as options.

The survey results clearly support the selection of mental health as a cross-cutting issue. With the exception of Postpartum Visits, Safe Sleep, and Developmental Screening, all other selected priority needs were ranked among the top four issues in their respective domains. Postpartum Visits, while not ranked as highly, remain a key strategy for addressing postpartum depression—an issue that did receive a higher ranking in the survey. By ensuring consistent postpartum care, screening and identification of postpartum depression can be integrated as part of the standard of care.

Although Safe Sleep and Developmental Screening did not rank highly in the community survey, family stories shared through qualitative data—including focus groups—reinforced the importance of both NPM selections. With FHSD's expanded capacity to engage families through qualitative methods, these approaches are expected to play a greater role in ongoing assessment and in driving system-level changes through more responsive program planning and strategic design.

2025 Hawaii Title V Selected Priority Needs Comparison with Community Survey Ranking

MCH DOMAIN / Hawaii Priority Need	Women/Maternal			Perinatal/Infant			Child			Adolescent			CSYCN		
	Health Care Prov.	Families & Youth	Org Partners	Health Care Prov.	Families & Youth	Org Partners	Health Care Prov.	Families & Youth	Org Partners	Health Care Prov.	Families & Youth	Org Partners	Health Care Prov	Families & Youth	Org Partner
CROSS CUTTING															
Mental Health	**1**	**3**	**3**				**1**	**1**	**1**	**1**	**1**	**1**	**3**	**2**	**2** tie
WOMEN'S/MATERNAL HEALTH															
Postpartum Visits	9	13	15												
Postpartum Depression Screenings	6	5	5												
PERINATAL/INFANT HEALTH															
Safe Sleep				14	14	14									
CHILD HEALTH															
Developmental Screening				5	6	**3**	15	10	6	20 tie	18	19	11 tie	10 tie	10 tie
Not Having Enough Food	11 tie	6	8 tie	7	4 tie	5	6 tie	4	4 tie	13 tie	11	10	18 tie	17	15
ADOLESCENT HEALTH															
Bullying										**3**	**3**	**3**	5	5	5
CHILDREN WITH SPECIAL HEALTH CARE NEEDS															
Care Coordination (Medical Home)													**2**	**1**	**1**

III.D. Financial Narrative

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,319,160	$1,587,890	$2,138,833	$2,202,574
State Funds	$29,759,413	$28,217,762	$29,962,854	$28,087,784
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$18,474,919	$5,837,054	$18,474,919	$7,106,191
SubTotal	$50,553,492	$35,642,706	$50,576,606	$37,396,549
Other Federal Funds	$40,729,830	$35,299,951	$41,413,149	$42,533,302
Total	$91,283,322	$70,942,657	$91,989,755	$79,929,851

	2024		2025	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$2,195,700	$2,407,971	$2,249,007	
State Funds	$34,554,745	$32,683,668	$35,134,031	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$18,334,030	$7,455,899	$18,324,188	
SubTotal	$55,084,475	$42,547,538	$55,707,226	
Other Federal Funds	$40,373,086	$43,594,408	$47,195,259	
Total	$95,457,561	$86,141,946	$102,902,485	

	2026	
	Budgeted	Expended
Federal Allocation	$2,152,257	
State Funds	$40,298,966	
Local Funds	$0	
Other Funds	$0	
Program Funds	$18,202,690	
SubTotal	$60,653,913	
Other Federal Funds	$45,604,060	
Total	$106,257,973	

III.D.1. Expenditures

The State maintains rigorous oversight of all Title V Maternal and Child Health (MCH) Block Grant expenditures through Datamart, which is the state's centralized accounting system. This system ensures accurate and comprehensive tracking of both federal and state (non-federal) funding throughout the State Fiscal Year (SFY), while providing detailed and timely financial data to support transparent reporting as well as effective fiscal management. These practices align with federal requirements and reflect the State’s continued commitment to fiscal accountability, performance monitoring, and the responsible use of public funds.

FY 2024 Expenditures as reported on the FY 2026 Application:

The Hawaii State Department of Health (DOH) Family Health Services Division (FHSD) is committed to improving the health and well-being of women, infants, children, and families across the state, including those children and youth with special health care needs (CYSHCN). In FY 2024, FHSD operated with a workforce of approximately 261.5 full- and part-time positions, including administrative, clinical, and programmatic personnel across three branches. Through nearly 30 distinctly unique programs, FHSD delivered a wide range of essential public health services that support maternal and child health throughout the state. This grant application outlines how our FY 2024 budget and expenditures are strategically aligned with Title V priorities, ensuring that resources are effectively allocated to optimally support key programs and services for the state’s diverse MCH population.

Uniquely Positioned to Serve

Because the DOH is the sole public health agency for the state, FHSD is singularly positioned to deliver a comprehensive array of maternal and child health services statewide. These services encompass direct clinical care, enabling services, population-based initiatives, and infrastructure development that is essential to improving health outcomes.

In FY 2024, FHSD’s three branches: Maternal and Child Health Branch (MCHB), Children with Special Health Needs Branch (CSHNB), and Women, Infants & Children (WIC) Services effectively addressed these diverse core needs with a Program Income budget of $18.2 million and expenditures that totaled $7,455,899. This multistream fiscal source is administered through five specialized state funds that develop and support targeted programmatic efforts:

- **Newborn Metabolic Screening Special Fund:** Financed through state reimbursements for newborn screening test kits.
- **Birth Defects Special Fund:** Supported by a $10 user fee assessed on each state marriage license.
- **Domestic Violence & Sexual Assault Special Fund:** Partially funded by user fees collected from birth, marriage, and death certificates.
- **Community Health Centers Special Fund:** Sustained through a designated portion of state cigarette tax revenues.
- **Early Intervention Special Fund:** Funded through combined resources from Medicare, Tricare, and the Random Moments Survey.

As a result of the budget passed by the 2025 State Legislature, the Birth Defects Special Fund was repealed and replaced with state general funds, in accordance with recommendations from a recent state audit report. Future financial reporting will reflect this programmatic transition.

Form 2 also notes that expenditures from other federal funds administered through various FHSD programs in FY 2024 amounted to a total of $43,594,406. These other federal fund expenditures supported core services programs such as WIC ($31.7M); Home Visiting (MIECHV) including ARPA funds ($4.6M); Early Intervention (Part C) ($2M); Community-Based Child Abuse Prevention Program activities including ARPA funds ($423,108); and 20 other federal programs.

Clients Served

Form 5a reports on the number of clients receiving direct or enabling services with *Title V and state matching funds*. The total served is 35,862 clients, which is broken out as follows:

Pregnant Women: 1,732
Infants < 1 Years of Age: 933
Children 1 through 21 Years of Age: 13,500
Children with Special Health Care Needs: 10,158
Others: 19,697

Form 5b estimates that FHSD programs using all funding sources combined were able to reach: 99% of the Pregnant Women; 99.1% of all Infants < 1 year of age; 26.4% of Children 1-21 years of age; 35.1% of Children with Special Health Needs (0-21 years of age); and 97.3% of Others.

Strategic Use of Title V Funds

Title V funds in FY 2024 were pivotal in supporting essential staff positions (23.9 FTE), including epidemiologists, several statisticians, program managers, a Physician Manager, a nutritionist, an audiologist, contract specialists, and general support staff. These positions have been essential in helping to manage FHSD's statewide services and programs; leverage diverse funding; conduct surveillance; form community partnerships; and ensure that services are family-centered, culturally competent, and community-based.

Legislative Requirements Met

Hawaii meticulously maintains documentation for all MCH Block Grant funding in line with Title V requirements. Expenses are tracked through *Datamart*, with fiscal and program staff providing close monitoring. FHSD also undergoes an annual fiscal audit, thus reinforcing our commitment to accountability.

Title V federal legislation requires that states allocate:

- at least 30% of block grant funds to preventive and primary care services for children, and
- at least 30% to services for children with special health care needs (CSHCN),
- while limiting administrative costs to no more than 10%.

In FY 2024, Hawaii not only met, but also exceeded these federal requirements:

- 32.6% of Title V expenditures supported preventive and primary care services for children,
- 55% supported programs for CSHCN, and
- no (0) Title V funds were used for administrative costs.

Demonstrating continued fiscal commitment to maximizing funding for optimal program impact, the Hawaii Department of Health (HDOH) waived all indirect costs for the Title V grant since 2009. In contrast, an indirect cost rate of 18.2% was applied to other federal grants in State Fiscal Year 2024.

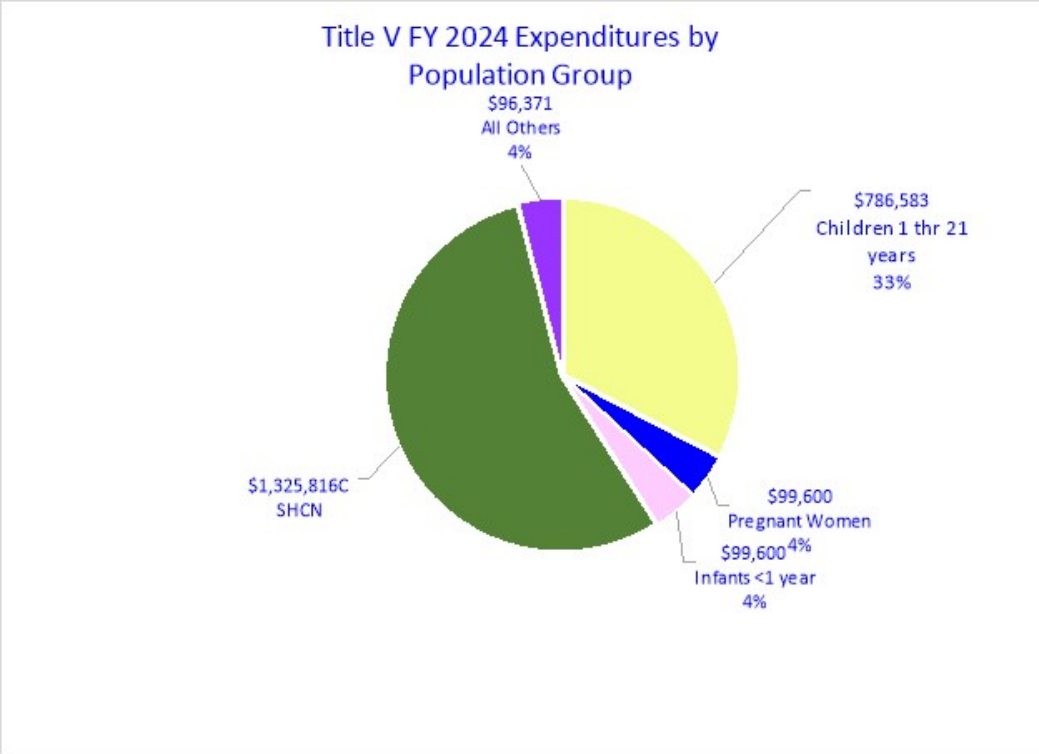
Category	FY 2026 Budgeted		FY 2024 Expended	
Preventive and Primary Care for Children	$701,718	**32.6%**	$786,583	**32.6%**
Children with Special Health Care Needs	$1,185,987	**55.1%**	$1,325,816	**55%**
Title V Administrative Costs	$0	**0.0%**	$0	**0%**

Maintaining Funding Levels

Section 505(a)(4) of the Title V federal legislation requires that all states maintain funding levels for state MCH programs at or above the fiscal year 1989 baseline amount of $11,910,549. In FY 2024, the Hawaii total State Match of $40.1 million significantly exceeded this statutory requirement, demonstrating the FHSD's sustained commitment to advancing MCH over the past three decades. This substantial increase reflects both the growth in program scope and the State's prioritization of MCH services in order to meet evolving community needs and enhance health outcomes across Hawaii.

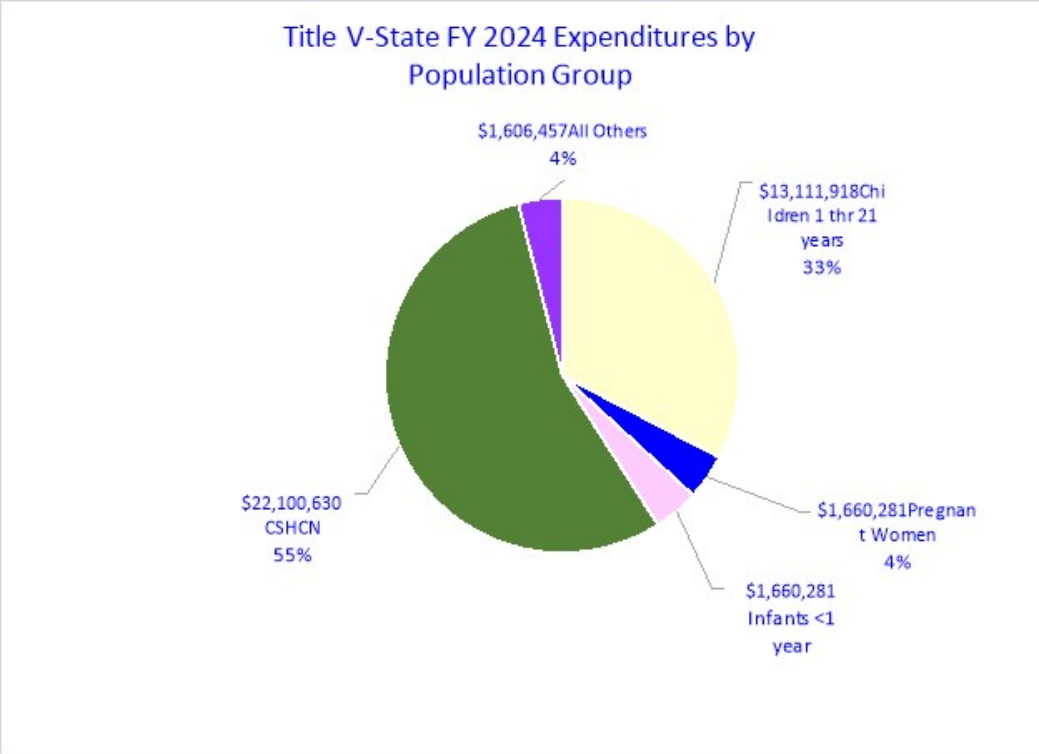
Expenditures by Population Group

In FY 2024, Federal MCH Block Grant funds primarily supported 23.9 full-time equivalent (FTE) personnel within FHSD programs, whose core roles and responsibilities are dedicated to addressing the needs of the five Title V population groups. Staff time was strategically allocated to maximize impact across these populations, with 55.1% devoted to Children with Special Health Care Needs (CSHCN), reflecting the more complex care and services coordination required for this group. Children, aged 1–21 years, accounted for 32.7% of staff effort, while approximately 4% of staff effort was allocated to infants under 1-year old, pregnant women, and other Title V populations. This distribution demonstrates FHSD's focused commitment to high-need groups, while ensuring coverage for all Title V populations.



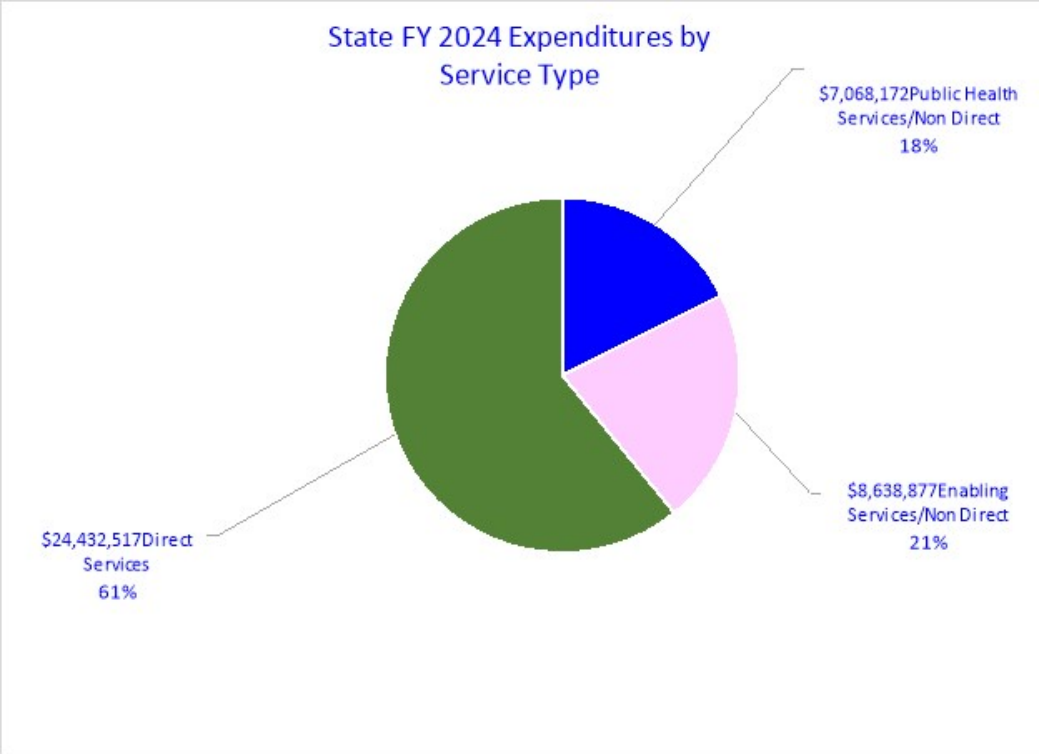
State Matching Funds Expenditures

FY 2024 state matching funds ($40.1M) were used for personnel and operating costs (including service delivery contracts) that serve the five Title V priority population groups. Nearly half of FHSD's state funds supported CSHCN (55%), with the remainder divided among the general adult population/families, pregnant women, infants < 1 year, and children ages 1-21 years.



Expenditures by Service Type

Non-Federal MCH Block Grant expenditures by service type indicates that direct services for CSHCN comprised over half of all FHSD direct service expenditures. Non-federal total expenditures included 60.9% for direct services, 21.5% for enabling services, and 17.6% for public health services. This distribution indicates ongoing efforts to strategically leverage the Title V funds that support overall MCH program infrastructure.



FHSD Programs by Service Type

Service Type	Program
Direct	Family Planning Perinatal Support Services Early Intervention* Primary Care Services for Uninsured Children & Youth with Special Health Needs*
Enabling	Early Intervention* Children & Youth with Special Health Needs* Hawaii Home Visiting Program & Network Hi'ilei Developmental Screening Parenting Support Program Sexual Violence Prevention Teen Pregnancy Prevention WIC Services/Breastfeeding Support
Public Health Services & Systems	PRAMS Birth Defects Monitoring Newborn Hearing Screening Newborn Metabolic Screening Child, Maternal, Domestic Violence Fatality Review Early Childhood Comprehensive Systems Child Abuse Prevention Childhood Lead Poisoning Prevention Hawaii Children's Trust Fund Adolescent Health Program Domestic Violence Prevention Pediatric Mental Health Care Access Project LAUNCH/Child Health Systems State Primary Care State Rural Health Small & Medicare Rural Hospitals Flexibility program

*Programs that perform multiple types of service are listed under their primary function.

Significant Variations – Form 2 and Form 3 (Federal Fiscal Year 2024) – Expenditures
Form 2, Item 1. B. Children with Special Health Care Needs. Expenditures exceeded the FY 2024 budgeted amount because the appropriation was $53,307 greater than was anticipated in the FY 2023 Title V application.

Form 2, Item 1.C. Title V Administrative Costs. $3,973 was budgeted, but $0 was expended in FY 2024. This 100% variance is attributed to a residual payroll expense assigned to an administrative position that has since moved to another funding source.

Form 2, Item 6. Program Income. In FY 2024, the budgeted amount for program income was $18,334,030, but expenditures only totaled $7,455,899, which is a 145.9% difference. The reason for the difference is that the authorized budget ceilings for the Community Health Centers Special Fund, Early Intervention Special Fund, and Domestic Violence and Sexual Assault Special Fund are higher than the revenues being deposited into these accounts. The state legislative authorized ceiling will continue to differ from actual expenditures, moving forward.

Note that this disparity proportionally affects the budgeted vs. expended reporting on Form 2, Items 7 and 8, which both incorporate Program Income into their overall calculations. It should also be noted that the largest Newborn Metabolic Screening Special Fund program contract is periodically subsidized with state general funds, which further decreases the use of special fund expenditures.

Additional comments regarding significant variations are addressed in the TVIS note section on each form's respective page.

III.D.2. Budget

Budget (FY 2026 Narrative for the FY 2026 Application)

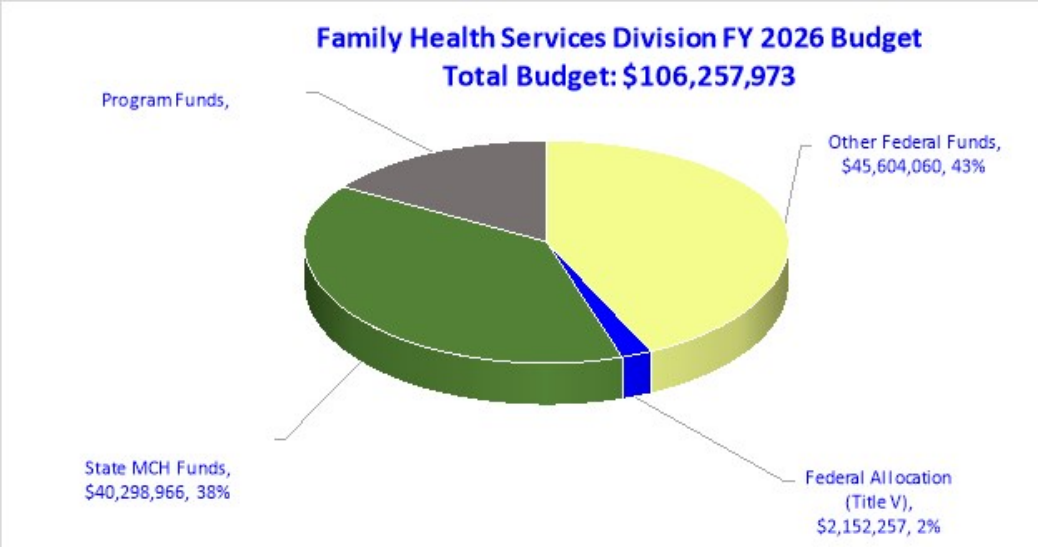
The Hawaii State Department of Health (HDOH), Family Health Services Division (FHSD), is committed to improving the health and well-being of women, children, and families throughout the state.

FHSD operates through a network of divisions, branches, and District Health Offices, encompassing approximately 30 programs and managing nearly 150 annual service contracts. For federal fiscal year (FY) 2026, FHSD's total Maternal and Child Health (MCH) state budget is projected at approximately $106 million. Title V funding supports 23.9 unique FHSD positions out of a total of 264.5 Full-Time Equivalents (FTEs).

This budget reflects a comprehensive assessment of MCH population needs and Title V program requirements, which complies with legislative financial mandates and federal block grant regulations, including the 30% - 30% - 10% distribution requirements.

Budget Overview

The chart below summarizes FHSD's FY 2026 budget, as reported on Form 2. The $106 million total includes $2,152,257 from Title V, a state match of $58.5 million (inclusive of $18.2 million in program income), as well as $45.6 million from other federal sources.



Legislative Requirements Met

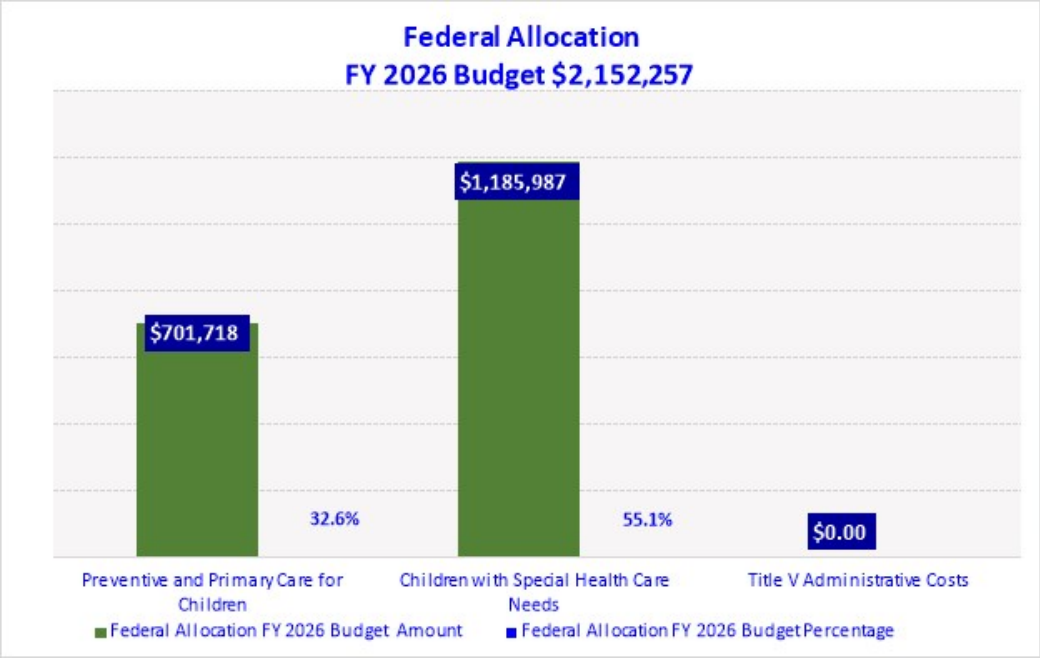
FHSD remains fully committed to meeting all Title V legislative financial requirements. The State ensures that detailed expenditure and budget records for all MCH Block Grant allocations are maintained through the state accounting system, Datamart, and remain compliant with the required annual state audit. In accordance with federal

law, Hawaii provides a $3 non-federal match for every $4 in federal Title V funds expended [Section 503(a)], and continues its financial maintenance of effort, which is based on FY 1989 levels [Section 505(a)(4)].

In addition, FHSD ensures compliance with federal Title V requirements that specify:

- At least 30% of Title V funds for preventive and primary care services for children,
- At least 30% for children with special health care needs (CSHCN)
- No more than 10% for administrative purposes

For FY 2026, Hawaii is proposing to allocate $701,718 (32.6%) for preventive and primary care services; $1,185,987 (55.1%) for CSHCN; and $0 (0%) for administrative costs (as outlined in Form 2, Lines 1.A, B, and C).



Federal Funds

The FY 2026 budget for other federal funds includes approximately 24 federal grants that total $45.6 million, excluding Title V. The Title V allocation of $2.2 million represents approximately 4.7% of FHSD's federal funds and 2% of the overall annual FHSD budget.

FHSD anticipates a 3.4% projected decrease—approximately $1.59 million—in federal funding for FY 2026, largely due to potential reductions in the federal budget. The proposed FY 2026 federal budget includes a 26.2% cut to the U.S. Department of Health and Human Services (HHS), which decreases its budget from a projected $127 billion in 2025 to $93.8 billion. These projected cuts have raised significant concerns within the Hawaii State Legislature in terms of their potential adverse impact on state health programs.

FHSD is in the process of proactively identifying programs at risk and will pursue additional state funding, where deemed necessary. For example, the Hawaii WIC program recently received 2025 state legislative approval to

convert 16.00 FTEs from federal to state general funds, safeguarding program operations from federal budget uncertainties while addressing stagnant level federal WIC funding over the past decade. FHSD will consider similar budgetary strategies for FY 2027 as needed.

Federal funding remains vital to the core mission of FHSD as it constitutes approximately 45% of its budget, which is particularly crucial for sustaining staffing and program administration. However, rising personnel and operational costs, including collective bargaining-driven salary increases and fringe benefits, pose steadily increasing fiscal challenges. In FY 2026, the state indirect cost rate is 18.2%, and the state fringe benefit rate is 64.25%, which represents a significant expenditure challenge for grant-funded positions. To maximize resources, FHSD periodically requests state waivers for indirect costs. Title V is among the few grants eligible for such approved state waivers that frees funding to support FHSD staff and essential operations.

As FHSD continues to rely on crucial federal support, the division remains committed to leveraging these funds strategically while navigating level or reduced funding amidst inflation and increased personnel costs. Programs are encouraged to consider structural reorganization for greater efficiency and sustainability. As a part of this process, they may opt to delay filling certain staff vacancies that occur due to retirements or attrition. In some cases, positions previously held by higher-paid professionals (e.g., nurses) are being redescribed to recruit more general and less costly public health program specialists. These efforts are deemed necessary in the face of budgetary demands, which have resulted in a significant 22% reduction in FHSD personnel—from 337.5 FTEs in SFY 2018 to 264.5 budgeted positions in SFY 2026.

Looking ahead, it is expected that maximizing and efficiently utilizing both state and federal resources will remain challenging. Although inflation remains moderate, emerging trends point to further potential cost increases. The devastating August 2023 wildfires in Lahaina, Maui, which resulted in $5-6 billion in economic losses, continues to strain state finances. The Hawaii Legislature is compelled to balance crucial funding for wildfire recovery with other important and ongoing public health priorities. Exacerbating these challenges are persistent labor force shortages and high position vacancy rates, about 25%, among both FHSD staff and contracted community providers.

State Funds

For FY 2026, state funding for maternal and child health activities is projected to total approximately $40 million, with program income expected to remain stable at $18.2 million. This estimate is based on the State Fiscal Year 2025 legislative budget worksheets. While this reflects a continued state investment in core public health infrastructure, persistent recruitment and retention challenges, particularly in rural and areas, continue to impact the delivery of essential services that are supported by state funds. The FHSD plans to submit a supplemental budget request for additional state resources aimed at increasing compensation and capacity for contracted providers in order to bolster workforce stability and service continuity.

These additional funds are critical not only to sustain existing service levels, but also to address persistent gaps in access and reduce disparities, especially among high-need populations. Furthermore, state funding serves as a key matching source for federal Title V dollars, reinforcing the State’s commitment to leveraging federal resources effectively as well as maximizing their impact. This strategic use of combined federal and state funds supports the long-term sustainability of the maternal and child health system and advances shared priorities under the Title V MCH Services Block Grant.

Leveraging Resources

FHSD remains committed to maximizing its partnerships at the national, state, and community levels with Title V funding providing essential support for public health infrastructure. The 23.9 FTE Title V-funded positions are crucial in order to secure and manage diverse funding sources; conduct surveillance; build strategic partnerships; and ensure that family-centered services are competent meet the needs of the community.

While the WIC program currently receives neither Title V nor state funds (although the program will start receiving state funds in the next state fiscal year), it benefits significantly from FHSD's infrastructure support, including administrative, media, epidemiological, and technical assistance. As the largest direct service program under FHSD, WIC is vital to reaching low-income families with nutritional resources, including education and health access. As the lead agency for a Title V state measure on food insecurity, WIC has increased its integration and coordination with FHSD programs. WIC coordinates with other Title V programs, such as Home Visiting and Early Intervention, and also enhances MCH outcomes through screenings and wellness initiatives. Its broad, at-risk client base is central to advancing improved MCH health outcomes throughout Hawaii.

Through the skilled efforts of Title V-funded personnel, FHSD continues to steadily improve maternal and child health outcomes across the state. The results highlighted in the State Action Plan and other sections of this application are driven, in large part, by the essential contributions of Title V support.

Given that HDOH is the sole public health agency in Hawaii, FHSD carries out comprehensive leadership responsibility for statewide public health planning and resource allocation. Title V MCH Block Grant funding is crucial for infrastructure positions that enable our collective work. For example, in FY 2020, a Title V-funded position was critical in helping to leverage state funding for the Child Death Review and Maternal Mortality Review programs, as well as supporting the Lead Poisoning Screening and Prevention Program's application for renewed CDC funding.

Title V also provides support to key leadership positions, such as the CSHN Branch Chief, a board-certified family practice physician who also oversees Hawaii's Part C Early Intervention Services.

Program and Staff Support

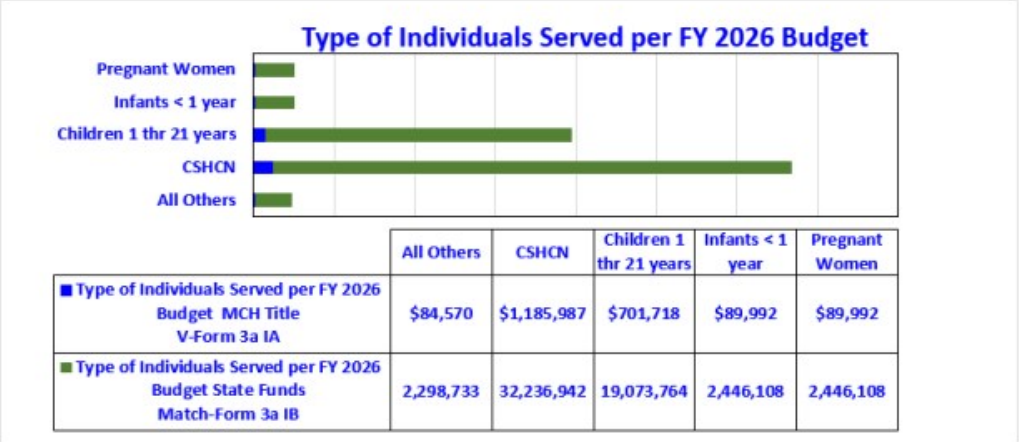
FHSD's systematic approach to program and staff support reflects multiple funding streams that align with key Title V priorities. Both state and federal resources are strategically deployed to effectively address priority MCH issues:

Title V Priority	Program Lead Funding	Key FHSD Partnerships
Women's Wellness Visits	Women's Health Section (Title V/State Family Planning Program)	Title V – Data/Epi Support Reproductive Health Services (State)
Food Insecurity	WIC Services (USDA/FNS)	Title V – Data/Epi Support MIECHV Early Childhood Comp Systems Reproductive Health Services (State)
Safe Sleep	Family Strengthening and Violence Prevention Supervisor (State) PRAMS (CDC)	Title V – Data/Epi Support Early Childhood Comp Systems Child Death Review (State)
Developmental Screening	Hi'ilei Developmental Screening Program (State)	Title V – Data/Epi Support EIS (Part C/State) MIECHV Early Childhood Comp Systems
Medical Home	Early Childhood Coordinator (State)	Title V – Data/Epi Support MIECHV CSHN Branch
Child Abuse & Neglect	Community-Based Child Abuse Prevention Program (ACF)	Title V – Data/Epi Support MIECHV Domestic Violence/Child Fatality Review (State) Rape Prevention & Education (CDC)
Adolescent Wellness Visits	Adolescent Health (Title V)	Title V – Data/Epi Support Personal Responsibility Education Program
Transition to Adult Care	CSHN Program (State)	Title V – Data/Epi Support
Pediatric Mental Health Care Access	Pediatric Mental Health Care Access Grant	Office of Primary Care (HRSA) Early Childhood Coordinator

Performance measure narratives elaborate on each priority's program leads and their funding sources. Internal and external partnerships are essential for programmatic success and are detailed throughout the application.

Form 3a, Budget and Expenditure Details by Types of Individuals Served

The FY 2026 application outlines both federal and non-federal budget allocations across five population health domains. The Title V federal allocation of approximately $2.1 million, when combined with the $58.5 million state match, creates a Federal-State Title V Partnership totaling $60.7 million. These funds support and sustain over 150 annual contracts with community-based providers, including Federally Qualified Health Centers (FQHCs), hospitals, and nonprofit organizations, ensuring quality service delivery across both urban and rural communities.



	All Others	CSHCN	Children 1 thr 21 years	Infants < 1 year	Pregnant Women
Type of Individuals Served per FY 2026 Budget MCH Title V-Form 3a IA	$84,570	$1,185,987	$701,718	$89,992	$89,992
Type of Individuals Served per FY 2026 Budget State Funds Match-Form 3a IB	2,298,733	32,236,942	19,073,764	2,446,108	2,446,108

FHSD is committed to continuing its efforts to ensure the statewide programmatic infrastructure for needs assessment, surveillance, planning, evaluation, systems/policy development, training, and technical assistance in order to ensure quality of and access to needed care for the FY 2026 budget year.

Significant Variations – Form 2 and Form 3 (Fiscal Year 2026) – Budget

Additional comments regarding significant variations are addressed in the TVIS note section on each form's respective page.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Hawaii

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview (Optional)

Introduction. The following section of the 5-Year Action Plan provides a report for FY 2024 and application/plans for FY 2026 narratives for Hawaii Title V priorities:

- National Performance Measures (NPM)
- State Performance Measures (SPM)

Domains. The narratives are organized by population domain as reflected in the 5-year plan:

- Women/Maternal
- Perinatal/Infant
- Child
- Adolescent
- Children with Special Health Care Needs (CSHCN)

Overlapping 5-Year Project Periods. Because this is a needs assessment transition year, there will be report and plan narratives for two 5-year project periods:

- The ending 5-year period (2021-2025)
- The new 5-year period (2026-2030)

PM Status. Depending on the STATUS of the PM priority there may be different types of narrative available for review.

- For *discontinuing*, PM there are ONLY report narratives
- For *continuing*, PM there are BOTH report and plan narratives
- For *new*, PM there are ONLY plan narratives

Note: The three Universal Measures that were added to last year's report are labeled new and only have plan narratives:

- NPM PPV Postpartum Visit
- NPM MH Medical Home for Children
- NPM MH Medical Home for CSHCN

Guidance for Narratives. The table below lists the order and type of narratives available for each of our priority PM. The table columns include:

- The population domain
- The associated Performance Measures (PM):
  - NPM are identified by an abbreviation
  - SPM are numbered
- Subject matter for the PM
- The PM status (discontinued, continued, new)
- Whether the PM has a report narrative
- Whether the PM has a plan narrative

Domain	PM Label	Subject	PM Status	Report	Plan
Women's /Maternal Health	NPM WWV	Women's Wellness Visits	Discontinued	X	
	NPM PPV	Postpartum Care	New		X
Perinatal/Infant Health	NPM SS	Safe Sleep	Continuing	X	X
	SPM 2	Food Insecurity	Discontinued	X	
Child Health	NPM DS	Developmental Screening	Continuing	X	X
	NPM FS	Food Sufficiency	New		X
	NPM MH	Medical Home	New		X
	SPM 1	Child Abuse & Neglect Prevention	Discontinued	X	
Adolescent Health	NPM AWV	Adolescent Wellness Visits	Discontinued	X	
	NPM BLY	Bullying Prevention	New		X
Children with Special Health Care Needs	NPM TR	Transition to Adult Health Care	Discontinued	X	
	NPM MH	Medical Home	New		X
Cross-Cutting	SPM 3	Child Mental Health Services	Discontinued	X	
	SPM 1	MCH Mental Health Services	New		X

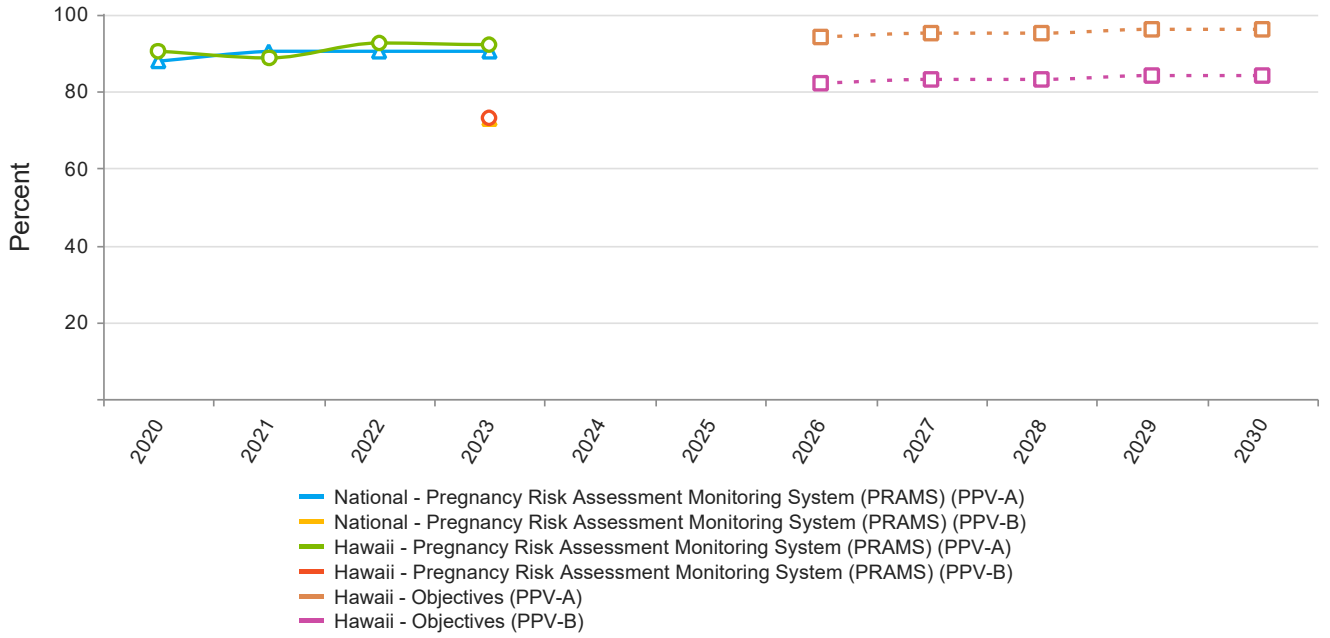
III.E.3 State Action Plan Narrative by Domain

If a Priority Population is selected for an NPM, then this section will display only the data associated with the Priority Population in the charts, data tables, and field notes. Additional NPM data are available in the Form 10 appendix.

Women/Maternal Health

National Performance Measures

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV
Indicators and Annual Objectives



NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	**2024**
Annual Objective		
Annual Indicator	92.4	92.0
Numerator	13,947	12,735
Denominator	15,098	13,843
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	94.0	95.0	95.0	96.0	96.0

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components - PPV

Federally Available Data		
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)		
	2023	**2024**
Annual Objective		
Annual Indicator	80.3	73.1
Numerator	11,089	9,221
Denominator	13,802	12,605
Data Source	PRAMS	PRAMS
Data Source Year	2022	2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	82.0	83.0	83.0	84.0	84.0

Evidence-Based or –Informed Strategy Measures

ESM PPV.1 - Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in improving postpartum care across the state.

Measure Status:	Active

State Provided Data	
	2024
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	The Women's Reproductive Health Section of MCH
Data Source Year	2024
Provisional or Final ?	Final

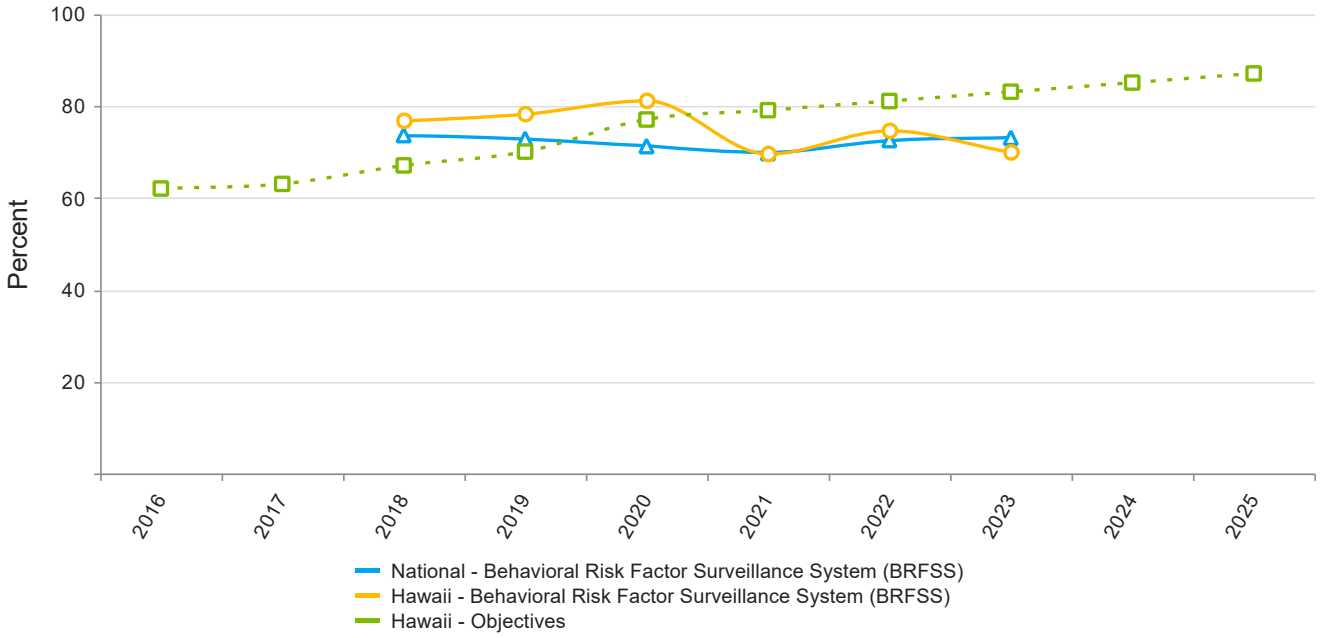
Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

State Action Plan Table

State Action Plan Table (Hawaii) - Women/Maternal Health - Entry 1	
Priority Need	
Improve postpartum care by promoting timely, comprehensive follow-ups that address physical, mental, and social needs, with a focus on expanding access to responsive services.	
NPM	
NPM - Postpartum Visit	
Five-Year Objectives	
By July 2030, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth, to 96%. By July 2030, increase the percent of women who attended a postpartum checkup and received recommended care components, to 84%.	
Strategies	
Conduct an environmental scan to identify existing postpartum care services, unmet needs, and partnership opportunities to inform future strategies and clarify Title V's role.	
Provide postpartum care through MCH Branch reproductive health service contracts.	
ESMs	**Status**
ESM PPV.1 - Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in improving postpartum care across the state.	Active
NOMs	
Maternal Mortality	
Neonatal Abstinence Syndrome	
Women's Health Status	
Postpartum Depression	
Postpartum Anxiety	

2021-2025: National Performance Measures

2021-2025: NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year - WWV Indicators



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	77	79	81	83	85
Annual Indicator	78.1	81.1	69.5	74.6	69.8
Numerator	185,323	191,337	167,306	179,419	164,835
Denominator	237,398	235,933	240,808	240,472	236,206
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2019	2020	2021	2022	2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM WWV.2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.

Measure Status:	Active		
State Provided Data			
	2022	**2023**	**2024**
Annual Objective			
Annual Indicator	3,681	2,698	9,775
Numerator			
Denominator			
Data Source	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program	Family Planning and Reproductive Health program
Data Source Year	2022	2023	2024
Provisional or Final ?	Final	Final	Final

The Maternal/Women's Health domain section includes a report on:

- the NPM WWV Women's Wellness Visit, which is being discontinued for the next 5-year project period.

NPM WWV - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Introduction: Preventive Medical Visit

For the Women/Maternal Health domain, Hawaii selected NPM WWV, Well-Women Visits based on the 2020 five-year Title V needs assessment results. By July 2025, the state seeks to increase the percentage of women who have a preventive medical visit in the past year to 87%.

Data: The FY 2024 indicator (2023 data) indicates that 69.8% of women in Hawaii have received a preventive medical visit in the past year, which did not meet the annual objective but was similar to the previous year's figure. The state's rate was similar to the national estimate of 73.0%. The BRFSS preventive checkup survey measure was revised in 2018 so it is not comparable to previous survey years. Based on 2023 data, women with less than a high school education (40.8%) or those who were uninsured (30.4%) were less likely to have a preventive medical visit in the past year. Native Hawaiians/other Pacific Islanders (57.0%) also had a significantly lower rate than Asian women (76.4%), according to the data analysis.

Objectives: The state objective reflects a projected annual increase of two percentage points per year.

Title V Lead/funding: Several key personnel work on this priority.

- The Women's and Reproductive Health Section (WRHS) Supervisor in the Maternal and Child Health Branch (MCHB) provides key leadership for this issue and this position is Title V funded.
- The state-funded Family Planning Supervisor position has been vacant since August 2023 and is currently covered by the WRHS Supervisor. A new hire is expected to begin work in this position on June 25, 2025.
- Based on MMR findings, the state-funded MMR/CDR nurse position works on various women's preventive health initiatives.

Strategies/Evidence: The strategies for this priority include the work of the Hawaii Perinatal Collaborative and the Hawaii Maternal and Infant Health Collaborative (HMIHC), which has provided leadership for women's health and perinatal issues in the state for 12 years. Title V staff helped establish HMIHC and are also part of the organization's leadership team.

The Title V strategies are:

- Promoting women's wellness visits through systems-building
- Promote preconception and interconception healthcare visits
- Provide reproductive health services for areas with limited access and/or shortage of care, including rural communities

Research provided through AMCHP and the MCH Evidence Center indicates that most evidence-based practices in women's health focus on clinical and direct service approaches rather than Hawaii's broad systems-level change strategies. For the past six years, Hawaii has implemented a systemic evidence-based approach that promotes preconception and interconception care and women's wellness visits.

Progress on these three strategies is described below.

Strategy 1: Promoting Women's Wellness Visits through Systems-Building

This strategy is based on the premise that public health issues are optimally addressed by developing and sustaining partnerships between key multisector partners that include community organizations, academic institutions, and government. These key partnerships provide opportunities to improve women's health before, during, after, and between pregnancies through a seamless system of planning, policy development, and services changes.

In Hawaii, the issue of women's wellness is currently integrated into four major state plans and collaboratives:

- The Hawaii Early Childhood State Plan
- The Early Childhood Action Strategy (ECAS) Plan
- The HMIHC Strategic Plan
- Early Childhood Comprehensive Systems (ECCS) Grant Strategic Plan

These plans guide the development and implementation of both action strategies and policy development. All the above state plans embody the life course approach, which acknowledges the importance of women's wellness as a foundational continuum for healthy women, leading to the health and well-being of their infants, children, and families. By embedding women's wellness into multiple levels of state planning, Hawaii is incorporating preventive care for women as a core component of our long-term public health infrastructure.

Hawaii Maternal and Infant Health Collaborative (HMIHC): The HMIHC is a collaborative public and private sector group that focuses on improving birth outcomes, reducing infant mortality, promoting intended pregnancies, and women's health. The HMIHC strategic plan recognizes and supports women's health as critical to its goals. Over 120 individuals participate in HMIHC, including physicians, clinicians, public health professionals, community service providers, and health plan/healthcare administrators. Several MCH Branch staff sit on the HMIHC steering body and its subcommittees. This engagement allows the MCH Branch to closely align with statewide priorities and contribute meaningfully to shared goals around improvements towards maternal and infant health.

Maternal Health Innovation Grant. A meeting of Hawaii maternal health (MH) grantees was recently convened by the Healthcare Association of Hawaii (HAH), which represents the facilities-based healthcare services in the state, including hospitals, skilled nursing facilities, residential care homes, and assisted living sites. HAH, which was awarded HRSA's Maternal Health Innovation (MHI) grant in 2023, administers the Hawaii's Alliance for Innovation on Maternal Health (AIM) grant and also convenes the state Perinatal Quality Collaborative.

In addition to Title V, MH grantees included ECCS, the Maternal Health Research Network (MH-RN), a National Institute of Health grant for Native Hawaiian/Pacific Island Maternal Outcomes, and the Centers for Disease Control (CDC) MMR grant. HAH continues to work collaboratively with HMIHC. While coordination across multiple grants and partners can be complex, this work has fostered meaningful, cross-cutting collaborations that are shaping a unified and strong strategic direction for maternal health in Hawaii.

In 2024:

- HMIHC Leadership Team agreed to serve as the MHI Steering Committee
- Developed agreements for Steering Committee participation
- Convened partners to develop a draft Maternal Health strategic plan
- Participated in the 2024-25 Title V needs assessment planning and implementation process, including conducting a focus group with the state's Perinatal Quality Collaborative members

CDC Foundation/ASTHO STRETCH GRANT. The HMIHC received a technical assistance (TA) grant in December 2023 to assist with logistics of MHI grant work, including the establishment of the state Maternal Health Steering Committee and the development of a maternal health state plan. The HMIHC application was developed in coordination with the Department of Health. The CDC Foundation/ASTHO Strategies to Repair Equity and Transform Community Health (STRETCH) 2.0 Initiative TA grant was used to conduct two initial meetings for the MH Steering Committee, which resulted in a draft charter and membership agreements. The grant also provided TA to plan and facilitate a future two-day strategic planning meeting.

Maternal Mortality Review (MMR). The MCH Branch initially established Hawaii's MMR in 2016. The purpose of the MMR is to determine the causes of maternal mortality and identify public health and clinical interventions to improve systems of care and to prevent future maternal deaths. MCHB applied for and received a CDC one-year MMR grant to improve data quality by identifying and characterizing pregnancy-related deaths and addressing health inequities.

The grant was used to implement recommendations from the MMR Council to better support mobile reproductive service contracts that serve rural, at-risk communities and to support the statewide coordination of maternal mental health programs and resources.

Grant funds also supported the development of a maternal health media campaign and funding logistical support for ongoing state MMR meetings and MMR Council members' travel to a yearly national CDC MMR data users meeting. Based on MMR findings, MCHB also submitted a CDC Maternal Mortality five-year grant application that is designed to improve overall data quality, reporting, training, and prevention efforts around maternal morbidity and mortality.

MMR Findings. According to CDC data extracted from the Pregnancy Mortality Surveillance System, for 2021, Native Hawaiian and Pacific Islander women experienced maternal deaths at a higher rate than other ethnic groups, indicating persistent ethnic disparities. Moreover, combined data from the MMRIA system (Maternal Mortality Review Information Application-CDC) also indicates that mental health disorders and substance use play a significant role in maternal mortality in Hawaii.

Abortion Protections: In response to the 2023 federal Dobbs decision and the overturning of Roe v. Wade by the U.S. Supreme Court, Hawaii policymakers promptly adopted state statutory protections for a woman's right to choose, including:

- protecting out-of-state visitors who obtain abortions in Hawaii, as well as anyone who assists them, from civil and criminal penalties that their home states may impose
- protecting Hawaii healthcare providers who perform surgical abortions, or provide abortion medications, to non-Hawaii residents
- expanding abortion access by allowing physician assistants to perform abortions
- updating laws to allow for non-surgical abortions

HMIHC leaders were instrumental in drafting and supporting these policy protections for women and their providers.

Strategy 2: Promote pre/inter-conception healthcare visits

This strategy focused on the efforts of the HMIHC Pre/Inter-Conception Workgroup and of its work promoting universal reproductive health screening and LARC strategies.

HMIHC Pre/Inter-Conception Workgroup: The Pre/Inter-Conception Workgroup primarily focuses on promoting women's optimal health, before, during, after, and between pregnancies. Its goal is to reduce unintended and untimed pregnancies statewide by promoting comprehensive clinical, educational and programmatic supports for universal reproductive life planning. Particularly significant is the use of approaches designed to meet the needs of the state's multi-cultural population.

The State Medicaid program and a private family practice physician currently co-chair the workgroup, which includes representatives from the Hawaii American College of OB-GYNs (ACOG); University of Hawaii John A. Burns School of Medicine (JABSOM) Department of Obstetrics, Gynecology and Women's Health; Queen's Physicians Network; Hawaii Healthy Mothers, Healthy Babies Coalition (HMHB); Planned Parenthood; and several federally qualified health centers (FQHC), among others. The involvement of Medicaid and the state's system of FQHCs helps to focus and deliver services to more low-income and at-risk women of reproductive age. The Pre/Inter-Conception Workgroup continues to meet regularly.

LARC: Hawaii selected Long-Acting Reversible Contraception (LARC) as an evidence-informed strategy to reduce unintended pregnancies and improve birth outcomes. LARC methods are highly effective; can be provided for a patient during a single clinical encounter; and are offered via non-directive, client-centered counseling. Despite Medicaid policies supporting contraceptive access, same-day LARC availability remains limited due to ongoing systemic challenges with stocking, billing, reimbursement, and insurance coverage.

In partnership with the HMIHC Pre/Inter-Conception Workgroup and the Hawaii Children's Action Network (HCAN), the MCH Branch continues working with hospitals, clinics, and pharmacies to systematically identify and address the LARC access barriers. Efforts include convening stakeholders, assessing provider-level obstacles, and implementing targeted solutions to streamline claims, improving stocking protocols and expanding pharmacy access for 12-month contraceptive supplies. Regular progress updates are shared with HMIHC and MCH leadership, with an annual report that summarizes outcomes and guides continued needed systems-level improvements.

Strategy 3: Provide reproductive health services for areas with limited access and/or shortage of care, including rural communities

This strategy focused on increasing access to reproductive health services by ensuring the provision of reproductive life planning

services through contracted community-based services to improve maternal care throughout the state.

RFP Issued: In 2023, MCHB conducted a number of focus groups with reproductive health providers to help identify clinic-based women's health service needs for their communities. Based on the input provided, a new RFP was awarded for reproductive health services that focus on those most at-risk and/or underinsured with subsidized support services that include transportation and childcare to assist clients in attending their scheduled medical appointments. Culturally respectful outreach, educational support services, and contraceptive counseling services were also covered. Eight contractual community providers statewide currently deliver reproductive health services through FQHCs and neighbor island college health centers.

ESM. The Evidence-Informed Strategy Measure (ESM) reflects the number of women ages 18-44 that are currently served by the state's reproductive health and wellness program. The ESM relates to evidence-based strategies, including working with FQHCs and other community providers that employ trained medical interpreters and issue regular patient appointment reminders.

ESM WWV 2 - The number of women aged 18-44 years served through the state MCH reproductive health and wellness program.

	2021	2022	2023	2024	2025
Annual Objective			3800	4000	4200
Annual Indicator		3681	2698	9775	

The FFY 2024 data collected indicates that 9,775 women were served, a substantial increase that reflects expanded access and changes within the provider network. A key driver was the merger of the two FQHCs on Hawaii island, which created a comprehensive island-wide network of 14 service delivery locations for the county. This merger improved coordination expanded geographic reach, and increased appointment availability. In addition, contracted mobile clinics allowed providers to serve more women in remote and rural areas (see below). These combined efforts significantly enhanced service capacity, resulting in a significant rise in program utilization.

Mobile Reproductive Care. To provide further outreach to pregnant women in rural areas in the state with poor birth outcomes, MCHB partnered with Healthy Mothers, Health Babies' mobile clinical reproductive care program, Mana Mama. The program uses a community-based midwifery model for prenatal care and education for pregnancy, labor, birth, postpartum, lactation, and well-baby care for the newborn. Clinical services are provided by licensed midwives, lactation consultants, and a nurse practitioner. Services also include comprehensive phone support and referrals to needed resources, family planning services, pregnancy testing and counseling, basic infertility services, preconception and interconception health care, and sexually transmitted disease services. Additionally, primary care for the entire family is available. The MCHB contract helped launch a new mobile van servicing Hawaii island, where long distances and lack of transportation commonly hampers access to regular or follow-up in-person clinic visits.

Current Year Highlights for FY 2025 (10/1/2024 – 6/30/2025)

MHI Grant/HMIHC Summit: HMIHC hosted an in-person two-day maternal and infant health statewide meeting in January 2025. The meeting was intended to:

- Build connection among those working in maternal and infant health.
- Share updates on activities, research, practice, and policy. Share information on the rollout of a new online hub to support HMIHC greater community engagement and improved communication among workgroups and committees.
- Review and refine the draft MHI strategic plan.

Over 109 individuals attended the summit. Revisions to the strategic plan will be made based on participants' input and feedback. Changes in the MHI staffing have resulted in delays with the MHI workplans and funding, but the FHSD was able to provide funding for the summit and ongoing support for the strategic plan process. Additional, support for HMIHC staffing and operations were provided with funding from FHSD partnership with the DOH CDC Preventive Health Service Block Grant.

Family Planning Funding. To assure continuity of access to family planning services, Hawaii Governor, Josh Green, MD, included funding in the administration's 2025 legislative budget request. Amid the high level of uncertainty around the future of federal funding and the freeze placed on Title X Family Planning program funding, the Legislature approved $3.2M for Family Planning services, which FHSD will administer. This added state funding will temporarily help offset the loss of Title X family planning funds, which is needed to support seven Hawaii healthcare organizations statewide operating 12 clinic sites. In Hawaii, Title X funds are administered by Essential Access Health, which also currently administers California's Title X funding.

Maternal Mortality Review. The MMR committee met through FY 2025 and reviewed 10 cases of maternal deaths. Prevention activities include continued funding for Healthy Mothers, Healthy Babies Mama Mana mobile clinics, a media campaign on mental health during pregnancy, doula services, and expansion of community based mental health services.

Rural Transportation Barriers. FHSD's State Office or Rural Health recently funded the University of Hawaii Rural Health Research & Policy Center (RHRPC) to conduct a policy study on "The Impacts of Transportation and Travel Access on Rural Health." Access to transportation options for the maternal population residing on the small, rural neighbor islands of Molokai and Lanai continues to be an ongoing issue. Many women are compelled to relocate to islands for maternity care several weeks before their delivery date, which places a significant strain on family resources and disrupts family support. The study results will be presented to key agency and community organizations to assist with ongoing MCH planning and policy development. Results can be found on the RHRPC website: https://research.hawaii.edu/rhrpc/projects-initiatives/

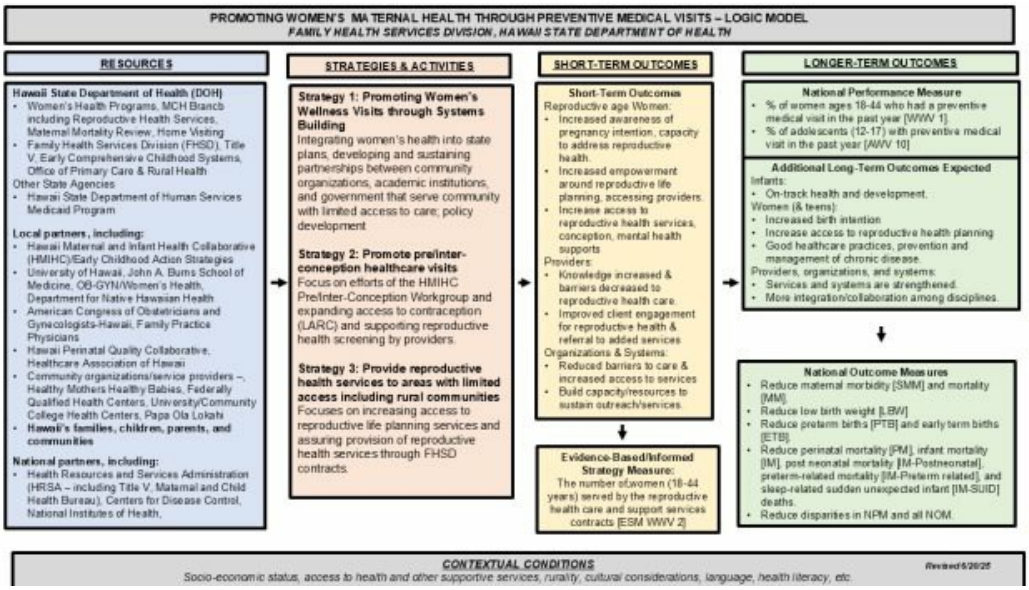
Maternal Care Provider Survey. The FHSD State Primary Care Office is partnering with the Hawaii State Rural Health Association (HSRHA) and HMIHC to conduct a survey of maternal health providers to generate data for Hawaii Maternal Care Target Areas (MCTA) designations. Additionally, vital statistics and Medicaid data are being requested to help identify patterns in accessing birthing facilities. MCTA scores reflect areas experiencing a shortage of maternity health care professionals. Currently, Hawaii has one of the ten highest MCTA ratings (15.65) in the nation. This research is expected to provide a more accurate assessment of maternal care providers in the state.

Rural Maternal/Infant Health Needs. The FHSD State Office or Rural Health is supporting efforts by the HMIHC and HSRHA to develop a deeper understanding of maternal and child health needs in rural communities. As part of this initiative, five listening sessions will be held across the neighbor islands to help better identify key maternal and infant health partners, explore community-specific service gaps and challenges, and develop collaborative solutions. In addition, both organizations plan to engage more key maternal care stakeholders from the neighbor islands in ongoing activities, including MHI grant writing efforts.

Needs Assessment. WWV was not identified as a priority issue in the 2025 needs assessment. Access to medical care generally emerged as an important concern for women. Hawaii will focus on the universal Postpartum Visits measure for women's health in the next five-year period.

Review of the Action Plan

A logic model developed for NPM WWV that aligns strategies and activities with performance measures and desired outcomes. This logic model was updated to reflect changes in women's health and wellness activities since last year.



Challenges Encountered

Access to care remains a significant challenge for the state's reproductive health and wellness programs, particularly in more remote rural and neighbor island communities. Geographic isolation, persistent provider shortages, and limited transportation options contribute to access to care and service gaps, making it difficult for many women to access timely, preventive care. The lack of affordable childcare and flexible scheduling further complicates a woman's ability to prioritize her personal health needs. Cultural familiarity also plays a vital role—many women feel more comfortable seeking care when providers understand and/or reflect their lived experiences, values, and community norms. These challenges highlight the importance of planning for systems-level strategies, including the use of mobile clinics, integrated service models, and partnerships that address not only logistical barriers, but also address trust, cultural sensitivity, and the broader social determinants of health to improve health equity and access statewide.

Maui. The impact of the August 2023 Maui wildfires on families and maternal care is still unclear, particularly since Maui was already facing a shortage of OB-GYNs and family practice providers before the wildfires occurred. Several Maui health assessment studies are currently occurring, which seek to monitor the disaster's impacts on access to community health care and health outcomes.

Improve Evaluation. Hawaii recognizes the need to strengthen and monitor its evaluation practices when contracting for services. With the return of key DOH staff and added epidemiology support, the program will be better equipped to track outcomes, regularly assess contractor performance, and use data to guide funding and program decisions. These improvements are essential for accountability and to ensure that services are reaching the communities most in need.

Overall Impact

Despite the challenges over the past two years, Title V achieved significant milestones in promoting reproductive life planning and women's wellness visits:

- Integration and continued efforts to improve maternal health as part of four key state plans.
- Successful partnership building in the formation of HMIHC, with Title V's support, and participation with Medicaid, physicians, and safety net providers via the Pre/Inter-Conception Workgroup. The diverse HMIHC membership ensures support to maintain and sustain the ongoing collaboration to address populations that are underserved and experiencing poor health outcomes.
- Collaborative partnerships among maternal health grantees with community organizations, such as the State Rural Health Association, to coordinate efforts for assessment and planning that will reduce duplication and ensure alignment across the state.
- Progress in advancing policies/legislation, including Medicaid provider policies, to support reproductive health screening/planning; expanded access to contraceptive use (elimination of prior authorization for

contraception); reimbursement for a year's supply of oral contraceptives; unbundled LARC reimbursement from delivery fees; stocking of LARC in hospital pharmacies; and continued protections to access abortion services for both pregnant women and their providers.

- LARC is now stocked in more of the state’s birthing hospital pharmacies, although logistical issues remain to be addressed.

Women/Maternal Health - Application Year

The Maternal/Women's Health domain application includes a plan on:

- the universal (required) NPM PPV Postpartum Visits.

There is no plan for the discontinuing NPM WWV for FY 2026.

NPM Postpartum Visits (PPV-A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth and
NPM Postpartum Visits (PPV-B) Percent of women who attended a postpartum checkup and received recommended care components

For the Women/Maternal Health domain, the latest Title V grant guidance introduced a new universal performance measure that all states are now required to address: postpartum care. Findings from the 2025 needs assessment reaffirmed the importance of postpartum care to reduce maternal mortality and improve access to care especially for priority population like Native Hawaiians.

Objectives:

- By July 2030, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth to 96%. (Baseline: 92%, 2023 PRAMS)
- By July 2030, increase the percent of women who attended a postpartum checkup and received recommended care components to 84%. (Baseline: 73.1% 2023 PRAMS)

Strategies: The strategies for this priority are:

- Conduct an environmental scan to identify existing postpartum care services, unmet needs, and partnership opportunities to inform future strategies and clarify Title V's role.
- Provide postpartum care through MCH Branch reproductive health service contracts.

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan to identify existing postpartum care services, unmet needs, and partnership opportunities to inform future strategies and clarify Title V's role.

This strategy recognizes the importance of conducting formative research, including reviewing the existing data and evidence-based information and conducting a systems assessment for this women's health priority need. The new needs assessment data from the 2025 Title V needs assessment process will also be reviewed, particularly regarding women's access to care issues for neighbor islands.

Additional plans include:

- Collaborate with the Title V Office of Primary Care and partners such as the State Rural Health Association and Hawaii Maternal Infant Health Collaborative on maternal workforce assessment efforts to gather more comprehensive information on current postpartum services, healthcare access challenges, and opportunities to improve women's health services.
- Supplement this study as needed with additional data collection.
- Complete and disseminate a summary brief or factsheet highlighting key findings from the environmental scan to provide a clear overview of postpartum care in Hawaii, including identification of service gaps and opportunities for Title V to support and/or strengthen postpartum care.

Strategy 2: Provide postpartum care through MCH Branch reproductive health service contracts.

Strategies will focus on ensuring women's postpartum care that is provided through state-funded reproductive health contracts have clear expectations for quality care standards, timely access, effective outreach, and services tracking to improve postpartum follow-up care.

The MCH Branch currently provides access to reproductive health services for individuals who are most at-risk and/or underinsured. To support clients in keeping their medical appointments—including postpartum visits—subsidized support services such as transportation and childcare are offered. The program also includes culturally respectful community outreach, educational support,

and contraceptive counseling.

Eight contractual community providers currently deliver reproductive health services through seven Federally Qualified Health Centers (FQHCs) statewide and the Maui Community College's Student Health Center.

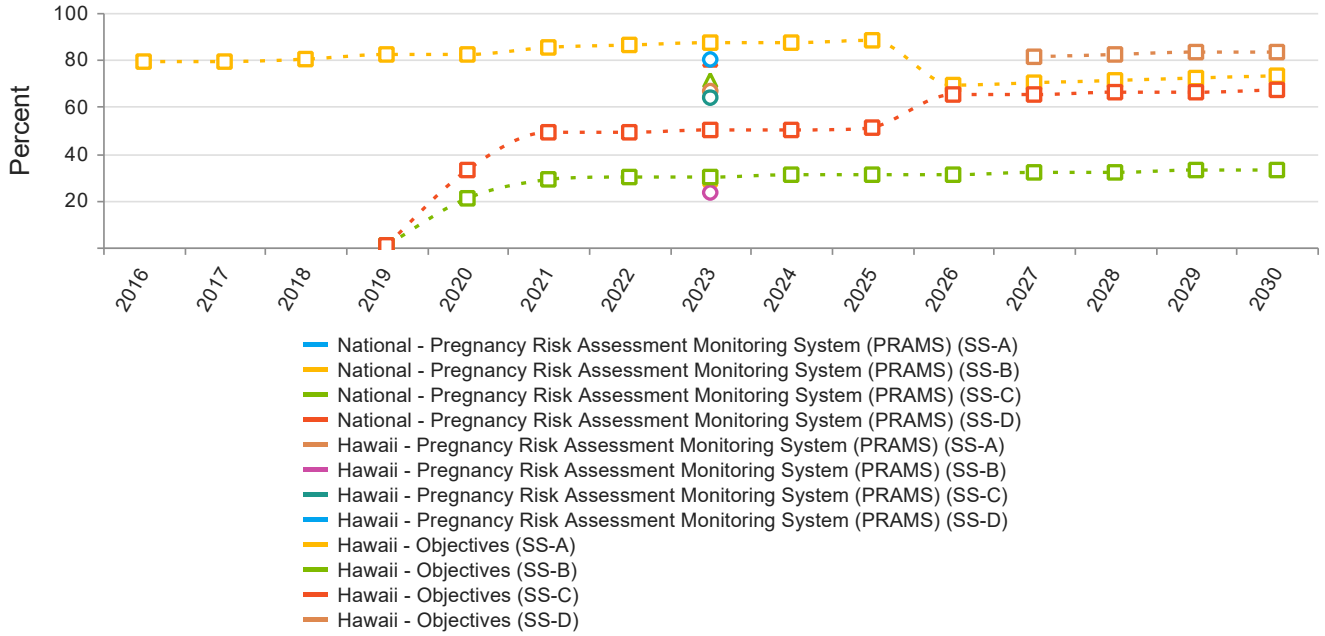
Based on results of the environmental scan specific strategies may be identified to help contractors improve the quality and frequency of postpartum care.

Perinatal/Infant Health

National Performance Measures

NPM - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding D) Percent of infants room-sharing with an adult during sleep - SS

Indicators and Annual Objectives



NPM - A) Percent of infants placed to sleep on their backs - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	82	85	86	87	87
Annual Indicator	84.0	80.1	83.0	80.0	66.4
Numerator	6,895	12,016	12,363	11,938	8,877
Denominator	8,212	15,003	14,891	14,928	13,361
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2022	2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	69.0	70.0	71.0	72.0	73.0

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	21	29	30	30	31
Annual Indicator	28.7	24.7	27.7	23.5	23.5
Numerator	2,245	3,565	4,047	3,383	3,208
Denominator	7,829	14,455	14,591	14,412	13,645
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2022	2023

State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective		29	30	30	31
Annual Indicator	28.7				
Numerator	2,245				
Denominator	7,829				
Data Source	PRAMS				
Data Source Year	2019				
Provisional or Final ?	Final				

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	31.0	32.0	32.0	33.0	33.0

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding - SS

Federally Available Data					
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	33	49.0	49	50	50
Annual Indicator	48.1	45.9	52.0	50.4	64.0
Numerator	3,755	6,633	7,507	7,256	8,711
Denominator	7,801	14,477	14,422	14,405	13,603
Data Source	PRAMS	PRAMS	PRAMS	PRAMS	PRAMS
Data Source Year	2019	2020	2021	2022	2023

State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective		49	49	50	50
Annual Indicator	48.1				
Numerator	3,755				
Denominator	7,801				
Data Source	PRAMS				
Data Source Year	2019				
Provisional or Final ?	Final				

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	65.0	65.0	66.0	66.0	67.0

NPM - D) Percent of infants room-sharing with an adult during sleep - SS

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2024
Annual Objective	
Annual Indicator	79.8
Numerator	11,015
Denominator	13,803
Data Source	PRAMS
Data Source Year	2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	81.0	82.0	83.0	83.0	84.0

Evidence-Based or –Informed Strategy Measures

ESM SS.1 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request.

Measure Status:	Active		
State Provided Data			
	2022	**2023**	**2024**
Annual Objective			9,000
Annual Indicator	7,839	1,464	1,464
Numerator			
Denominator			
Data Source	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program	Hawaii Title V Safe Sleep program
Data Source Year	2022	2023	2023
Provisional or Final ?	Final	Final	Final

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0

State Action Plan Table

State Action Plan Table (Hawaii) - Perinatal/Infant Health - Entry 1	
Priority Need	
Increase safe infant sleep practices by partnering with varied communities to provide education, resources, and outreach that reduce the risk of sleep-related infant deaths.	
NPM	
NPM - Safe Sleep	
Five-Year Objectives	
By July 2030, increase the percentage of infants placed to sleep on their backs to 73% By July 2030, increase the percentage of infants placed to sleep on a separate approved sleep surface to 33% By July 2030, increase the percentage of infants placed to sleep without soft objects or loose bedding to 67% By July 2030, increase the percent of infants room-sharing with an adult during sleep but not bed-sharing to 84%	
Strategies	
Build the broad reach of the Safe Sleep Hawaii coalition, through increased community partnerships	
Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media	
ESMs	**Status**
ESM SS.1 - The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations and individuals, on request.	Active
NOMs	
Infant Mortality	
Postneonatal Mortality	
SUID Mortality	

2021-2025: State Performance Measures

2021-2025: SPM 2 - Reduce the rate of food insecurity for pregnant women and infants through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services

Measure Status:	**Active**				
State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective			27,000	28,000	29,000
Annual Indicator	25,584	25,907	25,855	26,116	25,264
Numerator					
Denominator					
Data Source	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services	Hawaii WIC Services
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

The Perinatal/Infant domain section includes a report on:

- the continuing NPM Safe Sleep and
- the discontinuing SPM on Food Insufficiency.

NPM SS-A Percent of infants placed to sleep on their backs NPM SS-A
NPM SS-B Percent of infants placed on a separate approved sleep surface
NPM SS-C Percent of infants placed to sleep without soft objects or loose bedding
NPM SS-D Percent of infants room sharing (without bed sharing)

Introduction: Safe Sleep

For the Perinatal/Infant Health domain, Hawaii selected NPM SS based on the 2020 Title V needs assessment findings.

NPM Data. There were several major changes made to the Title V safe sleep NPM. First, a new fourth measure was added (NPM SS D) to the three existing Safe Sleep measures (NPM SS A-D). All the Safe Sleep data is from the Hawaii PRAMS survey. In 2023, major changes were made to the PRAMS survey that added Safe Sleep questions, so data for NPM SS A-C are no longer comparable to previous years.

NPM SS-A. The latest data from the 2023 PRAMS survey (66.4%) indicates that Hawaii did not meet the 2023 state objective (87.0%) or the Healthy People 2030 objective of 88.9%. However, the figure was similar to the 2023 national estimate (69.0%). Due to the 2023 PRAMS survey changes, the indicator cannot be compared to previous years' data for this question. The state objectives that were set through 2025 reflect an approximate 5% projected improvement.

The 2023 PRAMS data indicated that mothers with less than a high school education (48.9%) were less likely to place their infants on their back to sleep, when compared to those who had some college education (67.9%) or who were college graduates (74.5%). Other subgroup data analyses did not show significant differences due to the small sample size.

Prior analysis of Hawaii PRAMS aggregated data for 2019-2022 indicated that Native Hawaiian (77.3%), Samoan (61.3%), and other Pacific Islander (65.9%) mothers were significantly less likely to place their infants to sleep on their backs, when compared to either White (87.1%) or Japanese (88.1%) mothers.

Mothers under 20 years of age (60.9%) were less likely to place their infants on their backs to sleep, when compared to mothers who were 20-34 years of age (80.8%) or 35 or more years of age (85.9%). Mothers whose income fell below 100% of the FPL (74.3%) were less likely to place their infants on their back to sleep, when compared to those mothers at 186-300% of the FPL (83.5%) or those who were at or above 301% of the FPL (89.7%).

NPM SS-B. The latest data from the 2023 PRAMS survey (23.5%) indicated that Hawaii did not meet the 2023 state objective (31.0%) and was significantly lower than the 2023 national estimate (29.1%). Due to the 2023 PRAMS survey changes, this indicator cannot be compared to previous years' data for this question. The state objectives set for 2021 through 2025 reflect a projected 5% improvement.

The 2023 PRAMS data also indicated that mothers who were uninsured (9.3%) had significantly lower responses regarding placing their infants on an approved separate sleep surface, when compared to those who had other public insurance (30.3%). Those mothers who were unmarried (14.7%) had lower responses regarding placing their infants on an approved separate sleep surface than those who were married (29.8%). No other significant differences were found among other subgroups, likely due to the small sample size.

Based on the analysis of the 2019-2022 PRAMS data, Native Hawaiian (23.8%), Filipino (16.4%), Black (20.6%), and other Pacific Islander (21.7%) mothers were less likely to place their infant to sleep on an approved surface, when compared to White (35.7%) mothers. Mothers who were under 20 years of age (14.9%) were less likely to place their infants to sleep on an approved surface, when compared to mothers who were 20-34 years of age (26.8%). Mothers with incomes below 100% of the FPL (21.1%), at 101-185% of the FPL (22.5%), or at 186-300% of the FPL (22.7%) were less likely to place their infants on an approved surface to sleep, when compared to those mothers who were at or above 301% of the FPL (32.1%).

NPM SS-C. The latest data from the 2023 PRAMS survey (64.0%) indicates that the 2023 state objective of 51.0% was exceeded but was significantly lower than the 2023 national estimate (71.0%). Due to the 2023 survey changes, this indicator cannot be compared to previous data for this question. The state objectives from 2021 through 2025 reflect an approximately 5% projected improvement.

The 2023 PRAMS data also indicates that mothers who were uninsured (38.8%) had a significantly lower estimate of placing their infants to sleep without soft objects or loose bedding than those who had either private (69.4%) or other public (70.9%) insurance. Those who were unmarried (54.8%) had lower estimates of placing their infants to sleep without soft objects or loose bedding than those who were married (70.6%).
Native Hawaiians/Other Pacific Islanders (30.0%), Asians (64.9%), and Multiple Races (56.8%) had significantly lower estimates of placing their infants to sleep without soft objects or loose bedding than Whites (85.6%).

Based on previous analysis of the 2019-2022 PRAMS data, Native Hawaiian (34.8%), Filipino (48.0%), and other Pacific Islander (25.7%) mothers were less likely to place their infant to sleep without soft objects or loose bedding, when compared to White (64.7%) mothers. Mothers who were under 20 years of age (24.8%) or those who were 20-34 years of age (48.1%), were less likely to place their infants to sleep without soft objects or loose bedding, when compared to mothers who were 35 or more years of age (55.5%). Mothers who were at or below 100% of the FPL (37.2%), those at 101-185% of the FPL (42.8%), or those mothers at 186-300% of the FPL (47.4%) were less likely to place their infants to sleep without soft objects or loose bedding, when compared to those mothers at or above 301% of the FPL (62.9%).

NPM SS-D. This is a new Safe Sleep measure that was recently added to the PRAMS survey, so 2023 is the first year of data reported on infants' room-sharing with an adult during sleep. There was no previous data on this measure prior to 2023. Data from the 2023 PRAMS survey indicates that the estimate (79.8%) was similar to the 2023 national estimate (79.9%). The 2023 PRAMS subgroup data analysis indicates that those mothers who were uninsured (54.0%) had a lower estimate of room-sharing with an adult during sleep than those who either had private health insurance (80.1%) or those on Medicaid (82.3%). No other significant differences were found in subgroup analyses.

PRAMS data. Regarding historical PRAMS data, there was no PRAMS data collection in Hawaii from 2017 to 2018 due to statutory privacy concerns imposed that were being addressed regarding the use of vital records for public health research. The Title V 2019 NPM SS indicators are derived from the 2016 PRAMS survey, and the 2020 indicators are from the 2019 PRAMS survey. The 2019 dataset includes only six months of weighted data, with a complete 12 months of yearly data available thereafter.

Objectives. Following a review of the baseline data and the HP 2030 objective, the state objectives for all three measures were updated through 2025.

Child Death Review. The total number of child deaths for 2023 was 118. There were a reported 46 identified non-natural deaths and 72 identified natural deaths in this total number. Infant sleeping conditions were considered by the 2023 Hawaii Child Death Review as possible contributing or causal factors in several of the 2023 natural death cases.

Title V lead/funding. The supervisor for the Family Strengthening and Violence Prevention Unit (FSVPU), which is under the MCH Branch (MCHB), serves as the program lead for safe sleep. The FSVPU supervisor also oversees family violence prevention and

parenting support programs. There is no dedicated funding source for Safe Sleep staffing or program activities; however, state and certain federal grant funds are leveraged to support programmatic efforts. Title V-funded staff provide both branch-level leadership and overall administrative and logistical support for safe sleep activities.

Strategies. The strategies for safe sleep were updated and revised:

- Build the broad reach of the Safe Sleep Hawaii coalition through increased community partnerships
- Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media

Evidence. A recent review of the AMCHP and MCH Evidence Center research indicates moderate evidence of effectiveness in targeting caregivers with safe sleep education. National campaigns have focused on vulnerable subgroups as having the most significant impact on advancing health equity.

Hawaii is focusing on addressing disparities in safe sleep behaviors by targeting key ethnic groups and developing multilingual educational outreach for limited English-speaking families. The strategy was also supported by input from local service providers who work regularly with at-risk multicultural families. ESM SS 3 measures progress made in distributing translated safe sleep educational materials to these key ethnic groups.

A report on safe sleep strategies and activities is discussed below.

Strategy 1: Build the broad reach of the Safe Sleep Hawaii coalition through increased community partnerships

This strategy reflects a direction recently developed by the Safe Sleep Hawaii (SSH) Coalition to expand community connections that can address health disparities.

Safe Sleep Hawaii (SSH). SSH is the statewide coalition that promotes safe sleep efforts, focusing on developing appropriate and consistent parent education materials and general awareness messaging. SSH helps ensure information on safe sleep practices, following the current version of the *American Academy of Pediatrics (AAP) Evidence-Based Recommendations for a Safe Infant Sleeping Environment at Birthing Hospitals, Child Care Centers, and Child Care Providers.*

SSH has a diverse membership that represents government, nonprofits, for-profits, grassroots organizations, individuals, and families committed to preventing infant mortality through safe sleep practices. SSH meets remotely every quarter with steady participation. SSH reviews trainings and public messaging campaigns on an ongoing basis to ensure that the information provided remains updated and consistent with current AAP guidelines.

SSH identified several implementation activities which align with the Title V strategies:

- Foster collaboration and partnership among community programs and stakeholders on safe sleep efforts and other maternal and child health issues.
- Increase interaction with providers and families via the SSH Coalition Instagram account and SSH Facebook page.
- Increase community awareness of the availability of translated Safe Sleep guides in all offered languages.
- Create new resources and messaging for Safe Sleep education that are locally designed and tailored for Hawaii populations.

SSH Staffing/Coalition. To ensure ongoing support for the SSH Coalition activities, a children's law and policy consultant, Karen Worthington, was contracted to coordinate the activities, including scheduling meetings; maintaining and building membership/partnerships; conducting planning and policy development; working with advocates and families; and organizing trainings,

presentations, social media, and other outreach efforts for safe sleep. Ms. Worthington is an attorney offering SSH years of local and national experience in CAN prevention.

Expanding Membership. SSH reached out to additional partners, including prenatal and maternity care providers at hospitals, doulas, and lactation consultants, with an invitation to join the SSH Coalition. While all those contacted were pleased to learn about the Coalition and SS resources, to date, none of those invited have opted for active participation at this time.

Strategy 2: Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media.

Strategies include providing public health information on safe sleep and referring families to resources for more information and support.

Media Campaign. During COVID, Title V used mass media efforts to promote public safe sleep messaging due to statewide services shutdowns and enforced social isolation for most households. In 2024, a Safe Sleep media campaign was again launched to educate parents and caregivers as part of October's *Safe Sleep and SIDS Awareness Month.*

The media campaign ran through December 2024, which included a Governor's proclamation signing and press release. Television and digital spots promoting safe sleep were developed using the ABC messaging (Alone, on their Backs, in a Crib), which were evidence-based recommendations from AAP. The media spots mirrored the content of a widely accessed *Hawaii Safe Sleep Guide for Parents,* which was previously developed by SSH. The call-to-action for the campaign directed the public to the Safe Sleep information available via The Parent Line (www.theparentline.org), which serves as the primary Title V warmline for family support.

This multimedia campaign was estimated to have reached 244,290 adults ages 25-54 (99.6% of that age group) in 2024. Additionally, there were 412K digital media impressions recorded.

Safe Sleep webpage. In September 2023, DOH launched the SSH Coalition home page, https://health.hawaii.gov/safesleep/. This webpage features the video used in the 2022 campaign television spots, several social media ads and posts, and the Safe Sleep Guide in 12 languages/dialects (including English). The social media posts are included in the E-Toolkit and were translated into 11 of the most commonly used non-English languages/dialects currently spoken in Hawaii households. Since the SSH webpage was launched in late 2023, 388 users have viewed the site 714 times. Viewers stayed on the site for an average of 45 seconds. Documents were clicked on, and/or downloaded, 160 times.

The launch of the webpage marked a significant accomplishment of the SSH Coalition's long-term goal of having a singular, Hawaii-specific safe sleep online website where DOH-approved information would be available for anyone interested in learning more about establishing safe sleeping environments for infants.

The Parent Line. The Parent Line, contracted by MCHB, provides support to parents and caregivers with information on a wide range of community resources, including child behavior, child development, and parent education. The Parent Line is free and confidential and can be accessed by phone, chat, and/or website. The Parent Line was featured in the Safe Sleep media campaign, which displayed the web URL and phone number so the public could obtain more information.

In preparation for the safe sleep campaign launch, MCHB worked closely with The Parent Line to create a dedicated webpage for safe sleep guidelines, with downloadable electronic copies of the Safe Sleep Guide available and a schedule of accessible online safe sleep workshops. The Parent Line in 2024 distributed 18,338 hard copies of the Safe Sleep Guide for Parents, with 16,874 in English and 1,464 in other languages/dialects.

Translated SS Materials. Hawaii has a large immigrant and multi-ethnic population, including many households that speak English as

their second language (ESL). These populations practice a range of diverse traditional and cultural practices for infant sleep, including co-sleeping.

To expand outreach to these at-risk groups, MCHB partnered with the Department of Human Services (DHS) and the Office of Language Access (OLA) to translate the *Hawaii Safe Sleep Guide for Parents* into 11 of the most common non-English languages/dialects currently spoken in Hawaii households: Chuukese (Micronesian), Ilocano (Filipino), Japanese, Korean, Marshallese, Samoan, Spanish, Simplified Chinese, Tagalog (Filipino), Traditional Chinese, and Vietnamese.

The Safe Sleep Guide's translated text and design layouts were thoroughly reviewed and cross-checked by focus groups of native speakers to ensure accuracy and that all information and graphics were appropriately displayed in a culturally sensitive, readable, and understandable manner. The guide is currently used by all licensed childcare providers and other early child programs statewide.

The Parent Line was contracted to distribute the Safe Sleep Guide to ensure broad public access statewide. Printed versions of the guide were mailed out upon request and electronic copies were also accessible on The Parent Line website. The media campaign spots were designed to promote and highlight broader dissemination of the newly translated Safe Sleep Guides.

In FY2024, social media posts were created from the images in the translated Safe Sleep Guides to allow providers of Safe Sleep education to share this information across their social media platforms in translated languages appropriate to the families they serve. These social media posts are available in the SSH Coalition E-Toolkit, which is posted on the DOH Safe Sleep page.

ESM SS 3 was developed to track progress on dissemination efforts to reach diverse populations with the translated Safe Sleep information in conjunction with the SSH media campaign launched in FY 2024. ESM SS 3 measures the extent to which translated informational materials were requested and distributed to limited and non-English-speaking populations.

ESM SS 3 The number of translated Safe Sleep Guides for Parents that were provided to the agencies, organizations, and individuals on request

	2022	2023	2024	2025
Annual Objective	7000	8000	9000	10,000
Annual Indicator	7839	1,464	1,464	

The number of printed safe sleep guides distributed by The Parent Line is the same as reported for FY 2023. However, no 2023 data was reported by The Parent Line contractor. Staffing and administrative issues have hampered performance measure reporting for The Parent Line program causing MCHB to issue a new request for proposals to operate the program under a new contractor in the future.

Cribs for Kids. The Family Strengthening and Violence Prevention Unit contracted with the Healthy Mothers, Healthy Babies Coalition (HMHB) in 2024 to provide Safe Sleep education, along with distribution of safety-tested infant cribs. HMHB's Cribs For Kids (CFK) Program is accessible remotely via email, video, or phone to help parents and caregivers reduce the incidence of sleep-related deaths. Parent participants were provided safe sleep information and a *Graco Pack N Play* crib so that each infant in the program was provided a designated safe place to sleep. The program also works closely with Hawaii birthing hospitals to ensure that parents, upon discharge, are able to provide their infants with safe sleeping conditions at home.

As of May 2024, HMHB provided safe sleep education and cribs to over 450 parents and caregivers statewide. HMHB also coordinated with the Department of Human Services Temporary Assistance to Needy Families (TANF) program and their contracted service providers, who work with homeless families or those at risk for homelessness. HMHB is working to translate the CFK program materials to reach those with limited/non-English proficiency and is also working with DOH to develop a program evaluation

tool.

Safe Sleep Professional Development. The Hawaii Children's Action Network (HCAN) was contracted to provide professional development on Safe Sleep education for perinatal/postpartum service providers, including doulas, midwives, and lactation consultants.

In May 2023, the SSH Coalition created a subcommittee to collect information about professional development needs and goals. The committee gathered input at Safe Sleep Coalition meetings and created a provider survey for the Coalition. In response to the results of those activities, the Coalition, in partnership with HCAN, created an electronic Safe Sleep Hawaii Toolkit to support the SSH Coalition's professional development and public education goals. The toolkit includes a guide for using the toolkit; activities for educating families; instructions for providers; information about professional development opportunities; safe sleep-related data and statistics; planning tools; and other useful resources.

Current Year Highlights to FY 2025 (10/1/2024 – 6/30/2025)

Safe Sleep Summit. The SSH Coalition continues to meet, focusing on planning for a June statewide SS Summit and supporting ongoing professional development activities. The Safe Sleep Hawaii Virtual Summit was held in June 2024. The keynote speaker was Dr. Rachel Y Moon, MD, the Harrison distinguished teaching professor of pediatrics at the University of Virginia School of Medicine. Summit agenda items included a review of current AAP safe infant sleep guidelines; the importance of social norms and networks in communicating safe sleep practices; and Hawaii-specific updates on safe sleep activities and community resources.

Media Campaign Repeated. A follow-up Safe Sleep television and digital media campaign was launched in October 2023, highlighting the October National Safe Sleep and SIDS Awareness Month. The media campaign ran through December, with activities that included the Governor's proclamation signing and press release. The *Safe Sleep Guide for Parents* and The Parent Line remain the central means of sharing information on the AAP guidelines. The campaign also coordinated with community-based programs that are supporting safe sleep efforts, such as HMHB's *Cribs for Kids*.

Safe Sleep webpage. After eight months (September-April) of the SSH Coalition homepage launch, https://health.hawaii.gov/safesleep/, 388 users had viewed the website a total of 714 times. Viewers stayed on the site for an average of 45 seconds. Documents were clicked on and/or downloaded 160 times.

SSH. The Native Hawaiian Keiki O Ka ʻĀina Preschools and Infant/Toddler Centers joined SSH in 2023. This early childhood program integrates a Hawaiian culturally based curriculum with Montessori activities, using Hawaiian language, values, and cultural principles. The organization led efforts to have the Mayors of Kauai and Hawaii Islands to issue SS proclamations for October 2023. Because of the Maui County administration's focus on recovery from the August 2023 wildfires, the SSH Coalition did not seek a proclamation for Maui County.

Cribs for Kids (CFK). HMHB provided safe sleep education and cribs to over 180 parents and caregivers statewide, as of May 2024. HMHB is working to translate the CFK program materials to reach those in non-English-speaking households. The program evaluation for 2023 reported the following client self-reported outcomes after three months:

- 85% of clients continue to use a provided crib for their baby
- 98% of clients continue to place baby on their back when going to sleep
- 80% of clients continue to not place any blankets, pillows, or toys in the crib with baby
- 45% of clients continue to exclusively breastfeed
- 93% of clients continue to practice supervised tummy time
- 90% of clients did not allow family members in the household to smoke around the baby.

The follow-up contacts also provided an opportunity to reiterate SS and other health information and to assist families with referrals

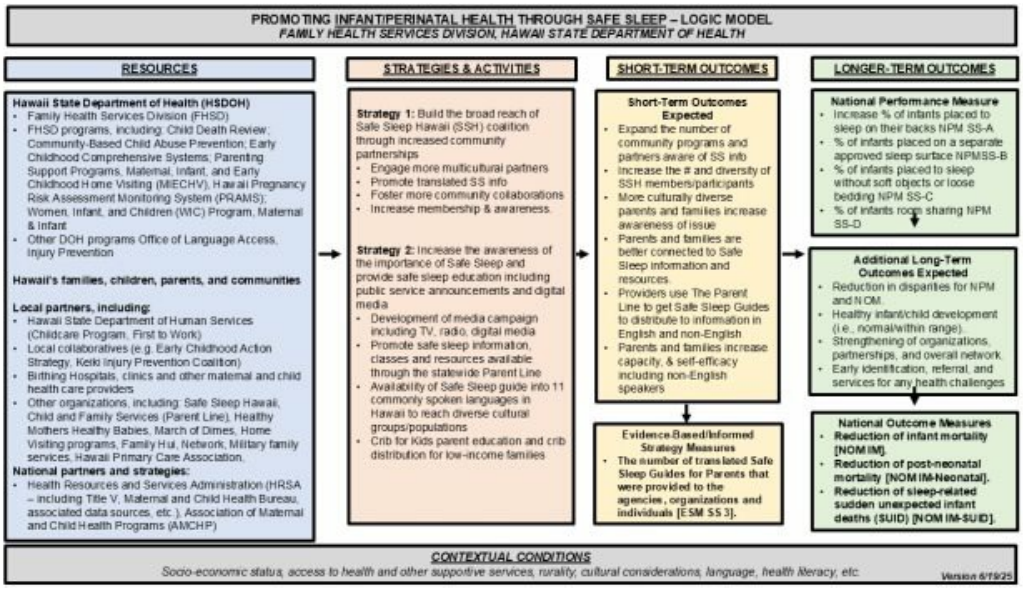
as needed. HMHB, through its extensive partnerships, continues to assist families with referrals to needed support services, including SNAP, WIC, Medicaid, childcare, and other health-related needs. The CFK program aims to build a trusting relationship with clients so that the staff can identify and assist families with their health-related needs during the challenging and intense postpartum period.

The Parent Line. A new The Parent Line contract was awarded to HMHB, which will assume the role for the distribution and promotion of safe sleep materials going forward.

Needs Assessment. Safe Sleep was selected as a continuing perinatal/infant priority and national performance measure (NPM) in the 2025 Title V needs assessment. The NPM was linked to a need statement to develop greater multicultural approaches and services for Hawaii's heterogenous communities.

Review of the Action Plan

A logic model was developed for NPM SS to ensure alignment among the SS strategies, activities, measures, and desired outcomes. The program focuses the following primary strategic areas: engaging and broadening community partners, expanding educational outreach, using new media modalities, and targeting limited and non-English speaking families. These strategies will help reduce disparities with improved outcomes as reflected in future PRAMS data. The activities associated with these strategies directly correlate with short-term outcomes and also is expected to impact longer-term outcomes, including infant mortality.



Challenges Encountered

Housing Insecurity. Soaring housing costs, limited affordable housing options for residents, and steadily increasing inflation all contribute to increasingly overcrowded households and housing insecurity in Hawaii. This translates to a greater likelihood of less safe sleep conditions, especially for vulnerable younger and lower-income families.

Maui Wildfires. Stresses after the August 2023 Maui wildfires significantly overwhelmed Maui families, especially the overcrowding of families housed in temporary hotel rooms. Families were compelled to relocate constantly to new FEMA housing/hotel options, consider relocating, and/or have to move in with family/friends. This level of displacement, unemployment, uncertainty, and stress intensified the likelihood of unsafe sleeping conditions for families with infants.

Addressing Co-Sleeping. Hawaii PRAMS data confirms that co-sleeping is a common family/cultural practice in Hawaii. Initiatives

such as Pack N Play crib distribution and education through the *Cribs for Kids Program* have proven effective both nationally and locally with at-risk populations.

However, addressing local/cultural beliefs and a general acceptance of co-sleeping continues to be challenging. The practice may be attributed to the state's ethnic/cultural diversity, with exacerbation due to household overcrowding, housing insecurity, multifamily living arrangements, and high housing costs. Data indicates that certain ethnic groups, young mothers, and low-income families are more likely to engage in infant co-sleeping practices. Working with cultural leaders and other community organizations is key to the success of targeted outreach to these at-risk populations.

Both the 2022 and 2024 Safe Sleep Summits address this critical challenge with culturally sensitive approaches, including 'The First Candle Straight Talk for Infant Safe Sleep.' The program's focus is on recognizing and addressing personal provider/caretaker biases, while improving their communication skills to effectively engage with families.

Media Effectiveness. The Safe Sleep media campaign, *Safe Sleep Guide for Parents and Caregivers* (both in English and translated languages), and The Parent Line are primary vehicles for public health messaging. It is currently unknown to what extent the SS messaging has changed family attitudes and behavior around safe sleep practices. It is also unclear as to what extent service providers have used the translated SS information with their client populations. The safe sleep environmental scan, which is currently underway, will collect and document additional data to better determine the effectiveness of these efforts.

Overall Impact

Safe Sleep Hawaii Coalition. SSH is the statewide coalition that promotes safe sleep efforts, focusing on developing appropriate and consistent parent education materials and general awareness messaging. SSH is now over 15 years old and has a dedicated, sustained, and robust membership. Although activities have waned at times over the years, the coalition continues to convene to ensure effective outreach and supports to young families and to prevent tragic infant fatalities due to unsafe sleeping conditions.

Expansion of Media Outreach. COVID-related challenges fundamentally changed outreach efforts on safe sleep practices with the program relying more on electronic/digital methods, which have increased virtual access to key information statewide. The *Safe Sleep Guide for Parents and Caregivers* was previously primarily distributed through printed posters to provider offices but is now more widely available in electronic form via The Parent Line website. The website also provides virtual safe sleep parent and caregiver workshops at no cost to families. Written information on safe sleep guidelines and resources is also available via regular mail on request.

The newly created DOH Title V safe sleep website and social media posts (Instagram and Facebook) are now available for service providers to share with their patients/clients and the general public. The homepage was created at the request of the SSH Coalition.

Title V MCHB worked on increasing statewide awareness of safe sleep education by promoting The Parent Line through public service announcements that are aired on TV and digital media, press releases, and television/morning show interviews. This has brought more awareness of the issue to the general public and also highlighted the available SS resources. Subsequent media posts will also include the new DOH website information.

Service Supports. The statewide crib distribution programs offered by community-based organizations were paired effectively with safe sleep education to help families and providers needing informational and technical support. This program is primarily geared toward lower SES families who were most affected by COVID restrictions, escalating economic challenges, and overcrowded living conditions. These community and social media-driven initiatives have strengthened collective efforts at widespread dissemination of evidence-based AAP safe sleep guidelines for infants.

SPM 2 - Number of participants in the WIC program in Hawaii

Introduction: Food Insecurity

For the Perinatal/Infant Health domain, Hawaii added a new state priority in FY 2021 to address Hawaii food insecurity, which was based on the results of ongoing needs assessment. Expanding the use of WIC and other governmental food support programs continues to be a crucial step towards helping women, children, and families, both during the economic difficulties exacerbated by COVID, as well as with the escalating cost of living. This priority focuses on increasing enrollment and utilization of the FHSD's Supplemental Nutrition Program for Women, Infants, and Children (WIC). It emphasizes outreach to families and populations that may not be aware of or are not currently accessing WIC's many nutritional and health benefits.

Data. The data for this measure is derived from the U.S. Department of Agriculture's WIC user participation reports, which reflects 12-month WIC client user averages. The national data indicates that the participation trend for Hawaii WIC increased slightly through 2023, with 26,116 women, infants, and children total served by the program.

In 2024, the participation numbers dropped to 25,264. The decline from 2023 to 2024 may be attributable to the continued decline in births, the gradual return to in-person services, and/or the steady out-migration of Hawaii families due to the state's ongoing high cost of living.

Objective. By 2025, increase the total number of WIC participants in Hawaii to 28,000 pregnant women, infants, and children.

Title V Lead/Funding. The Hawaii WIC Services Branch is the lead program for this food insecurity priority, as WIC remains the largest public food security program in the state and nation, specifically serving pregnant and parenting women and their infants and young children with nutritional health education and support. Although WIC services are not directly funded by Title V, WIC benefits from Title V-funded administrative supports and programmatic services offered, including social media and communication support, contracting, data analytics, and IT services.

Key Partners. WIC's many community partners include a wide range of programs and agencies that also serve low-income children and their families. These partners include: Federal entitlements programs (Medicaid, SNAP, TANF); State offices (Hawaii Head Start Collaboration Office, Executive Office on Early Learning); the University of Hawaii Center on the Family; Department of Health partners (i.e. ,Chronic Disease Nutrition programs helping to establish WIC Farmer's Market, Early Childhood, Women's Health, MIECHV); and a number of private sector community-based organizations (Head Start, Hawaii Children's Action Network).

Evidence. There is strong national longitudinal evidence that demonstrates the effectiveness of the WIC program in efforts to address family food insecurity. For more than four decades, local and national researchers have investigated WIC's effects on key measures of maternal and child health, including birth weight; infant mortality; diet quality and nutrient intake; initiation and duration of breastfeeding; cognitive development and learning; acceptance of immunizations; use of health services; and childhood anemia. These findings strongly support WIC's demonstrated capacity to help significantly improve maternal, infant, and child health outcomes (source: Center on Budget and Policy Priorities, 2021).

Strategies. The food insecurity strategies for Hawaii are primarily based on the findings of a Hawaii WIC workgroup that convened from 2021-2022. Their goal was to identify specific barriers and challenges to Hawaii WIC services and to increase overall WIC enrollment and utilization. This work was fiscally supported by a Partnership for America's Children grant that was received by the Hawaii Children's Action Network (HCAN).

In partnership with WIC, HCAN convened the workgroup and invited key community, agency and family representatives. The group used data and findings from the Federal Food Research and Action Center's (FRAC) May 2019 report, "Making WIC Work Better," as a guide for its process. Although the workgroup developed several key observations and recommendations relating to

barriers, challenges, and improving access to WIC services, the two specific Title V WIC strategies identified and prioritized were:

- Partner with agency and community programs to improve WIC enrollment and utilization.
- Improve WIC data collection and analysis to identify key barriers to WIC clients' benefit utilization and enrollment.

Strategy 1: Partner with agency and community programs to improve WIC enrollment and utilization

This grant strategy focused on maintaining and building on WIC's many community partnerships to expand and improve on WIC client enrollment and benefit utilization.

WIC Data Matching. One of the two key WIC Work Group recommendations was initiated in May 2022 when WIC executed a data-sharing agreement with the SNAP program. This was initiated to align and simplify the enrollment process for clients who are determined to be eligible for both programs. Research by the Center on Budget and Policy Priorities shows that matching data across benefit programs, like the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) can increase WIC enrollment, help to simplify the WIC enrollment process, and, consequently, improve MCH outcomes and reduce food hardship and address health disparities.

Testing efforts were carried out in migrating the referral data from SNAP to WIC's Management Information System. While this migration of data continues, WIC program educational outreach and promotional efforts were prioritized. A social media campaign was launched in late summer of 2023 to inform the general public about dual eligibility for SNAP and WIC enrollment. The FHSD and DHS communications staff collaborated closely on the development of images to be used for the social media campaign and agency websites updates, which culminated in a joint press release.

The Department of Human Services (DHS), which administers both SNAP and Medicaid, is leading the data-sharing effort as a crucial part of an overarching WIC/SNAP collaboration. In 2021, during COVID, DHS was awarded a private foundation grant, which was designed to improve the capacity of state systems that leverage SNAP and related programs. Its goal was to increase access to nutritional supports, thus reducing child hunger. WIC and SNAP programs met regularly during this period to plan and implement the grant activities with existing food security resources.

Although WIC does not currently share its program data with Medicaid, staff from both agencies currently share both SNAP and WIC program eligibility and enrollment information with their clients.

WIC Farmer's Market & Food Hubs. As part of the implementation of the DOH Chronic Disease program's nutrition plan, WIC is working with community partners to increase WIC client access to nutritious, locally grown produce. This is occurring via authorization of use of WIC benefits for fruits and vegetables, which are now redeemable at an expanded array of community farmer's markets and food hubs. The pilot cohort for this project included two farmer's markets and two food hubs, which are located in rural and largely Native Hawaiian communities. These projects are anticipated to increase access to fresh produce, supporting farmers and local produce sustainability and promoting WIC services with greater community visibility.

WIC Innovation Grant. HCAN submitted and was awarded a $530,312 WIC Community Innovation and Outreach Project (WIC CIAO) grant in 2023, one of 36 awards received nationally. HCAN grant activities continued through 2024, focusing on creating a 'WIC Culture' brand. Branding activities include: a new colorful logo; the launch of a social media outlet; development and release of new outreach resources for WIC clinics; and conducting WIC outreach through multiple community events to help increase WIC exposure. The new website included features with social media influencers who demonstrated cooking simple and nutritious recipes with ingredients from the WIC food package.

Strategy 2: Improve data collection and analysis to identify key barriers to WIC benefit utilization and enrollment

This strategy focuses on the primary data and research work undertaken to identify and address key barriers to WIC client benefit

utilization and enrollment.

WIC Workgroup Assessment. HCAN completed a needs assessment of the Hawaii WIC program in 2024, which included examining Hawaii census data and other local and national sources of information relating to child food insecurity. HCAN researched policies and systems in other states across the country that have demonstrated successful maximization of WIC benefits. HCAN also carried out data analysis on trends in Hawaii WIC program client usage in recent years. Key findings of the HCAN report include:

Using 2019 Federal U.S. Department of Agriculture data, some of the significant findings relating to Hawaii WIC participation rate were:

- In Hawaii, 83.8% of WIC-eligible pregnant and postpartum women, and 100% of eligible infants, participated pre- and post-delivery in the WIC program.
- However, client participation dropped off after year 1, with only 42.5% of Hawaii's children (ages 1 to 4) who were eligible for WIC services participating in the WIC program.
- A major limitation of the national WIC dataset was there is no disaggregated racial/ethnicity data that could be compared and contrasted to data on the state's specific multiethnic populations. This made it problematic to determine which of Hawaii subpopulations were less likely to be receiving access to WIC's services.

WIC Data Analysis. WIC finalized a data-sharing agreement with the University of Hawaii Center on the Family (COF) in 2022 to enable COF to access and analyze the WIC program datasets over a three-year period. Additional years of data were added to this analysis as it became available for the project to examine.

COF found that while the required data fields were complete for most clients, many of the optional fields had very high proportions of missing data, rendering them of little use for an analysis to be done. In May 2022, COF presented a preliminary analysis of the WIC dataset, along with initial drafts of the demographic client profiles for each county and its regional areas.

The analysis revealed that the WIC population was predominantly of Native Hawaiian (34%), White (15%), Mixed (13%), Pacific Islander (11%), Filipino (10%), and Other Asian (10%) ancestry. This breakdown is inconsistent with available Hawaii state overall population ethnic data analysis, and there were also some variations found by county. Other useful characteristics identified in the WIC population included:

Variable	State Average
Maternal Age	28.6 years
Household size	4.2
WIC clients per family	1.8
Per capita income	$7,200 annual
Medicaid enrollee	64%
SNAP enrollee	36%
TANF enrollee	7%

The COF data analysis confirmed the prevailing thinking that the largest drop-off in WIC participants occurred after age 1, which is a similar pattern found among most WIC programs nationally. Factors identified that were associated with longer participation with the WIC program included: Native Hawaiian ancestry; mothers who were also enrolled in WIC; the child or family members were enrolled in other entitlement programs; smaller household size; and older mothers. A final COF data analysis report was completed in

2024 and is now available on both the WIC and COF websites.

Current Year Highlights for FY 2025 (10/1/2024 – 6/30/2025)

Maui Wildfires. In response to the August 2023 Maui wildfires that decimated Lahaina, WIC executed several significant efforts to increase access to WIC foods for eligible families. Although, most of the emergency exemptions are no longer in place, WIC was able expedite the certification of new Maui WIC retailers who continue to serve as WIC vendors today.

State Funding for WIC. To ensure greater sustainability for the Hawaii WIC program, the 2025 Legislature appropriated state funding for 16 new WIC positions that previously were federally funded. This state investment will help maintain continuity of WIC operations amid fluctuating and uncertain future federal support. The federal funds that in the past have been allocated to these positions will now be reallocated to adjust vendor reimbursement rates and support and enhance direct WIC client services.

Although many other states provide funding to enhance WIC operations, this is the first time the Hawaii State Legislature has appropriated specific funding for the Hawaii WIC program. The appropriation reflects the high value that state policymakers place on the program and its vital role in supporting the health and well-being of the state's lower-income mothers and their families.

WIC/SNAP Collaboration. This DOH and DHS collaboration on dual eligibility and sharing of data is ongoing, with the completion of the WIC MIS update deployed in April 2025. WIC staff continue to work on testing the data import files and scrubbing them, as needed, for import accuracy. Tentative implementation is estimated to occur in late summer or early fall this year.

WIC Farmer's Market & Food Hubs. The four WIC Farmer's Market and Food Hub distribution pilot projects were successfully implemented in FY 2024. This pilot project will be evaluated with programmatic modifications made, as needed. Additional WIC Farmer's Market and Food Hub project sites are currently in the process of being identified. One new farmer's market and two food hubs accepting WIC benefits have recently been authorized on the islands of Oahu and Maui.

Early Childhood Breastfeeding Partnership. WIC recently executed a new contract to partner with the Early Childhood Action Strategies (ECAS) group. This contract is intended to strengthen the WIC breastfeeding program and support WIC integration into the state's current Physical Activity and Nutrition Plan. ECAS is a statewide private-public state collaborative whose goal is to improve the system of care for Hawaii's youngest keiki and their families. ECAS will assist with efforts to expand the WIC Breastfeeding Peer Counseling program, offer breastfeeding trainings and identifying strategic partnerships and opportunities to promote more successful breastfeeding experiences among WIC families statewide.

Needs Assessment. Both food security and WIC emerged as an ongoing priority issue, based on the analysis of the recently completed Title V 2025 needs assessment for women, children and families. Since the new 2024 Title V grant guidance now includes a national performance measure (NPM) on child food sufficiency, this state measure will be discontinued as Hawaii opted to use instead the new food sufficiency NPM for children. FHSD efforts will continue to focus on steadily improving WIC operations, partnerships, and outreach to better serve Hawaii's lower-income young families.

Challenges Encountered

The WIC Working Group identified several barriers to accessing services along with new opportunities to improve WIC enrollment, benefit utilization, and retention. This was accomplished by drawing on the WIC Working Group's unique and diverse perspectives and with lived client experiences within the WIC program.

The Working Group identified several potential promising opportunities for WIC program improvement in outreach and recruitment:

- Provide a technologically updated approach to communication with WIC clients, using commonly utilized and preferred methods for client contacts, including texting, email, and/or messaging directly to WIC staff. This

included the prompt and consistent delivery of timely e-reminders to clients for when they have an appointment due and/or when their WIC benefits are about to expire
- Emphasize more cultural competence and skill-building in WIC clinic workers and readily provide written educational materials available in languages that are commonly used by current and potential WIC applicants and participants
- Partner with agencies that currently work closely and effectively with the Pacific Islander communities, such as We Are Oceania (WAO), the City and County of Honolulu's Resilience Resource Center, and the Big Island's Micronesians United (MU-BI)
- Conduct annual assessment and evaluation regarding the appropriateness and effectiveness of the WIC Program and its services in meeting the nutritional and food security needs of its WIC participants

Vacancies. Like many private and public sector programs, WIC continues to struggle with filling key nutritionists and nutritional aide positions.

Overall Impact

Importance of Partnerships. Prior to the convening of the WIC Working Group, the WIC program lacked opportunity or capacity to dedicate significant resources towards improving the WIC program. Despite WIC's large budget, most of the staffing/resources go toward direct WIC operations, with few resources available for program enhancements. This unique private-public partnership brought sorely needed resources, staffing, and supports to Hawaii's largest and most significant maternal and child health program.

WIC Client Engagement. The WIC Working Group provided invaluable feedback from entities with a range of perspectives on the WIC program. The diverse composition of the Working Group—including academics, advocates, WIC clinic staff, WIC state office staff, and clients—enabled these diverse viewpoints to come together collaboratively to better address WIC clients' needs.

The importance of former and current WIC clients participating in the WIC program assessment/improvement discussion proved invaluable to the workgroup and to WIC itself. WIC clients provided clear and candid insights into their WIC services experience, as well as insights into the significant challenges facing young families, given current challenging socio-economic conditions. There will be a greater focus on collecting more of this WIC client experiential input in future programmatic research and planning.

Other Partners. Additional partnerships help to strengthen and expand WIC program services. Through collaboration with the DOH Chronic Disease Nutrition Program and other community partners, WIC successfully piloted four new farmer's markets and food hubs. These local food sources offer innovative, community-based solutions that expand access to fresh, healthy, and locally grown produce for WIC participants.

The University of Hawaii Center on the Family provided critical data analysis in describing the client populations that WIC serves and identifying retention rates of the WIC program, both statewide and by county. A new contract with the Early Childhood Action Strategies that is being implemented will aid WIC in strengthening and expanding its breastfeeding program efforts, including the Breastfeeding Peer Support program.

Food Insecurity. Since before the advent of COVID, food insecurity and the state's high cost of living are a high priority concern for young Hawaii families. Reports from the Hawaii Foodbank continue to document that one in three children statewide live in households where access to adequate nutrition is limited or uncertain, often resulting in skipped meals, due to financial constraints.

Public awareness and acceptance of nutrition assistance programs such as WIC and SNAP have grown, with decreasing stigma and increased recognition of their vital role in supporting community health and well-being. With support from both public and private funding sources, there is now significantly more collaboration between the state's two federal food assistance programs to enhance community awareness and improve access to these critical core public health services.

Perinatal/Infant Health - Application Year

The Perinatal/Infant domain section includes a plan on:

- the continuing NPM Safe Sleep

There is no plan for the discontinuing SPM on Food Insufficiency.

NPM SS-A Percent of infants placed to sleep on their backs NPM SS-A
NPM SS-B Percent of infants placed on a separate approved sleep surface
NPM SS-C Percent of infants placed to sleep without soft objects or loose bedding
NPM SS-D Percent of infants room sharing (without bed sharing)

For the Perinatal/Infant Health domain, Hawaii selected NPM SS Safe Sleep as a continuing priority based on the 2025 Title V needs assessment. The 2030 Title V state objectives are:

- By July 2030, increase the percentage of infants placed to sleep on their backs to 73%.
- By July 2030, increase the percentage of infants placed to sleep on a separate approved sleep surface to 33%.
- By July 2030, increase the percentage of infants placed to sleep without soft objects or loose bedding to 67%.
- By July 2030, increase the percent of infants room-sharing with an adult during sleep but not bed-sharing to 84%.

The Title V program and Safe Sleep Hawaii (SSH) will continue to build on the efforts outlined in the FY 2024 report and the FY 2025 activity highlights. Ongoing work to strengthen SSH is supported by the Child Safety Network, which promotes cross-cutting strategies to establish and leverage partnerships that support the implementation of programs and practices addressing injury-related topics. The two strategies and planned activities for FY 2026 are described below.

Strategy 1: Build the broad reach of the Safe Sleep Hawaii coalition through increased community partnerships

This strategy emerged from Safe Sleep Hawaii (SSH) and is based on the recommendations from a 2023 statewide safe sleep environmental scan and needs assessment. The project included conducting a focus group to learn how families get essential information on safe sleep, what messaging they have received to date, and perceived barriers to implementing safe sleep practices. The implementation activities for this strategy include the following:

- Foster collaboration and partnership among community programs and stakeholders on safe sleep efforts and other maternal and child health issues.
- Increase interaction with the SSH Coalition Instagram account and Facebook page.
- Increase awareness of the availability of translated Safe Sleep guides in all offered languages/dialects.
- Create new resources and messaging for Safe Sleep education that have been locally designed and tailored for a Hawaii audience.

A contract is continuing with the SS consultant to ensure the coalition's ongoing work.

Safe Sleep Summit. The SSH plans to hold an annual statewide Safe Sleep Summit in FY 2025, which will further examine the evaluation findings received at the 2024 Safe Sleep Summit. Normally, the event hosts national speakers, presents the latest data and evidence-based practices, and offers breakout groups to share local resources and identify/address key challenges.

Cribs for Kids. Based on the CFK evaluation results, funding for the program will continue and areas for expanded support will be explored.

Strategy 2: Increase awareness of the importance of Safe Sleep and provide safe sleep education, including public service announcements and digital media

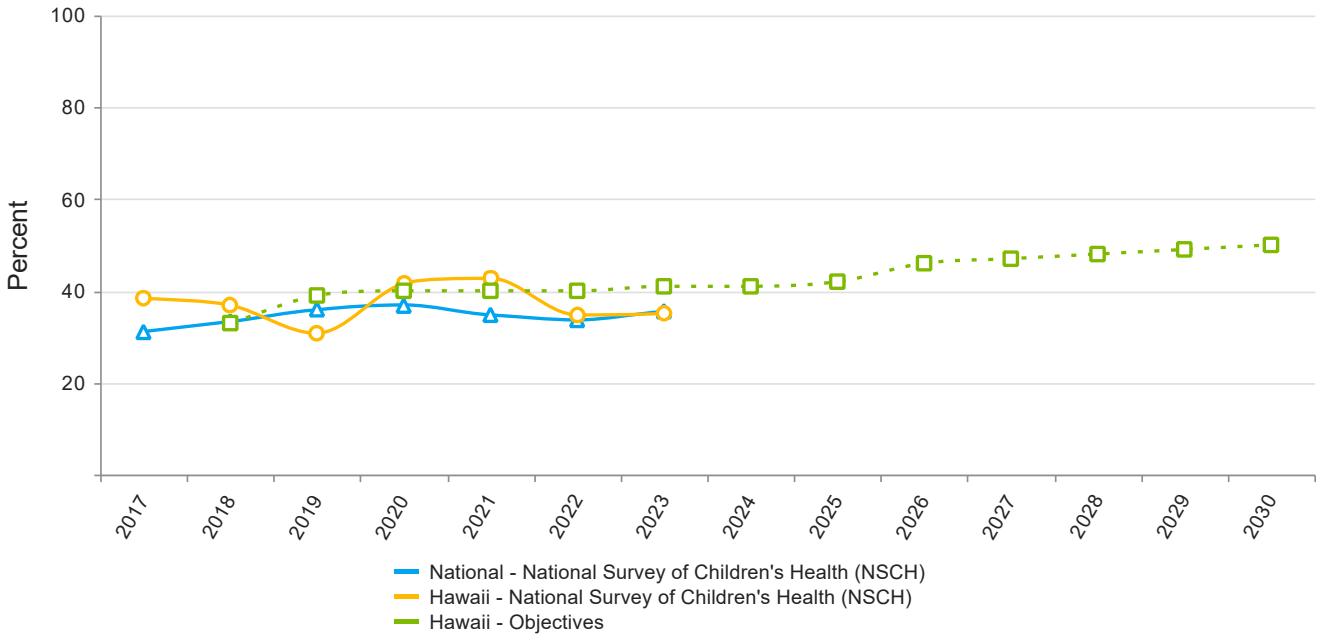
Media Campaign: Another Safe Sleep television and digital media campaign is anticipated for FY 2025. The campaign will be relaunched during October Safe Sleep and SIDS Awareness Month. Activities are expected to include a proclamation signing and a

press release by the Governor and County Mayors. The Safe Sleep Guide for Parents and The Parent Line will be highlighted to share information on AAP guidelines and provide links to the new DOH SS website. The campaign will also coordinate with community-based programs that continue to support and educate on safe sleep efforts for Hawaii's families.

Translation of Media Messaging: The television and digital media spots used in the campaign will be translated into several languages/dialects to reach limited and non-English speaking populations. The spots will be strategically aired and presented via venues that already reach more limited and non-English-speaking households.

The Parent Line: Healthy Mothers, Healthy Babies (HMHB) will operate and promote the state Parent Line contract, providing information and referral to parents who have questions regarding their children. HMHB will also be responsible for the distribution and promotion of safe sleep materials, which have been translated into 11 of the most common non-English languages/dialects currently spoken in Hawaii households. HMHB intends to disseminate the current supply of translated materials and will further explore new digital avenues for community distribution.

NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	40	40	40	41	41
Annual Indicator	31.6	41.2	41.0	34.6	35.1
Numerator	12,899	16,334	15,213	12,730	11,189
Denominator	40,832	39,621	37,098	36,781	31,851
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	46.0	47.0	48.0	49.0	50.0

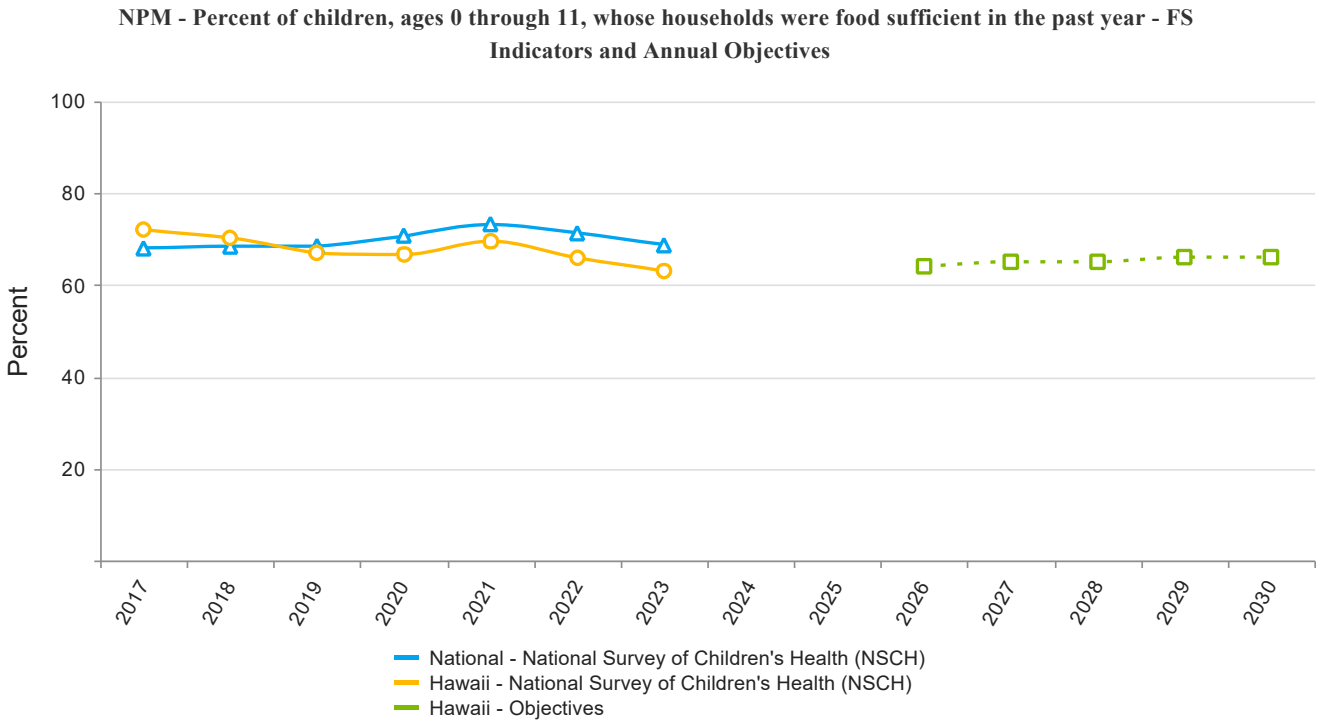
Evidence-Based or –Informed Strategy Measures

ESM DS.1 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.

Measure Status:	Active

State Provided Data		
	2023	2024
Annual Objective		
Annual Indicator	30	35
Numerator		
Denominator		
Data Source	Title V CSHN Branch H'ilei program	Title V CSHN Branch H'ilei program
Data Source Year	2023	2024
Provisional or Final ?	Final	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	60.0	70.0	80.0	90.0	100.0



Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2024
Annual Objective	
Annual Indicator	63.1
Numerator	122,498
Denominator	193,987
Data Source	NSCH
Data Source Year	2022_2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	64.0	65.0	65.0	66.0	66.0

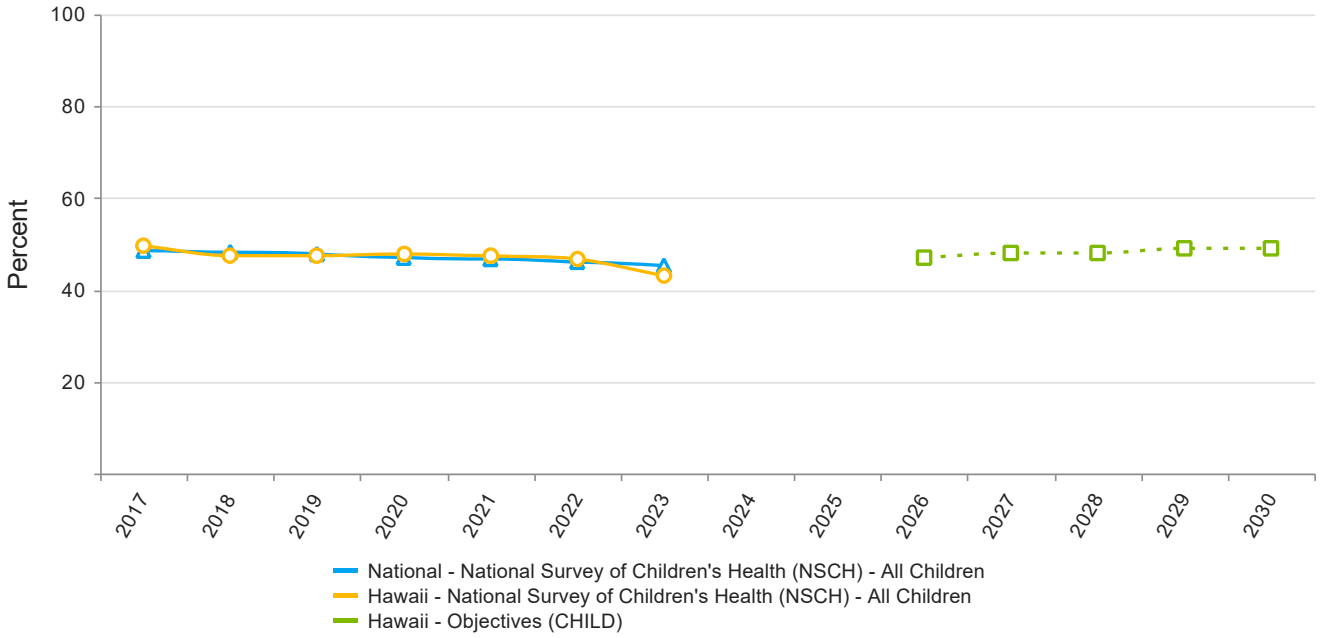
Evidence-Based or –Informed Strategy Measures

ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.

Measure Status:	Active
State Provided Data	
	2024
Annual Objective	
Annual Indicator	31,012
Numerator	
Denominator	
Data Source	Hawaii WIC Services Program
Data Source Year	2024
Provisional or Final ?	Final

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	31,400.0	31,600.0	31,800.0	32,000.0	32,200.0

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH Indicators and Annual Objectives



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Child Health - All Children

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - All Children		
	2023	**2024**
Annual Objective		
Annual Indicator	46.6	43.1
Numerator	138,882	128,417
Denominator	297,934	298,004
Data Source	NSCH-All Children	NSCH-All Children
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	47.0	48.0	48.0	49.0	49.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.

Measure Status:	Active

State Provided Data	
	2024
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	Title V Children with Special Health Needs Branch
Data Source Year	2024
Provisional or Final ?	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	Yes	Yes	Yes	Yes	Yes

State Action Plan Table

State Action Plan Table (Hawaii) - Child Health - Entry 1	
Priority Need	
Increase the percentage of children ages 0–5 who receive timely and continuous developmental screening by enhancing outreach, provider training, and coordination across early childhood systems	
NPM	
NPM - Developmental Screening	
Five-Year Objectives	
By July 2030, the state seeks to increase the percentage of children ages 9 through 35 months to 50.0% for those receiving a developmental screening 50%	
Strategies	
Develop and improve services infrastructure to better coordinate developmental screening efforts	
Build the capacity of the Hi'ilei program to increase developmental screening and referral efforts for young children	
ESMs	**Status**
ESM DS.1 - The number of children screened through the Hi'ilei Developmental Screening Program using a standardized screening tool.	Active
NOMs	
School Readiness	
Children's Health Status	

State Action Plan Table (Hawaii) - Child Health - Entry 2

Priority Need

Support food sufficiency for infants and young children by improving access to WIC services, including outreach, enrollment, and nutrition education.

NPM

NPM - Food Sufficiency

Five-Year Objectives

By 2030, increase the percent of children, ages 0 through 11, whose households were food sufficient in the past year to 66%. (Baseline: 63.1% NSCH 2022-23)

Strategies

Partner with agency and community programs to improve WIC enrollment and utilization

Improve food sufficiency-related data collection and analysis to identify key barriers to WIC benefit utilization and enrollments

ESMs	Status
ESM FS.1 - The number of infants and children birth to 5 years of age enrolled in the WIC program.	Active

NOMs

School Readiness

Children's Health Status

Behavioral/Conduct Disorders

Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

Adverse Childhood Experiences

State Action Plan Table (Hawaii) - Child Health - Entry 3

Priority Need

Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination

NPM

NPM - Medical Home

Five-Year Objectives

By 2030, increase the percent of children with special health care needs, ages 0-17, who have a medical home to 45.0% (Baseline: 37.6% 2022-23, NSCH)

Strategies

Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.

Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.

ESMs	Status
ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.	Active

NOMs

Children's Health Status

CSHCN Systems of Care

Flourishing - Young Child

Flourishing - Child Adolescent - CSHCN

Flourishing - Child Adolescent - All

2021-2025: State Performance Measures

2021-2025: SPM 1 - Rate of confirmed child abuse and neglect reports per 1,000 for children ages 0 to 5 years.

Measure Status:	Active				
State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	5.5	5.4	5	4.9	4.9
Annual Indicator	5.7	5	5.8	5	3.3
Numerator	591	508	587	481	306
Denominator	104,141	101,271	100,421	96,580	93,878
Data Source	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report	DHS CAN annual report
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

The Child domain section includes a report on:

- the continuing NPM DS Developmental Screening and
- the discontinuing SPM 1 on Child Abuse & Neglect Prevention.

NPM DS – Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool.

Introduction: Developmental Screening

For the Child Health domain, Hawaii selected NPM DS Developmental Screening as a priority, based on the 2020 five-year needs assessment. By July 2025, the State sought to increase the proportion of children ages 9 through 35 months receiving a developmental screening to 42.0%.

Data: Aggregated data from 2022-2023 indicated that the percentage of children ages 9 months to 35 months for Hawaii (35.1%) did not meet the 2024 state objective (42.0%) but was roughly comparable to the 2023 indicator and the national estimate of 35.6%. Due to the small sample size, results for this measure should be considered with caution. The related Healthy People 2030 objective for developmental screening (35.8%) was nearly met. There were no statistically significant differences in reported subgroups by health insurance status, household income, nativity, federal race/ethnicity groups, or gender, but this is possibly due to the small sample size.

Objectives: Considering the baseline data, data limitations, and the HP 2030 objective, the state objectives were set to reflect an incremental increase in completed screenings at 42% through 2025.

Title V Lead/Funding: Developmental screening has remained a priority since 2010 for the Family Health Services Division (FHSD). The FHSD coordinates federal, state, and local efforts in Hawaii for developmental screening, referrals, and related services. The lead for this priority activity falls to the Children with Special Health Needs Branch's (CSHNB) Early Childhood and Hi'ilei Coordinators, which are state-funded positions. Title V does not directly fund developmental screening program staff or its activities but does support program management, epidemiology, data collection and analysis, and administrative positions, which contributes significantly to the work done on this NPM.

Partnerships: There is historically broad collaboration among state agencies and community stakeholders working towards a statewide systematic approach to developmental screening. This collaboration includes medical partners, early childhood providers, and community-based nonprofits that conduct developmental screenings and ensure that children are appropriately referred to needed services or supports if a concern is identified. Development screening is also identified as a priority area in several key state plans, including:

- Executive Office on Early Learning (EOEL) Early Childhood State Plan for 2019-2024, which acknowledges the role of developmental screening in supporting child and family health, safety, and well-being.
- Early Childhood Action Strategy (ECAS), Hawaii Community Foundation (HCF), and DOH's Infant and Early Childhood Behavioral Health Plan
- Maui County plan for the early childhood collective impact team, *Kākou for Keiki (Hawaiian translation: All of us [together] for children)*, which was formerly supported by the HRSA Early Childhood Comprehensive Systems (ECCS) grant.

Strategies/Evidence: Hawaii focuses on three developmental screening strategies using systems-level approaches, based on the guidance from:

- The American Academy of Pediatrics (AAP), in its January 2020 "Developmental Surveillance and Screening Recommendations and Guidelines," recommends incorporating developmental surveillance into regular health visits. Any concerns raised during surveillance should be addressed with standardized developmental screening tests, which should be administered regularly at the 9-, 18-, and 24- or 30-month visits.
- The Centers for Disease Control and Prevention (CDC) developmental surveillance checklists for the CDC *Learn the Signs. Act Early* Program, which identifies evidence-informed milestones as to when most children

are expected to reach a developmental milestone and supports clinical judgment regarding screening between recommended ages.
- The federal Administration for Children and Families (ACF) Child Care and Development Block Grant Act of 2014, which encourages lead agencies to adopt policies to promote developmental screenings in childcare programs as an integral part of their Child Care and Development Fund (CCDF) state plans.

The current three developmental screening strategies are:
- Develop and improve services infrastructure to better coordinate developmental screening efforts
- Improve developmental screening data
- Build the capacity of the Hi'ilei program to increase developmental screening and referral efforts for young children

The ESM DS 2 focuses on the strategy to build the CSHN Branch developmental screening program, Hi'ilei.

Hawaii works with both early childhood and healthcare programs to ensure that the national developmental screening standards are implemented. Recent research compiled by AMCHP and the MCH Evidence Center indicates that there is evidence-based support for training healthcare providers on developmental screening through home visiting programs. Following these promising practices, Hawaii continues to provide community-based trainings on the *Ages and Stages Questionnaires* (ASQ) and CDC milestones to healthcare providers, early childhood providers, and families through the early childhood collective impact team, *Kākou for Keiki*, and other initiatives.

Updates for FY 2024 on the three strategies follow.

Strategy 1: Develop and improve services infrastructure to better coordinate developmental screening efforts

The activities for this strategy focused on systems and policy development to better support increased levels of child developmental screening. Hawaii healthcare and early childhood sectors are crucial partners in ensuring the four stages of developmental screening are implemented, including screening, referral, services, and support. Some of these key partners are highlighted below.

Project LAUNCH: Hawaii continues to implement the Substance Abuse and Mental Health Services Administration (SAMHSA) Project *Linking Actions for Unmet Needs in Children's Health* (LAUNCH) grant. The overall goal of *Project LAUNCH* is to build capacity of adult caregivers of young children to promote healthy social and emotional development; prevent mental, emotional, and behavioral disorders; and identify and address behavioral concerns before they develop into serious emotional disorders (SED).

Project LAUNCH works closely with families, pediatric providers, and childcare providers to promote children's healthy social and emotional development. Efforts include helping to ensure that adequate services infrastructure is in place for a functional communications and referral system that provides for the documentation of screenings, referrals, and treatment. This will help ensure timely follow-up and treatment of children screened and children identified who need more support in order to promote their optimal development.

In January 2024, a LAUNCH Kick-Off was conducted to orient the community on LAUNCH's planned activities. While DOH was still working on establishing new project positions, contracts were procured for training on trauma-informed care and establishing community hubs in communities that may be at risk in Kalihi and Kauai.

Medicaid EPSDT Coordinators: Med-QUEST and DOH continue to share a strong collaborative partnership. Med-QUEST also continues to host regular EPSDT Stakeholder meetings, where health plans and state departments share updates on programs and services that serve to augment Medicaid's health services. DOH programs that serve families and young children are often present at these meetings. CSHNB has presented on the Hi'ilei program and also provided participants with updates on other available resources related to developmental screenings and young children's mental health/social-emotional development.

Maui Wildfires Response. Following the August 2023 Maui wildfires that burned most of Lahaina, CSHNB hosted monthly meetings with Maui programs affected. The CSHNB Early Childhood Coordinator met weekly with the Maui Early Childhood Resources Coordinator to discuss the needs of children in childcare programs and other programs who were directly affected by the wildfires. DOH staff attended community resource fairs to share information on available programs and services that support early childhood and with Maui's healthcare providers who are caring for young children and their families who may have experienced trauma. CSHNB continues to promote the Hi'ilei program for children whose development may have been adversely affected by this event, as they may be at greater risk for poor outcomes due to the significant disruption of lives and its impact on families.

Preschool Development Grant Birth through Five (PDG B-5): The University of Hawaii P-20 and the Executive Office on Early Learning (EOEL) manage the PDG B-5 to support efforts to enhance the early childhood system and improve children's access to high-quality early care and education. One of the activities of the grant is to promote developmental, behavioral, hearing, and vision screening for 3- and 4-year-old children in the EOEL Pre-Kindergarten Program. Developmental screening is one of the quality benchmarks in the National Institute for Early Education Research (NIEER). It was included in the PDG B-5 to help optimize children's learning and development. The contract for the screenings was finalized and screenings began in the Fall of 2024 school year.

The Survey of Well-being of Young Children (SWYC): DOH and Med-QUEST continue to partner to promote the use of the SWYC since it was added to the national AAP list of validated screening tools. SWYC is a free tool that helps to assess behavioral and family well-being, including key community health factors. Referrals stemming from SWYC may be more extensive than those covered by IDEA Part C (EI services) or Department of Education developmental services. Hawaii continues to work with partners on the adoption and full utilization of this tool, which can improve identification of young children and their families' socio-economic needs and reference cross-sector support that can effectively and efficiently meet their needs.

CSHNB continues to update and maintain a SWYC Resource List for sharing information statewide and by county for those who use the SWYC tool. This includes helpful resources for each question asked on the SWYC and is available on the Med-QUEST and DOH websites: https://health.hawaii.gov/cshcn/resourcelists/.

ECCS HIPP and ECDHS Grants. Hawaii has received three federal Early Childhood Comprehensive Systems (ECCS) grants since early 2000. The current grant—ECCS Health Integration Prenatal to Three Program (ECCS HIPP)—focuses on strengthening systems of care for pregnant women and children up to age 3. A key goal of ECCS HIPP is the development of a state strategic plan, which includes efforts to improve developmental screening and follow-up.

A companion grant from HRSA, the Early Childhood Developmental Health Systems (ECDHS) grant was also awarded to Kākou for Keiki (K4K), the Maui community organization originally established through Hawaii's previous ECCS grant aimed at building community-based developmental screening systems.

With ECDHS funding, K4K has been able to implement components of the ECCS HIPP strategic plan supporting developmental screening. Community providers are offered training in the Ages and Stages Questionnaires (ASQ), and a pilot of the online ASQ Enterprise System was completed. This web-based system allows multiple programs to enter and manage screening data, improving coordination and reporting. The results of the pilot are currently under review to assess the system's benefits and challenges.

Child Care Development Fund (CCDF): DHS continues to administer the CCDF, which provides funding to states to help low-income families better access needed childcare. Developmental screening is essential to the CCDF's goals to support early childhood development and improve the overall quality of childcare settings.

DOH continues to partner with DHS to develop materials for childcare providers and families on the Hi'ilei Program and other developmental screening resources, trainings, and activities.

Strategy 2: Improve developmental screening data

This strategy focused on acquiring better population-based developmental screening data to identify at-risk populations and underserved communities.

NSCH Data. Initially, Hawaii sought to work with the National Survey of Children's Health (NSCH) on data; however, the available data sets did not align with Hawaii Title V efforts, which specifically focus on childcare and healthcare providers. The NSCH survey question focuses only on screenings conducted in healthcare settings. The NSCH data also has limited utility for Hawaii since it does not collect race/ethnicity data sets that reflect Hawaii's Asian, Native Hawaiian, and Pacific Islander populations. It also lacks county-level details that are needed to better focus program efforts. Subgroup data based on social drivers is also limited due to Hawaii's small state sample size. As a result, Hawaii has chosen instead to focus on more specific and targeted state data that is available through the DHS Medicaid program.

Medicaid EPSDT Data: Although the State Medicaid program (Med-QUEST) reports on the Centers on Medicaid and Medicare (CMS) developmental screening quality measure, Med-QUEST staff have expressed concerns about the data accuracy given the mixed sampling method used for the measure. Therefore, they recommended using CMS 416 EPSDT reporting data, as shown below. The 2023 data is the latest available data.

Table 1. Data from CMS 416 FFY 2023

		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
SCREENING RATIO	CN:	0.80	1.00	1.00	0.94	0.65	0.69	0.62	0.24
Hawaii %	Total:	80%	100%	100%	94%	65%	69%	62%	24%

While Medicaid developmental screening data focuses on low-income children, the data for subgroups, including county level and race/ethnicity, remains inaccessible at this time. However, Med-QUEST is now requesting that all child providers complete a more detailed EPSDT visit form that specifically queries about the completion of child developmental and other preventive screens. Med-QUEST is currently working on preparing the dataset for analysis and plans to share this expanded data with DOH in the future.

CSHN Branch will continue to work with partners, including Medicaid EPSDT insurance plan coordinators to explore other sources of information to identify developmental services/screening gaps to better target screening efforts.

Strategy 3: Build the capacity of the Hi‘ilei program to increase developmental screening and referral efforts for young children

This strategy focuses on expanding the existing CSHNB developmental screening program, called Hi‘ilei. Hi‘ilei is a free resource for children ages birth to 5 years old that provides ASQ-3 developmental screens and information for interested families.

CSHNB continues to assess the various screening efforts in the community to identify areas of need and to determine how the Hi‘ilei program might be expanded to help meet community needs. The intent is to increase collaboration with state and community partners to maximize resources; streamline access; and improve timely access to screening, referral, service, and support systems for families.

ESM DS 2 - ESM DS 2 - The number of children screened through the Hi’ilei Developmental Screening Program using a standardized screening tool

		2023	2024	2025	2026	2027	2028
Annual Objective		30.0	40.0	50.0	60.0	70.0	80.0
Annual Indicator		30.0	35.0				

Current Year Highlights for FY 2025 (10/1/2024 – 6/30/2025)

Maui Wildfires Response: DOH staff have continued to be available to attend Maui community resource fairs to share information on available programs and services that support early childhood. This effort focuses on Maui’s healthcare providers who are caring for young children and their families who may have experienced wildfire-related trauma. CSHNB continues to promote the Hi‘ilei program, which supports children whose development may have been negatively impacted by the recent catastrophe. These children face heightened risks of poor outcomes due to factors such as illness and death within the family, major disruptions to daily life, and the broader effects on family well-being.

Hi‘ilei Program: In March 2025, several CSHNB staff attended ASQ training and were provided education on the use of the ASQ-3 and ASQSE:2 screens, how to interpret screening results and relay feedback, and how to access resources for families. Trainees also had the opportunity to participate within an ongoing ASQ Community of Practice.

Hi‘ilei also continued to attend resource fairs to help increase awareness of and access to the program and meet with partners, such as Med-QUEST EPSDT Coordinators, DOE IDEA Part B 619 Coordinators, and MIECHV and EIS programs to share information and better address gaps in developmental screening, referrals, and services.

Project LAUNCH grant: The Coordinator and Evaluator positions for LAUNCH were hired and started work in March 2025. Their roles are to implement, oversee, and evaluate SAMHSA deliverables, which include implementing screenings and referrals for developmental and behavioral concerns. The two new staff participated in ASQ-3 and ASQ-SE trainings and will coordinate with Hi‘ilei Coordinator to support future outreach events and conduct screenings in the community. Both will also finalize the Project LAUNCH Screening and Referral Playbook, which includes the guidelines and resources on developmental and behavioral screening tools, such as the ASQ-3, ASQ-SE, SWYC, Pediatric Symptom Checklist, and the Patient Health Questionnare-9 (PHQ-9).

Medicaid EPSDT Coordinators: In early 2025, CSHNB began partnering with Med-QUEST to help plan and host the regularly scheduled EPSDT Stakeholder meetings. The EPSDT Stakeholder meetings provide a valuable space for state departments, health plans, and community partners to share updates and information and strengthen collaboration to improve programs and services for children and families.

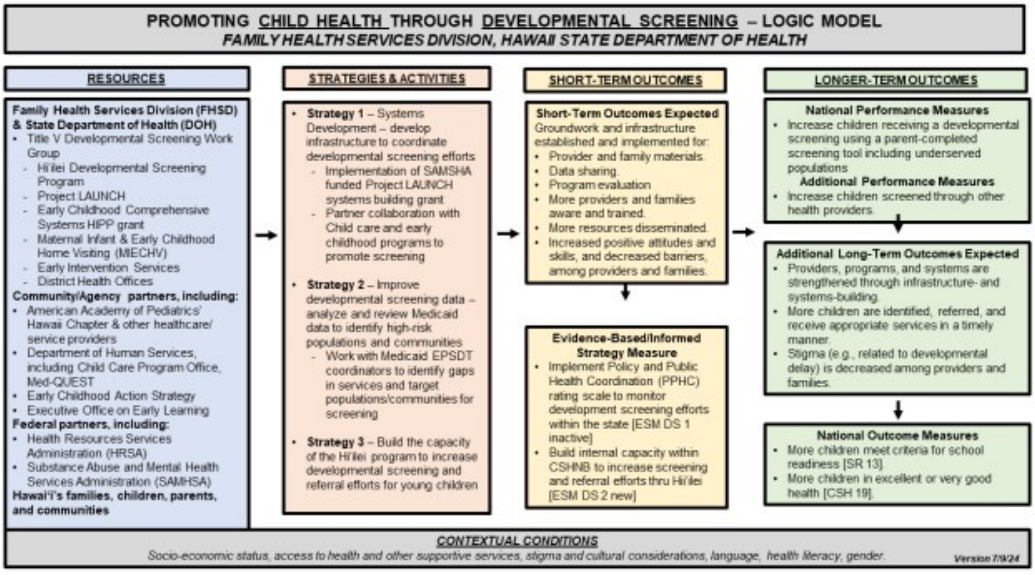
Needs Assessment. Developmental screening was identified as a continued priority for children in the 2025 needs

assessment in alignment with state efforts to improve early childhood services and support. Moreover, FHSD has substantial potential to help expand access to free statewide screening for families through the Hi'ilei program.

ECCS HIPP and ECDHS Grants: Currently in its fourth year, the ECCS HIPP continues to center family voices in efforts to transform the integration of the Hawaii Prenatal-to- Three (P-3) system. As part of this work, K4K launched an innovative project in February 2025 to support developmental screening by opening a Screening Kiosk located in a pediatric waiting room at a Maui Federally Qualified Health Center (FQHC). Ages and Stages developmental screenings are offered to all children 5 years old and under, two days a week. Designed to ensure that all young children are screened and connected to appropriate resources, the kiosk also facilitates an intake–referral–feedback loop critical to integrating services across pediatric care, maternal and infant health, and early childhood systems. This initiative helps strengthen connections among families, healthcare providers, and early childhood services in a community-based setting.

Review of Action Plan

The logic model for Title V NPM DS includes the new focus on expanding the Hi'ilei program's capacity to help identify and fill in system gaps. The strategies reflect community, local, statewide, and national initiatives. By working on these three strategies, Hawaii intends to increase the number of children receiving developmental screening statewide by addressing identified systemic issues and challenges.



Challenges Encountered

Challenges relating to developmental screening continue in several key areas.

Impact of the Maui Wildfires. Following the August 2023 Maui wildfires, priority attention was focused on families' immediate health, social, safety, and housing needs. This redirected many usual programmatic activities, slowly returning to the program routine throughout 2024.

Lack of Coordination. While there is some improvement in referral and intake coordination, more infrastructure development is needed to better integrate services. With EIS's strict confidentiality standards in conferring with referring providers, the referral process is impeded when signed parental consents are difficult to attain. Hi'ilei and EIS are working to address the challenges from HIPAA and FERPA to see how to expedite support to families, while working within the law. Project LAUNCH is also working with partners on a universal parental consent form, so parents would need only one consent form to complete. More interest by key stakeholders in a more coordinated intake and referral cross-sector system has largely stemmed from this identified statewide challenge.

Low Utilization of Hi'ilei: Although the program was created in 2013 to support children who may not qualify for the DOH Early Intervention Section and to offer parents a dependable source of developmental information, its services have seen relatively low usage. Efforts to promote the program through various outlets and community outreach have not had a significant impact on reaching and motivating parents to enroll to date. For children transitioning out of EIS, Hi'ilei is offered as a key resource for families, to help them keep track of their child's development, but only some families participate. This is an evaluative concern for DOH, which recognizes the importance of maintaining this service to be available to families despite the current low utilization rate.

Overall Impact

Statewide Partnerships: The Early Childhood State Plan and other early childhood coalitions continue to identify developmental screening as a key MCH health priority. Providers and partners are working collaboratively to stress the importance of developmental screening via a validated and evidence-based screening tool. Providers understand this includes a services referral process, including timely and consistent communication with the child's medical home provider. The ongoing collaboration to promote a more seamless and accessible developmental screening and referral system continues.

Pediatric Providers/Early Childhood Partnership: Over the years, Title V has developed some key partnerships that continue to the present. These include pediatric providers in the AAP-Hawaii Chapter, particularly the Hawaii CDC Act Early Ambassador, Dr. Jeffrey Okamoto. Title V also continues to work with the Medicaid program to better reach and support this underserved population. Committed efforts by programs such as MIECHV and other early childhood programs that are conducting developmental screenings contribute to collective statewide efforts. Working with early childhood providers, systemic efforts are growing to promote developmental screening and sharing of information with the child's medical home provider. Standardizing the completion of developmental screening in early childhood services and well-child visits will help to ensure that timely and accessible universal developmental monitoring and follow-ups occur.

Data: Title V will continue to work with the Hawaii Medicaid program to secure disaggregated developmental screening data to help inform strategies and activities that will result in increased screenings. Approximately 40% of children are insured through Medicaid, but the state's efforts must also address the 60% of children on private or those lacking health insurance. When available, detailed EPSDT office visit data currently reported by pediatric providers will provide vital insights into child health status and provider performance.

SPM 1 - Rate of confirmed child abuse and neglect cases per 1,000 children aged 0 to 5 years.

Introduction: Child Abuse and Neglect Prevention

The 2020 Title V Hawaii needs assessment confirmed that Child Abuse and Neglect (CAN) prevention should be continued as a priority under the Child Domain. Child maltreatment continues to be an important concern for the state. Community needs relating to child abuse and neglect span the spectrum from primary prevention services to support at-risk families and improvements to the child welfare service system. Systemic changes are needed to promote family unification and to prevent children from unnecessarily entering or remaining in foster care for longer than absolutely necessary.

Data: The latest data for confirmed child abuse cases is from the annual State Child Abuse and Neglect Report. Characteristics for FY 2023 total cases reflect that:

- Cases for children ages 0-5 years represents 41.2% of all reported confirmed cases, and this age group is the largest in terms of confirmed cases.
- Hawaiian/Part Hawaiian (34.4%) children continued to be overrepresented among confirmed CAN cases for all age groups. This is largely attributed to historical, systemic racism; unfavorable socio-economic factors; historical discrimination policies and practices; and widespread poverty.
- The second largest racial/ethnic group represented in this data were white (21.2%) children.

There was a broad array of reported types of child abuse and neglect reflected in 2023 data with threatened harm remaining as the most common type of reported mistreatment, followed by neglect, physical abuse, and sexual abuse.

In 2023, the most frequently reported **precipitating factors** of abuse or neglect of children of all ages were:

- inability to cope with parenting responsibility (75.3%)
- unacceptable child-rearing methods (70.8%)
- drug abuse (32.7%)

More than one precipitating factor may have been reported for each case.

Objectives: After reviewing the baseline data, the objective was set as a 5% improvement through 2025.

Title V Lead/Funding: The Title V Child Abuse and Neglect Prevention Program (CANP-P) is administratively located in the Maternal and Child Health Branch (MCHB) within the Family Support and Violence Prevention Section (FSVPS). This section includes other programs that include: Sexual Violence and Domestic Violence Prevention and Parenting Support. The CANP-P is funded by the Federal Administration for Children and Families (ACF) Community-Based Child Abuse Prevention (CBCAP) formula grant. Filling the CANP-P coordinator position with experienced, reliable, and qualified staffing has been an ongoing issue since October 2022. While Title V does not directly fund CAN prevention activities, it does fund key staff positions related to the administrative infrastructure support of the program, including MCH Branch support staff such as the Branch's research statistician.

CANP-P addresses primary prevention and secondary CAN prevention work. Grant funds are used to support the following activities:

- Community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to help prevent and address CAN
- Support the coordination of resources and activities to strengthen and support at-risk families to reduce the likelihood of CAN occurring
- Foster greater understanding, appreciation, and knowledge of diverse populations to effectively prevent and treat CAN in at-risk families

Strategies: Child abuse and neglect (CAN) are complex problems rooted in social and community inequities, unhealthy relationships, and unstable environments. Preventing CAN requires simultaneously addressing multiple levels of individual, relational, community, and societal factors. The Hawaii CAN strategies were selected to reflect a public health systems approach:

- Support the collaboration and integration of family strengthening and child maltreatment prevention programs and activities across federal, state, local, and private programs and organizations.
- Provide training and technical assistance to community-based, prevention-focused programs to strengthen at-risk families, prevent child abuse and neglect, and foster appreciation and knowledge of diverse populations.
- Provide parent supports and education through the evidence-based programs, including home visiting.

Evidence: While CAN Prevention is not a Title V national priority, recent research presented by the MCH Evidence Center that was derived from the Child Safety Network supports Hawaii cross-cutting strategies that leverage partnerships to better establish and support increased evidence-based/informed CAN programs and practices. The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, which is the core of FHSD's parenting supporting programs, uses evidence-based approaches to effectively prevent CAN.

Updates for 2024 on the three strategies follow. Because adequate program staffing remains a persistent issue, planned or anticipated activities may be delayed or postponed.

Strategy 1: Support the collaboration and integration of family strengthening and child maltreatment

prevention programs and activities across federal, state, local, and private programs and organizations
This strategy focuses on the key system partnerships that CAN-P supports to ensure that a coordinated statewide system of services exists to both prevent and address CAN. This partnership approach is based on state, local, and community programs coordinating their specific responsibilities, strengths, and expertise to reduce CAN, while also building safe and resilient families and communities. Interagency collaboration across family and child services systems include: public health, child welfare, education, early childhood service providers, law enforcement, health providers, and other public and private agencies and organizations. Collectively, these diverse partners help to strengthen and support families by addressing the specific needs of children and their parents/caregivers. A list of the key CAN agencies/programs follows.

Department of Human Services (DHS). DHS is a key partner for DOH in Hawaii to provide leadership on CAN since it houses Child Welfare Services (CWS) and core family entitlement programs, such as SNAP, Medicaid, and affordable housing support. The 2018 Federal Family First Prevention Services Act (FFPSA) shifted the focus of the child welfare system toward maintaining children's safety within their families to be accomplished via family-strengthening services and supports.

The CANP-P recently partnered with DHS and others to develop and implement the State Child and Family Services Plan (CFSP). Efforts under this plan focuses on improving connections to family strengthening resources, including identifying service gaps and piloting new family support programs, such as the Zero to Three Family Court and the ‘Ohana Visitation Time System of Care model (‘Ohana means family in Hawaiian).

Family Resource Centers. CANP-P joined in successfully supporting legislation in 2022 to create a five-year program that coordinates statewide efforts to develop community-based Family Resource Centers (FRC). The FRC program is located within DHS and coordinates services and care across state departments and private providers. The FRC’s are community-based resource hubs where families can access a wide range of support services to promote personal, child, and family health and well-being. FRCs are seen as an innovative and crucial intervention that helps to prevent CAN, while simultaneously strengthening families. They have been shown to be effective in connecting families to services; creating opportunities for interpersonal and community level coordination; creating connections to resources and support systems; and increasing family engagement. National research has shown that FRCs have lowered rates of CAN cases, reduced the number of children entering foster care, and decreased parent unemployment.

The new FRC program is designed to ensure that community and school-based FRCs work in coordination as a statewide network by establishing universal practice/training standards and developing standardized referral/data protocols to better serve families.

CAN-P helped provide training/technical assistance for the four DOE school-based centers currently established on Oahu and also joined the newly-established statewide FRC organization, the Hawaii Family Ohana Support Network: https://www.hawaiiohanasupportnetwork.org/

Hawaii Children's Trust Fund (HCTF): HCTF is a public-private partnership between the Department of Health (DOH) and the Hawaii Community Foundation (HCF), which administers grant-making funds for HCTF operations. The funds are used to build and maintain a strong network of family-strengthening services that actively promote and support sustained child abuse and neglect prevention work. HCTF work is carried out through a statewide coalition, an advisory board (AB), and an advisory committee (AC) to ensure that diverse/broad community input is incorporated. The DOH serves on all of these HCTF governing bodies.

Community Based Services. Over $600,000 in ARPA CBCAP funds were contracted out with community organizations statewide. This was to provide services to help prevent family violence, while supporting and enhancing family strengthening and resiliency. These contracts included support for the Maui CAN Prevention Coalition and the Hoʻoikaika Partnership. These community service programs offer:

- public awareness events and family fun activities

- development of educational materials to support family resiliency and mental health information
- new parent support classes for families with newborns
- neighbor island coalition building around family and violence prevention
- a directory of asynchronous online (self-directed) learning websites, with CAN protective factors serving as the framework
- media campaigns that promote family support services and resiliency messages

Funds were allocated to community organizations in all counties to address CAN prevention strategies in collaboration with county public and private partners. CAN prevention initiatives specifically target at-risk populations, such as families with child/ren with disabilities, those who are homeless or at-risk for homelessness, Native Hawaiian and Pacific Island families, and families currently residing in homeless or treatment shelters or public housing. The CBCAP funds were supplemented with an additional $200,000 in state general funds.

Peer-to-Peer Parenting Support Program. One of the community organizations funded by CBCAP ARPA funds is the Family Hui. *Hui* refers to a group, team, organization or collective in Hawaiian. The Hui provides in-person opportunities for parents and caregivers of young children to connect, share, and learn together. Parents and caregivers gather as peers to share experiences and perspectives about meaningful parenting topics and learn from one another's lived experiences. The Hui encourages diverse perspectives, building trust and support, and forming lasting friendships.

The foundation of the Hui is built on the Center for the Study of Social Policy's Strengthening Families Protective Factors Framework (parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children). It strives to strengthen families while reducing incidents of CAN. The Hui is further supported by MCHB's Embracing 'Ohana curriculum, which is an additional evidence and research-based resource for families to draw upon.

Na Leo Kane. Translated in Hawaiian as the "Voices of Men." The group is an initiative spearheaded by the MCHB Family Strengthening and Violence Prevention Unit. Its goal is to empower men and boys across Hawaii to increase awareness about family/personal violence, while supporting healthier behaviors. This collaborative effort engages businesses, parents, coaches, educators, and youth to redefine traditional notions of masculinity and to promote healthy relationships that are rooted in the spirit of Aloha.

Recognizing the vital role fathers play in child development, Na Leo Kane emphasizes the importance and significance of active fatherhood in fostering social, emotional, cognitive, and physical growth in children. Research underscores that fathers' involvement from early stages profoundly impacts their child's well-being.

Moreover, the initiative reinforces the Relationship Literacy Program developed by Brian Alston, a culturally sensitive program that equips participants with practical skills for building healthy family dynamics and nurturing positive relationships. Na Leo Kane offers personalized support through trained facilitators, who use evidence-based programs, such as the Nurturing Fathers Program and 24/7 Dads. These sessions provide practical tools for enhancing family relationships and promoting child development. Along with community-based organizations, one of Na Leo Kane partners now includes the U.S. Coast Guard in Hawaii.

Other fatherhood initiatives supported by CBCAP include a Fatherhood Council on Kauai that offers essential support and resources to local men that is bolstered by parenting support initiatives.

Strategy 2: Provide training and technical assistance to community-based prevention programs to strengthen families and prevent child abuse and neglect.

This strategy focuses sponsoring and supporting provider-based workforce and community trainings, conferences, and professional development opportunities for staff and community partners. The DOH training and technical assistance initiatives are designed to meet the varied community needs. Through national and local events, this training and educational effort aims to cultivate resilience, promote trauma-informed care, and prevent all forms of

violence.

Digital Story Telling Workshop. In 2024, the DOH co-sponsored a digital storytelling workshop and conference in Washington, D.C., inviting members from Na Leo Kane to present valuable community insights from Hawaii. These sessions provided practical tools for enhancing family relationships and promoting child development with a unique Hawaii-based approach.

Virtual Safe Sleep Summit. In June 2024, DOH hosted a virtual safe sleep summit, which was attended by over 140 people. The summit was an opportunity for providers and community partners to provide updated information, share community resources, hear from national keynote speakers, and network with community partners. More information on the summit is provided in the Safe Sleep Title V narrative.

Peer Support Training. MCHB funds the Parent Café, which is a model designed to promote protective factors that strengthen families and help prevent family violence, abuse, and neglect. Parent Cafés also empower parents and caregivers to become community leaders by serving as Peer Leaders. Parents can deepen their involvement beyond initial participation by receiving advanced training to facilitate small-group discussions or serve as Hosts, thereby supporting the planning, implementation, and reflection of entire Parent Café sessions. As Peer Leaders, parent leaders advance our mission to provide peer-led opportunities for families to connect, build relationships, and foster mentorship by linking experienced participants with newcomers.

Strategy 3: Provide parent supports and education through the evidence-based home visiting programs

MIECHV. Home visiting continues to serve as an important upstream prevention strategy for reducing CAN. These services support pregnant mothers and new parents by promoting infant and child health, while strengthening protective factors such as parental resilience, social connections, and knowledge of parenting and child development. Federal MIECHV funds support the Hawaii Home Visiting Program, which delivers voluntary, evidence-based services to at-risk pregnant women and families with young children. Services are provided statewide through three evidence-based models: Healthy Families America, Parents as Teachers, and Home Instruction for Parents of Preschool Youngsters. In FY 2024, the state's MIECHV-funded programs served a total of 489 families and 532 children through 8,105 home visits.

Maui Wildfire Response: In response to the August 2023 Maui wildfires, the MIECHV Maui service area was expanded to include Lahaina families, focusing on supporting existing community linkages and networks as an immediate need and protective factor. MIECHV reinforced the practice of gatherings for enrolled families to meet each other and participate in program activities. After the fires, many displaced families were temporality relocated from emergency shelters into vacant hotel rooms. Because MIECHV families were confined by the small temporary hotel spaces, meetings were held outside the hotel. Lahaina lost many of its meeting places during the fire, making community convenings difficult, so people often met on the beach. With more flexible funding, the program was also able to provide families with needed basic daily supplies, necessities, and resources. MIECHV providers also anecdotally expressed concerns about witnessing increases in interpersonal violence (IPV) due to the post-fire stresses, uncertain futures, and the added impact on children who witnessed IPV.

Current Year Highlights for FY 2025 (10/1/2024 – 6/30/2025)

Community Based Services. CBCAP funds continue to support community organizations statewide to provide services that help prevent family violence, while supporting more family strengthening/resiliency. The services also help to promote specific protective factor strategies that help to prevent CAN

MIECHV. Contracts were developed and implemented to expand MIECHV home visiting services within specific communities to full island coverage across all neighbor island service areas beginning 7/1/2025. To strengthen service quality and effectiveness, Infant and Early Childhood Mental Health consultation will be integrated into the home visiting system to support staff, particularly home visitors and supervisors through reflective, trauma-informed, and relationship-based consultation. These efforts build workforce capacity, further extend our geographic reach,

and ensure consistent implementation of prevention strategies that promote healthy child development, while reducing the risk of child maltreatment.

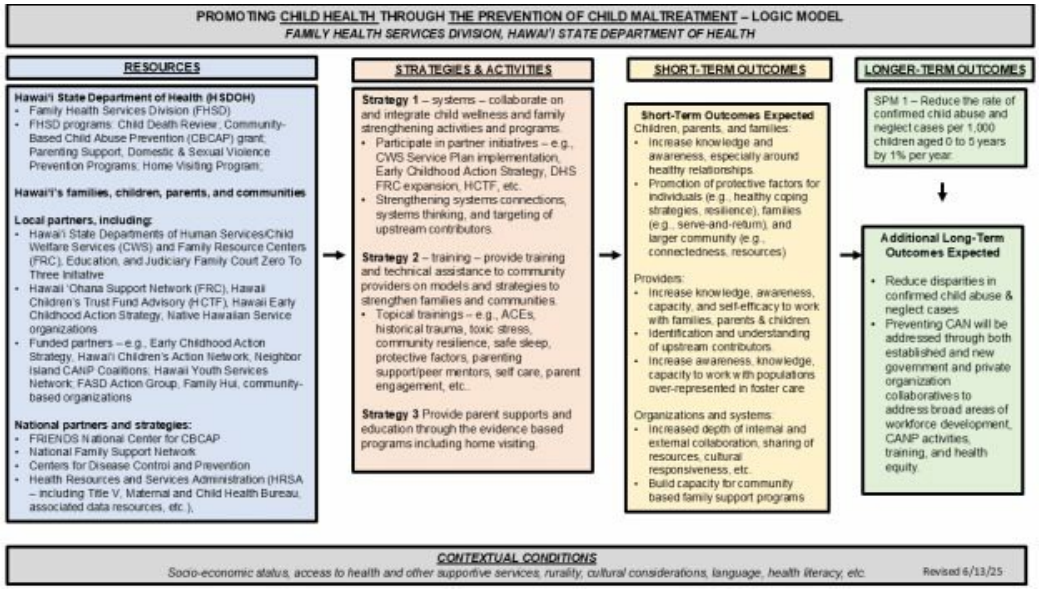
Peer-to-Peer Family Support Funding. To reduce the number of confirmed CAN cases each year, early childhood community providers and advocates sought funding for increase Peer-to-Peer Family Support programs this past 2025 legislative session. Peer-to-peer support programs are a cost-effective means of reducing negative parenting practices and connecting victims of intimate partner violence to appropriate resources and support, while encouraging completion of substance use disorder programs as indicated.

Legislators endorsed the concept of investing in peer-to-peer support programs for families with young children to increase savings in the long-term and provide the state's children with a solid foundation for life. The 2025 Legislature approved two new peer support positions and $660K for the program. This program is being administered by Family Health Services Division's MCH Branch.

Needs Assessment. For the Child Health domain, Hawaii did not select Child Abuse and Neglect (CAN) prevention as a state priority, based on findings from the 2025 Title V Five-Year Needs Assessment. Instead, the Hawaii Title V agency will reframe the issue to focus on a more upstream, primary prevention approach, which involves strengthening family support systems to promote family safety and well-being. The new priority will not be added until next year, FY 26, due to limited staff resources for the current year.

Review of Action Plan

The revised CANP logic model provides an overview of the strategic approach to prevent CAN. The effort cannot be addressed as a standalone public health concern, instead incorporating a diverse array of public partners/resources to address CAN in Hawaii. The logic model also confirms the importance of acknowledging and addressing contextual conditions that impact and influence CAN negatively or positively, in tandem with programs that specifically target family violence prevention.



Challenges Encountered

Social contributors to family stress: The socioeconomic consequences of COVID continue to impact Hawaii families, primarily reflected by inflationary socioeconomic stressors. The social signs and consequences that are typically evident with family stress and violence is felt to be due to underemployment and unemployment, lack of affordable childcare, unaffordable and limited housing, and increased financial insecurity, which are exacerbated by the increasingly high cost of living in Hawaii.

Workforce Shortages: The MCHB continues to grapple with recruiting and maintaining experienced, qualified, and committed staff to lead the CAN-P program and manage the CBCAP grant. Staffing shortages are a pervasive problem through the state services system. The Hawaii Children's Trust Fund Coalition members recently participated in a workforce development/training survey. The survey findings confirmed that common staff-related recruitment and retention challenges exist, including:

- Job applicants often lacked the necessary position-related credentials.
- Low state salary levels did not attract more qualified applicants.
- Staff workload stress grew due to the number of agency's staff vacancies.
- Required use of hybrid virtual work scheduling did not always support staff needs.
- There was felt to be a lack of professional development and career pathways for current staff.

In response to the challenges, some organizations have expanded professional development training and widely co-share position recruitment announcements. The DHS/CWS recently expanded online learning opportunities for their staff. The CANP is planning to issue a contract soon to expand on online CAN educational modules for service providers and families.

Reaching Families Remotely: Many family support services for communities and families have moved to online/virtual platforms. Clients residing in rural areas of the state often lack access to broadband, digital devices, and skills to use software programs. In response, federal support funds were deployed that supported the purchase of IT equipment for selected community providers and families, using CBCAP funds. Federal infrastructure funds continue to expand and improve broadband access statewide. Lack of direct family/child contact by providers has also made it more difficult to assess family dynamics and accurately assess needs for CAN intervention services.

Overall Impact

Key CANP activities and partnerships that are helping to support service system improvements include:

- Developing collaborative prevention strategies, reflected in the DHS *2020-2024 Child and Family Services Plan*, which includes expanding *Ohana Time* with families.
- Continued CAN coalition building and partnerships with state and community-based programs and organizations.
- Act 129 signed into law in 2023 by the Governor established the FRC Pilot Program within the DHS, enabling greater coordination with DOH and DOE. Requires the Departments of Human Services, Education, and Health to work with public and private entities to develop and implement family resource centers statewide.
- Timely disbursement of federal ARPA funds, supplemented by state funds, to strengthen community-based family services and CAN prevention.
- Success of the Hawaii evidence-based MIECHV program.

Child Health - Application Year

The Child domain application includes a plan on:

- the continuing NPM DS Developmental Screening
- the new NPM FS Food Sufficiency
- the universal (required) NPM MH Medical Home

There is no plan for the discontinuing SPM 1 on Child Abuse & Neglect Prevention.

NPM DS - Percent of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool

For the Child Health domain, Hawaii selected NPM-DS, Developmental Screening as a continuing priority based on the Title V 2025 five-year needs assessment. Objectives for this measure have been set through FY 2030:

By July 2030, the state seeks to increase the percentage of children ages 9 through 35 months to 50.0% for those receiving a developmental screening.

Hawaii will continue to focus on the strategy measure to expand the Hi'ilei Program as the primary DOH entity to conduct developmental screening at no cost to parents and a complement to screenings conducted via the child's medical home. This model is similar to what other states use with Help Me Grow®, which is a system of supports for pregnant women, caregivers with new babies, and families with young children who have developmental delays and disabilities.

Strategies: The strategies for this priority are:

- Develop and improve services infrastructure to better coordinate developmental screening efforts.
- Build the capacity of the Hi'ilei program to increase developmental screening and referral efforts for young children

Plans to address this objective and NPM are summarized below.

Strategy 1: Develop and improve services infrastructure to better coordinate developmental screening efforts

Hawaii will continue to work with public and private community partners to strengthen and implement the statewide system for developmental screening, referral, and services. These efforts are part of the State Plan for Early Childhood, which developed from the strategic plan for the federal Preschool Development Grant Birth through Five (PDG B-5) and the Child Care Development Fund (CCDF) State Plan.

Project LAUNCH grant: CSHNB will continue to work on implementing the PROJECT LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant that focuses on promoting developmental screening and other screens to identify children who may have developmental or behavioral concerns and refers their families to appropriate mental health services in order to address and mitigate severe emotional disturbances (SED).

Maui Early Childhood Wellness Campaign: CSHNB will continue to offer and assess screening activities for families of young children who may have been affected by the 2023 Maui wildfires. CSHNB will also continue to partner with Maui County to develop a wellness campaign targeted to parents and childcare providers with targeted services and supports that best support a young child's development.

CSHNB Strategic Plan: CSHNB will implement its 2025-2030 Strategic Plan, which identifies strategic objectives for optimizing each of the programs within CSHNB. CSHNB will develop and define operational plans designed to implement and deliver each identified strategic objective. The plan aligns with the components of the national CSHCN Blueprint for Change.

ECCS HIPP and ECDHS Grants: The ECCS and ECDHS grants were designed to work in alignment, supporting a coordinated approach to improving early childhood systems. Both initiatives will enter the final year of their respective grant cycles in fall 2025. Over the coming year, efforts will focus on family leadership infrastructure; advancing policy change informed by family and community perspectives; and promoting health integration between medical and early childhood resource providers. Innovative efforts like the Screening Kiosk offer valuable insights that can inform developmental screening practices at both the local and national levels (the Evidence Center Innovation Hub). Additionally, the ECCS model of developing family leadership and engagement in program planning provides a promising approach for family leadership development that can be adapted across other FHSD and DOH programs.

Strategy 2: Build the capacity of the Hi‘ilei program to increase developmental screening and referral efforts for young children

Hi‘ilei Program: CSHNB will be implementing its 2025-2030 Strategic Plan, which identifies specific strategic objectives for optimizing the Hi‘ilei Program to better support childhood development screening for children 0-5 years with appropriate referral and provision of additional services as appropriate. CSHNB will also explore purchase of an ASQ Enterprise license that can be used more broadly programmatically.

Partnerships. As part of this effort, CSHNB will continue to partner and collaborate with medical and behavioral health and mental health providers, early childhood providers, and community-based nonprofits, which conduct developmental screenings. DOH will also focus on children currently being served by the 14 federally qualified health centers (FQHCs) located statewide to better support universal screening efforts.

Training on ASQ for CSHNB Staff: Several CSHNB staff received training on the administration and interpretation of the ASQ:3 and ASQ:SE2 screening tools. CSHNB will continue to explore partnerships that could potentially increase the number of developmental screenings made available to and conducted for clients in other child-services programs, such as clients in WIC waiting rooms.

SPM 1 - Rate of confirmed child abuse and neglect cases per 1,000 children aged 0 to 5 years.

There are no plans for SPM 1. In the Child Health domain, since Hawaii will no longer prioritize Child Abuse and Neglect (CAN) prevention as a state priority, based on findings from the 2025 Title V Five-Year Needs Assessment. Instead, the Hawaii Title V agency will reframe the issue to focus on a more upstream, primary prevention approach. This will entail integrating the Division’s programs, services, and initiatives that strengthen family support systems, while promoting family safety and well-being. Due to limited staff resources in the current year, FHSD plans to add this new State Performance Measure (SPM) in FY 2026, with reporting to begin in FY 2027.

NPM FS - Percent of children, ages 0 through 11, whose households were food sufficient in the past year.

For the Child domain, Hawaii continued the state priority on food sufficiency issues, based on the Title V 2025 needs assessment findings. In 2021, due to socioeconomic hardships exacerbated by the COVID pandemic, Hawaii added food insecurity as a Title V priority issue. A new state performance measure (SPM) was created, which was focused on promoting and increasing WIC services/enrollment for eligible families.

In 2024, the Title V grant guidance created a new national performance measure (NPM) on food sufficiency for children. Hawaii is therefore discontinuing its food insecurity SPM in FY 2025 and will shift to the new food sufficiency NPM for FY 2026. Although the new national performance measure includes children who are ages 0 to 11, Hawaii will continue to focus primarily on increasing and sustaining WIC enrollment of children who are ages 0 through 5 years.

The new NPM goal is: By July 2030, Hawaii intends to increase the percentage of children, ages 0 through 11, whose households were food sufficient in the past year, to 66%.

The two strategies and implementation plans that are presented below emerged from extensive collaborative work carried out by public and private sector partnership funded by a Partnership for Children (PFC) grant. This partnership grant ended in 2022.

Although there were several significant recommendations that evolved from this collaborative process, the two key Title V WIC strategies that emerged were:

- Partner with agency and community programs to improve WIC enrollment, utilization, and retention.
- Improve food sufficiency-related data collection and analysis to identify and monitor key barriers to WIC benefit client utilization and enrollment.

With improved food sufficiency-related and overall data collection and analysis, WIC intends to steadily increase the overall percentage of children who remain in the WIC program beyond their first year of infancy. The ESM for this measure will focus on a total count of WIC children. With more expanded and refined data analysis, WIC will be better able to assess client retention-related program effectiveness.

Strategy 1: Partner with agency and community programs to improve WIC enrollment and utilization

This system-building grant strategy focused on continuing WIC's many partnerships to increase WIC client enrollment, retention, and utilization. Future plans to support this strategy include:

- Continue a WIC/SNAP data-sharing project to align and simplify the enrollment process for potential clients who are determined to be eligible for both programs. Efforts will focus on adding targeted outreach for referrals of pregnant women. For the evidence and background on the project, see the SPM 3 narrative on food insecurity.
- The WIC's projected four Farmer's Market and Food Hub distribution pilot projects statewide will be fully implemented in FY 2025. This pilot project will be evaluated with program modifications made as needed. Additional project sites are being identified for phase 2, which is anticipated to be rolled out in FY 2026.

Strategy 2: Improve food sufficiency-related data collection and analysis to identify barriers to WIC benefit utilization and enrollments

This strategy focuses on the primary data and research work that is planned to help identify programmatic barriers and challenges being experienced and expressed by WIC program staff and their clients.

- Additional qualitative data collection is being planned to be carried out in FY 2026 with WIC families, including the use of focus groups for WIC clients and key informant interviews of providers.
- The gathering and analysis of this new data is planned to better assess client retention issues, with particular emphasis on key ethnic subpopulation groups: Native Hawaiians, Pacific Islanders (Micronesians and other COFA residents), and Filipinos.
- Analysis of existing food redemption claim data by comparing it to issued client benefits to analyze patterns or trends and to determine if identifiable underutilization of existing WIC food benefits by clients is occurring.
- Hawaii is anticipating its second year of participation in a national WIC client-centered survey. Within the upcoming national WIC survey, a statistical sample of Hawaii WIC clients will be surveyed regarding their satisfaction with the WIC program and other questions regarding clients' views on how to improve WIC services. This WIC survey is focused primarily on assessing national standards/approaches for all WIC operations.

NPM Medical Home (MH): Percent of all children, ages 0-17, who have a medical home

For the Child Health domain, the new Title V grant guidance added a universal performance measure that all states are now required to address children who have a medical home for CSHN and for all children. Objectives for this measure have been set through FY 2030:

- By July 2025, increase the percent of all children, ages 0-17, who have a medical home to 46.6%.

Strategies: The strategies for this priority are:

- Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.
- Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.

This strategy acknowledges the need to collect, review, and analyze both quantitative and qualitative data. Activities include:

- Create an inventory of care coordination across sectors (Dept. of Health programs and services, health insurance agencies and providers, behavioral health services and providers, social services) that provides care coordination or case management.
- Complete service mapping of care coordination along intensity from light touch navigation through high-intensity case management.
- Complete an assessment using medical home criteria among providers/agencies identified.
- Complete a gap analysis to compare identified services against community needs, particularly for CSHNB populations.
- Share with staff, partners, and families for feedback and use findings to inform focus group questions or next steps in strategic planning.

Strategy 2: Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.

Strategies and activities to increase the percentage of children and adolescents with a medical home will be informed by further Title V Needs Assessment findings; a review of evidence-based research and emerging best practices; and input from service providers, families, and other relevant experts. Activities include:

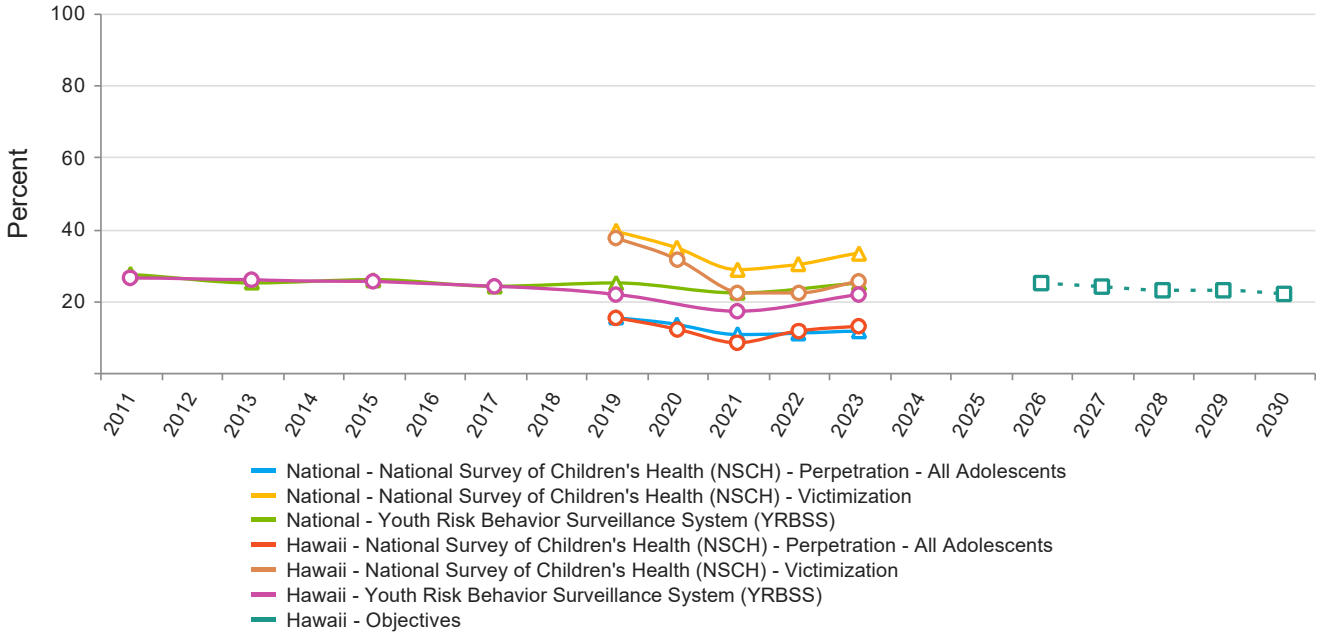
- Review of existing needs assessments and focus group findings to determine CSHNB priority on care coordination. The needs assessment CSHN focus groups specifically asked families whether they had a medical home. A report of the focus group findings is coming later this summer from the needs assessment contractor.
- Conduct focus groups with staff and families on care coordination models and partners needed for successful care coordination and understanding the barriers and facilitators for successful care coordination.
- Summarize findings of focus groups and create a feedback loop to share results back with participants to inform role definition for CSHNB in care coordination.

Adolescent Health

National Performance Measures

NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY

Indicators and Annual Objectives



NPM - Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY - Adolescent Health

Federally Available Data	
Data Source: Youth Risk Behavior Surveillance System (YRBSS)	
	2024
Annual Objective	
Annual Indicator	21.8
Numerator	10,508
Denominator	48,295
Data Source	YRBSS
Data Source Year	2023

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - Perpetration - All Adolescents	
	2024
Annual Objective	
Annual Indicator	13.1
Numerator	13,116
Denominator	100,297
Data Source	NSCHP-All Adolescents
Data Source Year	2022_2023

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - Victimization	
	2024
Annual Objective	
Annual Indicator	25.5
Numerator	25,529
Denominator	100,297
Data Source	NSCHV-All Adolescents
Data Source Year	2022_2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	25.0	24.0	23.0	23.0	22.0

Evidence-Based or –Informed Strategy Measures

ESM BLY.1 - Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy.

Measure Status:	Active
State Provided Data	
	2024
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	The Adolescent Health program of the MCH
Data Source Year	2024
Provisional or Final ?	Final

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	Yes	Yes	Yes	Yes	Yes

State Action Plan Table

State Action Plan Table (Hawaii) - Adolescent Health - Entry 1

Priority Need

Reduce adolescent bullying by promoting prevention programs, creating safe and inclusive school environments, and supporting youth, families, and other adults.

NPM

NPM - Bullying

Five-Year Objectives

By 2030, reduce the percentage of adolescents with and without special health care needs, ages 12 through 17, who are bullied to 22%. (Baseline: 25.5% NSCH 2022-23)

Strategies

Conduct an environmental scan of efforts and programs to identify current gaps, opportunities for collaboration, and best practices, ultimately helping to determine Title V's most effective role and contribution in supporting and strengthening bullying prevention initiatives

Establish a youth advisory board to give students a meaningful voice in anti-bullying initiatives, empowering them to share their experiences, propose solutions, and lead peer-driven activities that foster a safer environment

ESMs	Status
ESM BLY.1 - Completion of formative research on status of bullying prevention efforts in Hawaii to inform design of Title V's bullying prevention role and strategy.	Active

NOMs

Adolescent Mortality

Adolescent Suicide

Adolescent Firearm Death

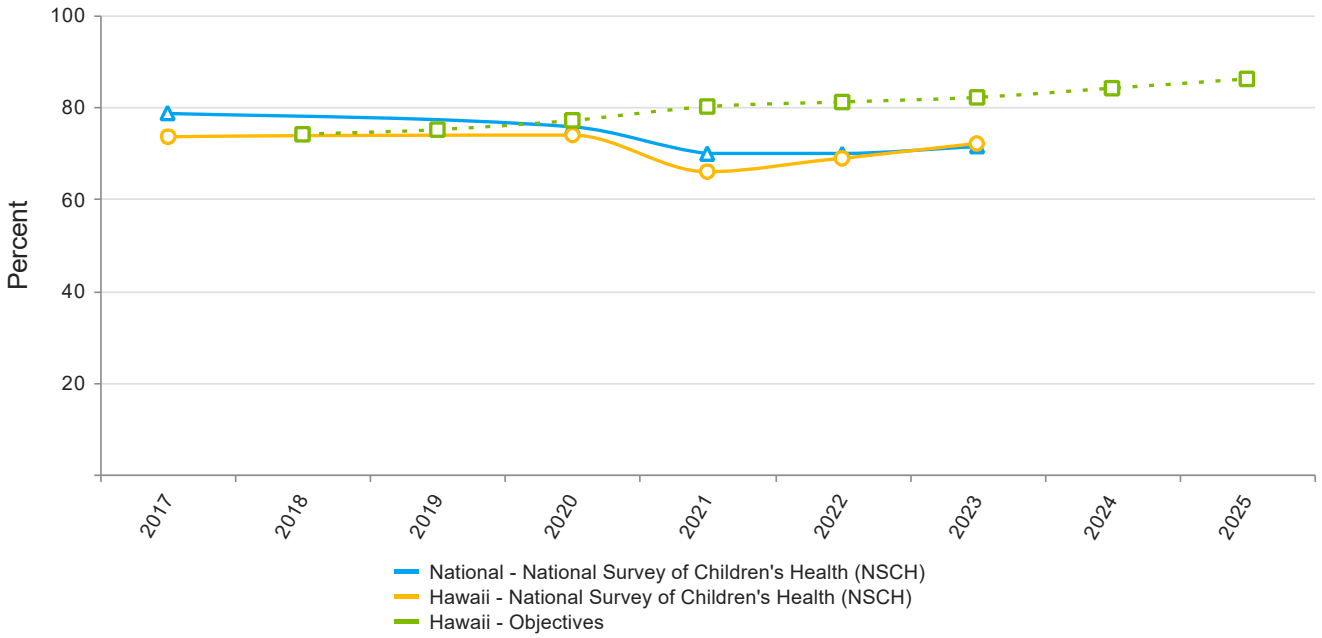
Adolescent Injury Hospitalization

Adolescent Depression/Anxiety

Adverse Childhood Experiences

2021-2025: National Performance Measures

2021-2025: NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV Indicators



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	77	80	81	82	84
Annual Indicator	77.7	73.4	66.3	68.9	71.9
Numerator	76,702	71,318	63,067	65,633	68,202
Denominator	98,664	97,099	95,187	95,192	94,913
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2019	2019_2020	2020_2021	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM AWV.1 - Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits

Measure Status:	**Active**				
State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	18	23	25	28	30
Annual Indicator					
Numerator	20	26	27	27	27
Denominator	30	30	30	30	30
Data Source	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup	ART and Science Workgroup
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

The Adolescent Health domain section includes a report on:

- the NPM AWV Adolescent Wellness Visit, which is being discontinued for the next 5-year project period.

NPM AWV - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

Introduction: Adolescent Wellness Visits (AWVs)

Hawaii selected NPM AWV (Adolescent Well Visits) as its performance measure for the Adolescent Health domain, based on findings from the 2020 Title V Five-Year Needs Assessment. The 2025 state objective for NPM AWV is to increase the percentage of adolescents receiving a preventive medical visit in the past year to 86.0%.

Data: Aggregated data from the 2021-22 National Survey of Child Health (NSCH) indicates that Hawaii (71.9%) did not meet the 2024 state objective (84.0%), although it was comparable to the national estimate of 71.4%. The increase from 2020-2021 (66.0%) and the decline from the 2016-2017 estimate (73.6%) were both not statistically significant, when compared to the current estimate. The Hawaii estimate did not meet the related Healthy People 2030 Objective to increase the proportion of adolescents who had a preventive health care visit in the past year (82.6%).

Data indicates that adolescents with Special Health Care Needs (91.4%) were significantly more likely to have preventive medical visits than adolescents without Special Health Care Needs (66.0%). No other significant differences were found in subgroup analyses, based on the 2022-2023 aggregated data.

The 2023 Hawaii Youth Risk Behavior Survey (YRBS) reported a 1.0% decrease in preventive medical visits for high school teens. For teens in 2019 who reported seeing a doctor for a check-up or a preventive physical exam, visits declined slightly from 75% in 2019 to 73.0% in 2021 and 72% in 2023. These numbers may be inflated if adolescent respondents reported their annual sports physicals as a wellness visit.

Neighbor island disparities remain with Kauai County high school youth reporting the lowest percentages of AWVs, followed by Hawaii County and Maui County youth. High school students of other Pacific Islands ancestry reported the lowest percentage of preventive medical visits, followed by Filipino and Native Hawaiian students.

Objectives: Reviewing the baseline data and the HP 2030 objective, the state objectives through 2025 were updated to reflect approximately a 10% improvement over five years.

Title V Lead/Funding: The Adolescent Health Unit (AHU) within the Maternal and Child Health Branch (MCHB) leads efforts for the AWV performance measure under Title V. The AHU administers the federal Personal Responsibility Education Program (PREP) grant and supports the management of state-funded contracts that advance adolescent health initiatives. In 2024, both AHU positions (Child and Youth Program Specialist III and Child and Youth Program Specialist V) were vacant for the majority of the year but were successfully filled in August 2024. The AHU's Child and Youth Program Specialist V position is partially funded by Title V.

Strategies/Evidence: The three strategies for this measure are based on guidelines from the national Office of Adolescent Health's *Think, Act, Grow (TAG) Call to Action,* which is designed to promote adolescent health via a comprehensive approach that focuses on working with varied stakeholders. The strategies are:

- Collaboration: Develop partnerships with community health and youth service providers to promote AWVs.
- Engagement: Work with adolescents/youth service providers to develop and disseminate informational resources.
- Workforce Development: Promote AWVs, provide resources, training, and learning opportunities for adolescent caregivers, community health workers, and other service providers.

Research compiled by AMCHP and the MCH Evidence Center was reviewed to identify any recent additional evidence for the Hawaii strategies. AHU uses several strategies that the National Adolescent and Young Adult Health

Information Center recommends, which is also cited in the evidence-based literature. These include: building collaborative networks with agencies and institutions at the systems level and building capacity in communities to reach youth-serving professionals, parents, guardians, and other caring adults to engage adolescents to share their voice and to better structure how teens access and receive information of interest and of concern to them. The MCH Evidence Center identifies this ESM as an 'innovative tool,' to track AWV efforts and notes that it is "a strong measure of an evidence-based strategy."

Strategies to address the NPM for adolescent preventive visits are discussed below.

Annual Report for FFY 2024 (10/1/2023 - 9/30/2024)

Strategy 1: Collaboration. Develop partnerships with community health and youth service providers to promote adolescent health and annual wellness visits.

The Title V AHU continues to build community partnerships with teens, youth service providers, parents, and other community organizations that are working collaboratively to promote adolescent health and wellness visits.

PREP: AHU's PREP contracts focus on serving high-risk youth, including those who are incarcerated or residing in treatment facilities. These programs aim to provide critical information on adolescent wellness, gather youth input to inform resource development, and deliver workforce training to PREP providers on the evidence-based Teen Outreach Program (TOP) curriculum.

AWVs are integrated into both the TOP curriculum and program evaluation. PREP programming covers a wide range of adolescent wellness topics, with a strong emphasis on promoting routine annual wellness visits. Additionally, the CSHNB's "*Footsteps to Transition"* infographic was incorporated to help facilitate conversations about the importance of AWVs and encourage youth to schedule regular health checkups.

PREP services are delivered through contracts with youth-serving organizations. Recent changes in PREP contractors were largely due to administrative challenges and staffing shortages, which created barriers to implementing the evidence-based TOP curriculum with fidelity. During this reporting period, the contracted providers were the Hawaii Youth Correctional Facility (HYCF), operating as the Kawailoa Family and Youth Wellness Center (KFYWC), and the Bobby Benson Center (BBC), which are both on Oahu.

KFYWC: The KFYWC is administered by the state Department of Human Services, Office of Youth Services (OYS). It serves as a "last resort" residential facility for more than 30 court-involved youth, ages 16 to 18, from across the state. The Youth Corrections Officer (YCO) training coordinator has reported positive changes in both the facility's climate and the well-being of its adolescent residents, attributed in part to the implementation of the TOP curriculum, along with additional staff development training provided by AHU.

Upon entry, each youth receives a medical assessment conducted by the facility physician. AHU continues to collaborate with the YCO training coordinator to enhance and expand the healthcare resources available to meet the needs of KFYWC's average daily population of 30 teens.

KFYWC adopts a restorative justice approach in working with youth residents, prioritizing healing and rehabilitation over punishment. The center has strategically leveraged its campus to host multiple community-based organizations that help address critical gaps in health and support services for its residents. These gaps include Residential Youth Services and Empowerment (RYSE) that offers shelters for homeless youth , a residential workforce and skills development program (Kinai Eha), and an agriculture program (Farm to Table) which focuses on learning traditional Hawaiian values and agricultural practices.

BBC: BBC offers both Residential Treatment Services for Adolescents (13-17 years old) and Continuum of Treatment Services for adolescents (13 -17 years old) and adults (18 years and older). BBC is dedicated to offering quality services to people living in Hawaii who need assistance in overcoming substance use and co-occurring disorders.

Following the execution of a contract between DOH and BBC to implement TOP, initial implementation efforts focused on training BBC facilitators. This included guidance for scheduling, required reporting procedures, and the provision of necessary materials, such as the curriculum books, to support effective program delivery. BBC launched its first TOP educational cycle in FY25, with an average daily census of 20 BBC teens.

Parents And Children Together (PACT): PACT operates after-school drop-in centers for youth ages 7–18, promoting the development of healthy youth, families, and communities by offering enriching family strengthening experiences. These centers provide a range of educational, recreational, community-building, and support services. PACT collaborates with the AHU on capacity-building initiatives and the implementation of positive youth development curricula.

Other Community-Based Organizations: AHU continued to expand and strengthen partnerships with youth-serving organizations across the state to promote healthy relationships, adolescent health, and access to annual wellness visits. These efforts also emphasized building connections between youth and supportive adults through virtual meetings and webinars. Partners include: the Coalition for a Drug-Free Hawaii, Hawaii Youth Services Network, Office of Youth Services, Hawaii Partnership to Prevent Underage Drinking, Youth Tobacco Prevention Coalition, DOH Chronic Disease School Health program, Prevent Suicide Hawaii Taskforce (PSHT), Mental Health America of Hawaii, the After School Program Alliance, Weed & Seed Hawaii, the Atherton YMCA, Department of Education (DOE), Boys & Girls Club Hawaii, Na Leo Kane, Big Brothers Big Sisters Hawaii, Hawaii Alliance of Nonprofit Organizations, Partners in Development, KUPU, Family Programs Hawaii, Catholic Charities, EPIC Ohana Inc., We Are Oceania, The Salvation Army Hawaiian and Pacific Islands Division, Kokua Kalihi Valley Comprehensive Family Services, University of Hawaii Health Centers, and P.A.R.E.N.T.S., Inc.

YRBS: AHU participates on the Hawaii Health Survey Committee, which includes representatives from the Department of Education, University of Hawaii, Office of Hawaiian Affairs, and the DOH Chronic Disease School Health Program. The Committee provides oversight for the YRBS, which is administered in odd-numbered years. The survey currently includes an AWV-specific question: *"When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?"*

Strategy 2: Engagement. Work with adolescents and youth service providers to develop and disseminate informational resources to promote access to adolescent preventive health services.

This strategy focuses on developing adolescent informational resources (AIR) online to enhance youth knowledge, promote healthy behaviors, and build skills that empower adolescents to access healthcare and community resources. These digital resources are also promoted and made easily accessible to health educators and outreach staff, enabling them to connect teens with essential services and care.

Resource Library: DOH is partnering with the DOE's Office of Curriculum and Instructional Design to develop a comprehensive resource library focused on elementary-level puberty education. This library will offer educators developmentally appropriate materials, culturally relevant lesson plans, and interactive activities that are designed to support discussions about the physical and emotional changes of puberty and adolescence. As part of this effort, the DOE is working to create culturally grounded puberty education materials for elementary students.

PREP Youth Input: Youth who are involved in PREP service sites provide valuable information on their knowledge of AWV, health topics of interest, and their preferred methods to access key health information. While most teens do possess health insurance, most reported that they did not know their specific health insurer's name, did not carry their health insurance card, and did not have any experience in making a doctor's appointment for themselves.

Evidence-Based/Informed Strategy Measure

The Evidence-Based/Informed Strategy Measure (ESM) selected for adolescent wellness is ESM AWV 2: Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits. The measure uses a Likert

scale to track progress on the development and dissemination of AIR. Each item is scored from 0-3 (0=not met; 1=partially met; 2=mostly met; 3=completely met), with a maximum total of 30. Scoring is completed by Title V AHU staff, with input from key stakeholders.

The 2024 indicator scored 27 out of 30 points, which is a 90% completion rate. This is credited to significant progress made by working directly with youth to assess, revise, and promote the AIR. This work was completed through a partnership with TeenLink Hawaii (TLH), a youth-driven outreach program that is administered by the Coalition for a Drug-Free Hawaii. TLH is now working with the CSHNB on youth transition to adultcare and other important preventive health issues.

A few revisions were made to the ESM checklist to reflect the evolution of strategy activities over the past five years. This priority, along with its associated strategies and measures, will be reviewed and evaluated for potential changes as part of the 2025 needs assessment process. The current data collection form is below.

ESM AWV 2 – Develop and disseminate a teen-centered Adolescent Informational Resource (AIR) in collaboration with community health and youth service providers to promote adolescent health and annual wellness visits

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective			N/A	N/A	20.0	23.0	27.0	28.0	29.0	30.0
Annual Indicator			9	13	20	26	27	27	27	

Element	0 Not met	1 Partially met	2 Mostly met	3 Completely met
Strategy 1: Collaboration				
1. Utilize/maintain partnerships with youth servicing programs to promote AWV and adolescent health, including AHU service contractors and other Title V and DOH programs, community coalitions, and organizations.				X
2. Introduce CSHNB's "Footsteps to Transition" to contractors and outreach staff to utilize the infographic to show participants where they are in their transition to adulthood and to direct the warm handout conversation to the topic area needed.				X
3. Maintain listserv of adolescent health stakeholders and, if available, collect adolescent-developed information for incorporation into the AIR/TeenLink.				X
4. Develop a local resource list of speakers on issues affecting adolescent behaviors.			X	
Strategy 2: Engagement: Adolescent Informational Resource (AIR)				
5. Promote the TeenLink Hawaii website as the “teen and young adult go-to site” for teen-centered resources, tools, and services, which includes the Footsteps to Transition and other AIR materials developed by teens and young adults.				X
6. Conduct assessments to determine adolescent awareness of the AWV and the perceived barriers to accessing an AWV.				X
7. Assess service provider and informant information to ensure the AIR/TeenLink provides useful health and resource information that meets the needs of adolescents.				X
Strategy 3: Workforce Development Training for Community Stakeholders				
8. Maximize opportunities to inform internal direct service providers and community stakeholders regarding AWV visits through the AIR.			X	
9. Utilize the listserv to inform the work of lead adolescent health advocates regarding webinars, in-person training opportunities, and other adolescent resources to include positive youth development, teen pregnancy prevention, mental health first aid, gender orientation, and the benefits of AWVs.				X
10. Assess stakeholders for increased knowledge and comfort level post-training.			X	
Total Points	27			

Strategy 3: Workforce Development. Provide resources, training, and learning opportunities for youth service providers and community health workers to promote adolescent health and wellness visits.

AHU provides training and technical assistance (TA) on adolescent health and positive youth development to community youth and service providers.

Training and TA. AHU also continues to offer training on positive youth development and protective factors through the PREP program. During 2023–2024, AHU maintained its efforts in delivering staff development webinars and online training opportunities.

DOE Sexual Health Education Capacity Building Program (SHEP). AHU contracted with the DOE’s Office of Curriculum and Instructional Design to provide professional development for educators, using an online resource with the latest tools, research, and best practices to bolster efforts in delivering quality inclusive sexual health education. The SHEP is designed to ensure that educators are adequately prepared and comfortable in delivering accurate and effective sexual health education. Under the SHEP contract, DOE will develop a comprehensive Sexual Health Education Professional Development (PD) course. SHEP will monitor participant progress through online modules and virtual classroom simulations and promote the availability of the sex education training course through targeted

presentations, email listservs, and newsletters. SHEP will also create culturally relevant puberty education resources for elementary students in partnership with a yet to be identified community organization. This process includes developing sample lesson plans, translating student-focused materials into the Hawaiian language and submitting all finalized resources to DOH for review and approval prior to dissemination.

Reproductive Health National Training Center (RHNTC) Training. The AHU offers comprehensive training and professional development opportunities to strengthen the capacity of partners serving adolescents. Training is managed through the RHNTC website, where all PREP community partner staff and AHU staff are able to create accounts to access, complete, and track assigned courses.

Training Administrators oversee the development and monitoring of customized training plans that align with federal guidelines and organizational goals. AHU also supports staff and partner participation in selected conferences and workshops that cover topics such as adolescent development, curriculum facilitation, and special health topics. These efforts ensure all team members are equipped with the latest tools, evidence-based practices, and continuing education to effectively support the delivery of adolescent health and well-being.

Service Provider Training: In 2024, Hilopa‘a was awarded a contract to promote and provide training on Positive Youth Development and Pregnancy Prevention curriculum to youth service programs statewide. Through this contract, Hilopa‘a will collaborate with community organizations, schools, and health agencies to strengthen the capacity of providers working with adolescents. The goal is to equip youth-serving professionals with the knowledge, skills, and tools needed to support healthy decision-making, foster resilience, and reduce risk behaviors among youth.

Current Year Highlights for FFY 2025 (10/1/2024 – 9/30/2025)

Here are some highlights of key adolescent health activities for FY 2025, including ongoing impacts and recent developments.

Suicide Prevention Taskforce: The AHU is actively involved with statewide suicide prevention efforts, including involvement in a DOH-led cross-collaboration prevention task force. This work supports the development of a concrete, practical framework that strengthens suicide prevention system elements, services organizations, and related initiatives. The framework outlines the essential components and structure needed for effective planning, implementation, evaluation, and long-term sustainability.

MCH Workforce Development: AHU applied for and was accepted into the National Maternal and Child Health (MCH) Workforce Development Center (WDC) 2025 Learning Journey cohort. Through this initiative, the DOH and its community partners will gain new skills and tools to advance a transformational challenge and strengthen workforce capacity through technical assistance and coaching. With guidance from the MCH WDC, the AHU team plans to establish a Youth Advisory Board that will provide direct consumer feedback on a range of youth-oriented activities.

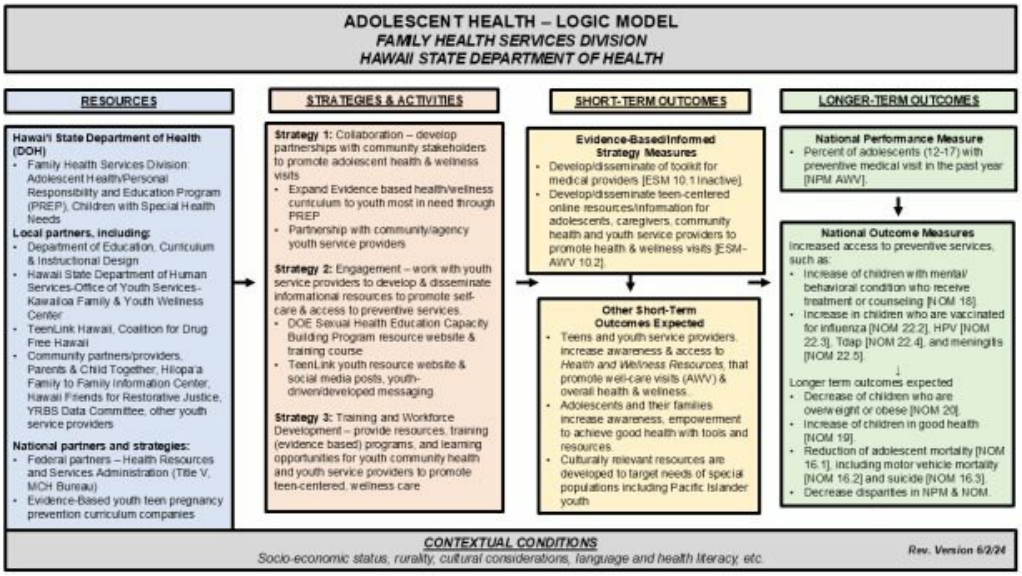
PREP: PREP contractors continue to deliver youth development services to at-risk populations, including youth in residential treatment and juvenile justice settings. BBC has implemented the PREP curriculum, contributing to the expansion and accessibility of Hawaii’s PREP program. AHU remains committed to identifying and engaging additional community partners to further extend the reach of the PREP curriculum.

Medicaid: AHU staff continue to participate in Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coordinator meetings to share updates and resources on adolescent and youth-focused services. These meetings also facilitate cross-agency collaboration aimed at promoting and increasing AWVs.

Needs Assessment. For the Adolescent Health domain, Hawaii did not select Adolescent Wellness Visits as a state priority, based on findings from the 2025 Title V Five-Year Needs Assessment. Instead, Hawaii selected Bullying Prevention as the new adolescent priority reflecting broader concerns about youth mental health. Mental health emerged as an important health priority across all the population domains.

Review of the Action Plan for 10/1/2022 - 9/30/2023

A logic model for NPM AWV was updated in 2025 to assure alignment among strategies, activities, measures, and desired outcomes. The logic model was also revised to reflect new activities and partners for engaging and developing resources for youth serving organizations and for youth.



Challenges and Barriers

AHU's AIR continues to promote positive health behaviors, including self-care and healthy lifestyle choices, through the TLH website and social media posts. TLH encourages youth to take greater responsibility for their health decisions; provide essential information to help teens connect with healthcare providers; support their capacity to schedule well visits; and link them to necessary health services such as AWVs and other resources.

Workforce shortages. Data on AWVs remains low, which is likely due to a number of factors, including the lack of regular healthcare access, the state's shortage of primary care physicians, and competing family priorities that may lead to delayed or missed medical visits. Misconceptions persist that doctor visits are for illnesses only, that preventive visits require unaffordable out-of-pocket costs, and that annual required school sports physicals are the same as an AWV. New players in the healthcare provider market, such as "MinuteClinic" and urgent care centers, also pose tracking challenges to AWVs. Busy families sometimes use these convenient, community-based options as a primary but temporary source of acute care, which can undermine the benefits of the more comprehensive AWV that is provided by a long-term regular medical home.

Health Disparities. Working with specific populations to address health disparities has been challenging. However, new partnerships with community centers, such as Ulu A'e and PACT, along with expanded PREP curriculum options, is expected to extend the reach of adolescent wellness efforts, while addressing healthcare access disparities among youth.

Vacancies. Staff vacancies initially limited the team's ability to implement strategies and achieve all intended outcomes. Fortunately, with new personnel now filling these roles, capacity has increased. However, due to changes in staffing, competencies, and skill sets, AHU is in the progress of adjusting its approach to more effectively support adolescent initiatives.

Overall Impact

AHU's greatest success has been with youth engagement. AHU's commitment to engaging youth in assessing their health concerns and development and disseminating health education and messaging has culminated in youth-

designed information offered via the statewide *TeenLink Hawaii* website and social media.

TeenLink Hawaii is a major success in positively impacting the youth community by serving as a trusted, youth-driven platform for adolescent health and wellness. Developed by teens for teens, parents, and youth-serving professionals, the website and its social media presence are a go-to resources for relevant, accessible information. TeenLink successfully achieved its goals through strong engagement on social media platforms like Instagram, TikTok, and YouTube. It is consistently used by agencies and providers across the state, especially to support healthcare transitions for youth moving into adulthood. Given its established reach, ongoing use, and regularly updated content, only minimal future work is anticipated to maintain its ongoing impact.

DOE Resource Library. Although this is still under development, the state Department of Education, with funding from MCH Branch, will enable AHU to develop a comprehensive resource library that is specifically focused on elementary puberty education. This is another adolescent informational resource for Hawaii public school educators and staff to help facilitate discussions about the changes of puberty and adolescence. The library will also offer access to resources that will help support teens with healthy decision-making within and beyond school settings, particularly around the issue of sexual health.

Partnerships. A key success has been the strong partnership between various branches of FHSD and community partners. This collaboration has played a vital role in advancing efforts through the MCH Workforce Development project, particularly in creating diverse candidates for the development of a joint-force Youth Advisory Board. Once established, the board will help inform the DOH's future planning and initiatives relating to adolescent health.

PREP was successful partnering with agencies that are working with some of the state's underserved youth and in hard-to-reach areas to promote health and wellness. It also shares a deep commitment to address significant health equity issues. PREP community partners are receptive to new approaches for their health curriculum since their internal program resources are limited.

Title V Adolescent Health Programs

The programs listed below focus or include on adolescent health services administered by the Hawaii Title V program.

Adolescent Wellness: Spans across the physical, mental, and social-emotional aspects of adolescents and young adults 10 to 24 years. Concentration on high school graduation, sexual health, positive youth development, and transitioning into adulthood.

Personal Responsibility Education Program (PREP): The grant aims to fund the implementation of evidence-based positive youth development programs that broaden the cognitive context of abstinence and contraception for the prevention of pregnancy, sexually transmitted infections, and HIV/AIDS. This includes decision-making, self-regulation, and other adulthood preparation subject areas. This program targets services to high-risk, vulnerable, and culturally underrepresented youth populations between the ages of 10 and 24. Hawaii funds are used to implement the TOP curriculum at BBC and the KFYWC (formerly known as HYCF).

Child Abuse and Neglect, Domestic, and Sexual Violence Prevention: These programs are committed to the primary prevention of all forms of violence and stopping violence before it begins so that all people, families, and communities are safe, healthy, and free of violence. Together known as the Family Strengthening & Violence Prevention Unit, staff and partners provide programs statewide to prevent child abuse and neglect, sexual violence, and domestic violence. Activities also include support for parents and provision of education targeted at teens to prevent sexual violence.

Child Death Review: Statewide surveillance system for deaths among children ages

0-18 years. CDR aims to reduce preventable deaths of infants, children, and youth through multidisciplinary interagency reviews.

Children and Youth with Special Health Needs: Assists with service coordination, social work, nutrition, and other services for children/youth with special healthcare needs, ages 0-21 years, with chronic medical conditions. It serves children/youth who have or may have long-term or chronic health conditions that require specialized medical care and their families.

Pediatric Mental Health Access Grant (PHMCA): The PHMCA grant was awarded in 2021 to establish a state system of behavioral health teleconsultation and care coordination for pediatric primary care providers, especially those in underserved areas and rural communities. Overall, the goal is to promote integration of primary care and behavioral health to improve services to children, youth, and their families in their respective communities.

Reproductive Health Care & Support Services: Reduces risk factors contributing to infant mortality and provides various services to address risk factors that lead to poor birth outcomes. This is achieved through contractual services for uninsured and underinsured pregnant women throughout pregnancy and six months postpartum. Services include assistance in enrolling for public/private health insurance (Medicaid), as needed.

Adolescent Health - Application Year

The Adolescent Health domain application includes a plan on:

- The new NPM BLY Bullying Prevention.

There is no plan for the discontinuing NPM AWV Adolescent Wellness Visit for FY 2026.

NPM BLY - Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others.

For the Adolescent domain, mental health concerns and related bullying prevention emerged as critical 2025 Title V Needs Assessment issues for both families and youth respondents. Hawaii selected Bullying prevention as the priority issue for the adolescent domain for the FY 2026-2030 period.

Objective. The NPM goal is: By July 2030, Hawaii will reduce the percentage of adolescents with and without special health care needs, ages 12 through 17, who are identified as bullied to 22%.

Strategies. The two strategies for bullying prevention have emerged from general discussions with FHSD staff. To further Title V's understanding of the issue in Hawaii, an environmental scan will be conducted. These scans are increasingly considered a valuable evidence-based tool in public health practice.

Although there were several recommendations that evolved from this extended group process, the two key Title V strategies emerged were:

- Conduct an environmental scan of efforts and programs to identify current gaps, opportunities for collaboration, and best practices to determine Title V's most effective role and contribution in supporting and strengthening bullying prevention initiatives.
- Establish a youth advisory board to allow adolescents a meaningful voice in anti-bullying efforts, empowering them to share their experiences, propose innovative solutions, and lead peer-driven activities for a safer environment.

Plans to address 2030 objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan of efforts and programs to identify current gaps, opportunities for collaboration, and best practices to determine Title V's most effective role and contribution in supporting and strengthening bullying prevention initiatives.

This strategy will focus on the completion and analysis of an environmental scan of current bullying prevention initiatives and programs to better clarify and shape the program's role in addressing bullying prevention.

Future plans to support this strategy include:

- Identify schools, community organizations, nonprofits, coalitions, and local government agencies that are currently actively engaged in bullying prevention activities and collect information on their goals, activities, target populations, and funding sources.
- Build stronger connections with educators, parents, youth, community leaders, and service providers to assess current anti-bullying efforts, identify services or intervention gaps, and explore unmet needs in bullying prevention.

Strategy 2: Establish a youth advisory board to allow adolescents a meaningful voice in anti-bullying efforts, empowering them to share their experiences, propose innovative solutions, and lead peer-driven activities for a safer environment.

This strategy will focus on establishing a youth advisory board or council to give students a stronger and more effective voice in anti-bullying initiatives.

Future plans to support this strategy include:

- Leverage technical assistance from the MCH Workforce Development Center (WDC) to develop and

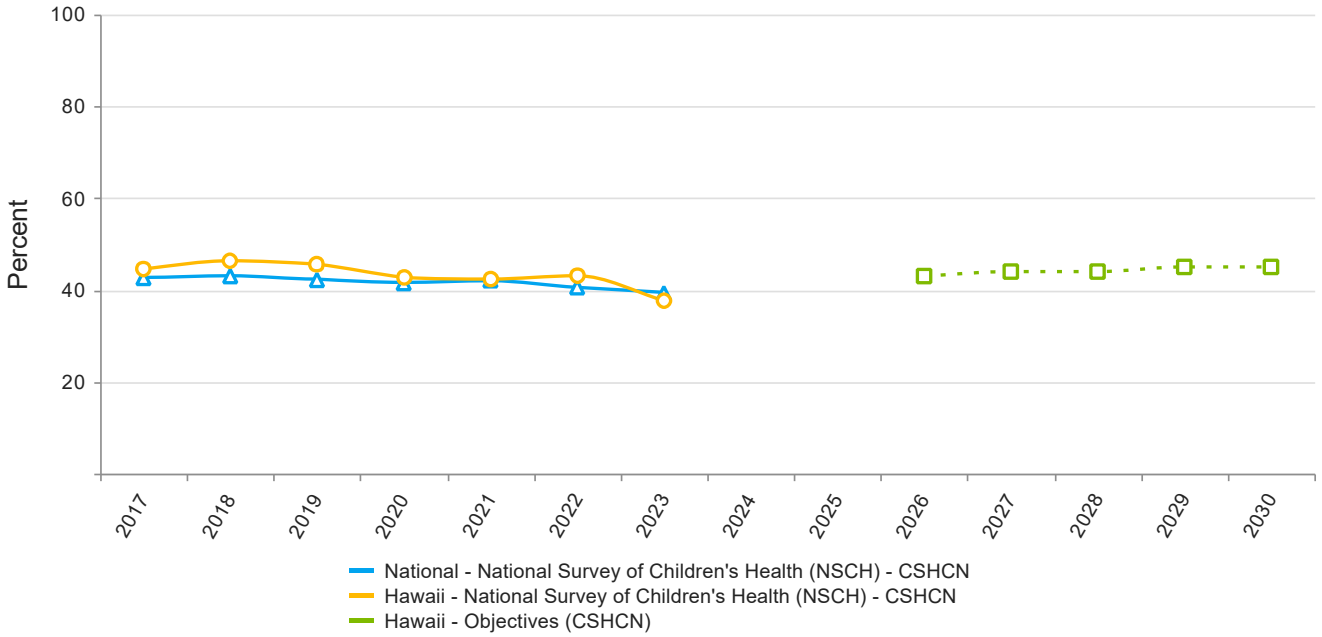
implement a comprehensive workplan for establishing a Youth Advisory Boards (YAB).

- Consult with other state and local youth initiatives to gather best practices and insights regarding the creation of evidence-based effective youth advisory bodies.
- Build strong partnerships with schools, community organizations, and youth-focused groups to recruit anti-bullying student peers across diverse grade levels, cultural backgrounds, and experiences.
- Empower youth by providing genuine decision-making opportunities, such as co-designing community outreach campaigns; initiating peer-support activities; planning training and skill-building events for youth; and developing more resources that foster kindness, inclusion, and mutual respect.

Children with Special Health Care Needs

National Performance Measures

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH Indicators and Annual Objectives



NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH - Children with Special Health Care Needs

Federally Available Data		
Data Source: National Survey of Children's Health (NSCH) - CSHCN		
	2023	**2024**
Annual Objective		
Annual Indicator	43.1	37.6
Numerator	17,813	22,501
Denominator	41,372	59,844
Data Source	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2021_2022	2022_2023

Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	43.0	44.0	44.0	45.0	45.0

Evidence-Based or –Informed Strategy Measures

ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.

Measure Status:	Active
State Provided Data	
	2024
Annual Objective	
Annual Indicator	No
Numerator	
Denominator	
Data Source	Title V Children with Special Health Needs Branch
Data Source Year	2024
Provisional or Final ?	Final

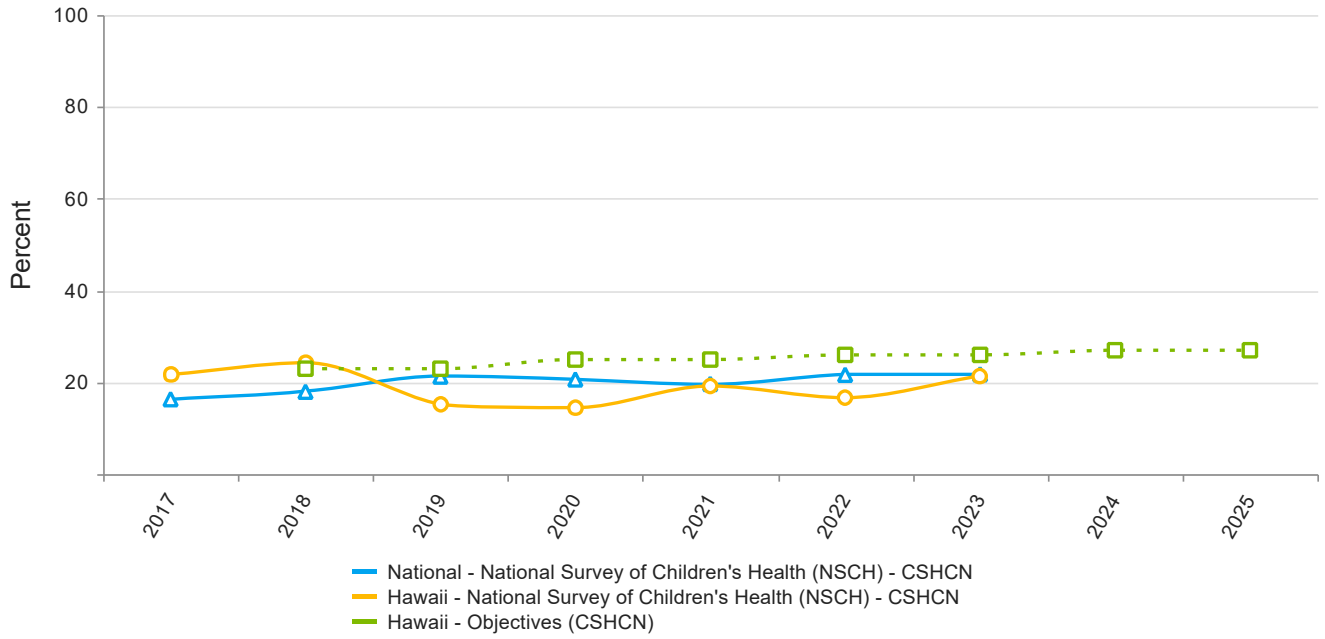
Annual Objectives					
	2026	**2027**	**2028**	**2029**	**2030**
Annual Objective	Yes	Yes	Yes	Yes	Yes

State Action Plan Table

State Action Plan Table (Hawaii) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Increase the number of children with and without special health care needs who have a Medical Home by focusing on improving care coordination	
NPM	
NPM - Medical Home	
Five-Year Objectives	
By 2030, increase the percent of children with special health care needs, ages 0-17, who have a medical home to 45.0% (Baseline: 37.6% 2022-23, NSCH)	
Strategies	
Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.	
Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.	
ESMs	**Status**
ESM MH.1 - Completion of formative research on the status of care coordination efforts in Hawaii to inform the design of the Family Health Services Division/Children with Special Health Needs Branch Care Coordination strategy.	Active
NOMs	
Children's Health Status	
CSHCN Systems of Care	
Flourishing - Young Child	
Flourishing - Child Adolescent - CSHCN	
Flourishing - Child Adolescent - All	

2021-2025: National Performance Measures

2021-2025: NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC
Indicators



2021-2025: 2021-2025: NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	25	25	26	26	27
Annual Indicator	17.1	15.9	21.9	18.1	21.3
Numerator	3,214	3,171	4,086	3,025	5,287
Denominator	18,758	19,924	18,629	16,749	24,832
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2018_2019	2019_2020	2020_2021	2021_2022	2022_2023

2021-2025: Evidence-Based or –Informed Strategy Measures

2021-2025: ESM TAHC.1 - Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to Six Core Elements of Health Care Transition 2.0.

Measure Status:	**Active**				
State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective	24	26	28	30	33
Annual Indicator					
Numerator	25	26	31	32	32
Denominator	33	33	33	33	33
Data Source	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup	Title V Transition Workgroup
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

The Children with Special Health Care Needs (CSHCN) domain section includes a report on NPM TR Transition to Adult Health Care which is being discontinued for the next five-year project period.

NPM TR – Percent of adolescents, with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Introduction: Transition Planning

For the Children with Special Health Care Needs (CSHCN) MCH population domain, Hawaii selected NPM TR, *Transition to Adult Health Care*, based on the five-year Department of Health (DOH) needs assessment results. By July 2025, Hawaii seeks to increase the percentage of youth with and without special health care needs who receive transition services from 18% to 27%.

Data: Although the NPM TR measure for this indicator reports on transition services received by youth with and without special needs, the federally available data is reported separately for each subgroup of adolescents. Data specific for youth with special health care needs was used for this measure to represent targets for the CSHCN population domain.

The aggregated 2022-2023 data indicates that the estimate for Hawaii (23.1%) did not meet the 2024 state objective (27.0%). However, it was not significantly different from the national estimate of 21.8% of youth with special health care needs. The decrease in estimate from 2017-2018 (24.4%) to 2022-2023 (21.3%) was non-significant. The related national Healthy People 2030 objective for this measure is currently under development. The sample size was unfortunately too small for subgroup analysis.

For youth without special health care needs, aggregated 2022-2023 data indicates that the estimate for Hawaii (21.7%) was statistically similar to the national estimate (18.1%). There were no significant differences in reported subgroups.

Objectives: Hawaii's objectives were set to reflect an incremental improvement to 27% by 2025.

Title V lead/funding: The Children and Youth with Special Health Needs Section (CYSHNS) in the Children with Special Health Needs Branch (CSHNB) is the lead program for this priority measure. The CYSHNS Supervisor provides the leadership for NPM TR activities. To ensure that transition planning benefits all youth, CYSHNS partners with the Maternal and Child Health Branch's (MCHB) Adolescent Health Program and aims to integrate transition planning into MCHB's Title V activities that promote universal adolescent wellness visits. The statewide CYSHNS Transition team meets monthly via Zoom.

Title V does not directly fund transition activities but funds key CYSHNS staff positions, including the CYSHNS Section Supervisor and Nutritionist. It also funds the CSHNB Chief, Research Statistician, and administrative staff who provide support to the NPM TR team.

Key Partners: Professional, state, and community partners in Hawaii who actively support and promote youth transition to adult life include:

- Title V Adolescent Health Program
- American Academy of Pediatrics-Hawaii Chapter
- Hilopa'a Family to Family Health Information Center (Hilopa'a F2FHIC)
- Hawaii State Council on Developmental Disabilities (HSCDD)
- Hawaii State Special Parent Information Network (SPIN)
- Hawaii State Department of Education (DOE)
- TeenLink Hawaii
- Kaiser Permanente Hawaii
- MedQUEST (Medicaid), Department of Human Services (DHS)
- Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disabilities Program (MCH-LEND)
- No Wrong Door, Hawaii Executive Office on Aging

Strategies: The three strategies for adolescent health care transition are:

- Incorporate transition planning in care coordination activities for youth enrolled in CYSHNS and their families.
- In collaboration with state and community partners, provide education and public awareness on transition to adult health care and promote the incorporation of transition services into organizational practices.

- Develop and expand efforts to improve health outcomes through transition services for all youth.

Evidence: Strategies 1 and 2 are based on input collected from the 2020 Title V needs assessment; Association of Maternal and Child Health Programs (AMCHP) NPM TR Toolkit; the MCH Evidence Center; MCH Workforce Development Center technical assistance; ***Got Transition*** website; and the 2020 Federal Youth Transition Plan and national best practice recommendations from Centers for Medicare and Medicaid Services (CMS) 2014 report titled, *Paving the Road to Good Health*. Strategy 3 was added in 2021 and focuses on health equity. Progress on the strategy measures is described below. The MCH Evidence Center identifies this ESM as an 'innovative tool' to track transition activities and "is a strong measure of an evidence-based strategy."

Updates for FY 2024 on the three strategies follow.

Strategy 1: Incorporate transition planning in care coordination activities for youth enrolled in CYSHNS and their families

Strategy 1, which serves as the NPM TR strategy measure (ESM TR 1), is assessed using a Likert scale that monitors progress on integrating transition planning into CYSHNS practices and protocol, based on *Got Transition's Six Core Elements of Health Care Transition™ 3.0*.

Core Elements: CYSHNS transition to adult health care efforts are guided by *Got Transition's Six Core Elements of Health Care Transition™ 3.0*. The Core Elements are integrated into CYSHNS policy and procedure for all youth receiving CYSHNS care coordination services, and their parents/caregivers.

Core Element 1: Transition and Care Policy/Guide and Tracking and Monitoring

Elements 1 and 2 focuses on developing an adolescent transition policy and a database to track transition activity and progress via key metrics. Both elements were completed in 2019. All CYSHNS staff were educated on how to implement adolescent transition approach, policy, the Six Core Elements, Title V, and describing the roles of CYSHNS, youth/family, and pediatric/adult health care teams in the transition process.

Core Elements 3 and 4: Transition Readiness and Transition Planning

CYSHNS staff meet with CSHN client youth and parents/caregivers on an individual basis at least annually to assess adolescent transition readiness and to develop a customized transition plan, starting at ages 12-16. This activity was completed in 2022.

Core Elements 5 and 6: Transition Transfer of Care and Transition Completion

Elements 1 through 4 culminate in the CSHN client youth and their parents/caregivers successfully transitioning to adult health care providers. CYSHNS provides guidance, resources, and training to help youth apply for health insurance coverage as an adult, select adult health care providers, and learn to manage their adult health care. Hawaii healthcare coverage under a parent's health plan extends to age 26. This activity will be completed in 2025.

CYSHNS staff assist with referrals to adult service agencies through the state's *No Wrong Door* program. This integrated online person-centered system supports individuals of all ages, disabilities, and health coverage payers. The *No Wrong Door* referral system provides a universal intake and referral point to facilitate and simplify improved access to care.

ESM TR 1 Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to *Got Transition's Six Core Elements of Health Care Transition™ 3.0*.

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Annual Objective		10	17	21	25	27	29	30	33	33
Annual Indicator	12	13	18	22	24.5	26	31	32	32	

Strategy Measure Progress: ESM TR 1 measures the progress of CYSHN's work for Strategy 1. The rating scale has 11 strategies adapted from *Got Transition's Six Core Elements of Health Care Transition™ 3.0*. CYSHNS scores each item from 0-3, for a maximum total possible score of 33. For FFY 2023, the ESM TR 1 score was 32, meeting the annual target (30).

Data Collection Form – FFY 2019

ESM TR 1: Degree to which the Title V Children and Youth with Special Health Needs Section promotes and/or facilitates transition to adult health care for Youth with Special Health Care Needs (YSHCN), related to *Got Transition's Six Core Elements of Health Care Transition™ 3.0*. The scores below indicate the historical progress since 2016.

	0 Not Met	1 Partially met	2 Mostly met	3 Completely met
Transition and care policy/guide (core element #1)				
1. Develop a CYSHNS transition policy/statement, with input from youth, families, and providers, that describes the approach to transition, including consent/assent information.	0 2016			3 2017
2. Educate all staff about the approach to transition, policy/statement, Six Core Elements, and roles of CYSHNS, youth/family, and pediatric/adult health care team in the transition process, considering cultural preferences.	0 2016	1 2017	2 2018	3 2019
Transition tracking and monitoring (core element #2)				
3. Establish criteria and process for identifying and tracking transitioning youth in the CYSHNS database.	0 2016	1 2017-18		3 2019
4. Utilize individual flow sheet or database to track youth's transition progress.		1 2016-18	2 2019/20	3 2022
Transition readiness (core element #3)				
5. At least annually, assess transition readiness with youth and parent/caregiver using the TRAC, beginning at age 12, to identify needs related to the youth managing their health care (self-care).	0 2016	1-1.5 2017-21		3 2022
6. Jointly develop goals & prioritized actions with youth & parent/caregiver, & document in a plan of care in the TRAC.		1-1.5 2016-19	2 2020-21	3 2022
Transition planning (core element #4)				
7. At least annually update TRAC goals, in partnership with youth and families, including readiness assessment findings, goals, and prioritized actions.	0 2016	1 2017-21		3 2022
8. Prepare youth and parent/caregiver for adult approach to care before age 18, including legal changes in decision-making, privacy, and consent; self-advocacy; access to information; and insurance continuity.		1-1.5 2016-19	2 2020-22	3 2023
9. Develop and implement referral procedures to adult service agencies.		1 2017	2 2018-19	3 2020
Transition transfer of care (core element #5)				
10. Prepare youth and parent/caregiver for transferring to an adult health care provider and planning for health insurance coverage as an adult.		1-1.5 2017-19	2 2020-23	3 2024
Transition completion (core element #6)				
11. Contact youth and parent/caregiver when CYSHNS services end to confirm having an adult health care provider and health insurance coverage or provide further transition guidance.		1 2017	2 2018-21	2 2022
	2023 TOTAL = 32/33 (96.9% completion)			

All activities for the Six Core Elements are slated to be completed by 2025. The focus will be on ensuring that all children aged 12-21 enrolled in CYSHNS successfully transition to adult health care. Currently, CDS is conducting a needs assessment of youth with special health needs and their families to identify areas of need, which will be used

to develop new measures for transition to adult health care for 2025 and beyond.

Strategy 2: Provide education and public awareness on transition to adult health care for children/youth with and without special health care needs and promote the incorporation of transition into planning and practices, in collaboration with state and community partners

This strategy focuses on public and private partnership activities that promote transition awareness among youth and their families, and innovative workforce training on adolescent transition planning practices for youth-serving organizations and health care providers. This partnership strategy reflects consistent local input from stakeholders and community/agency partners.

Educational/Awareness Events: In FY 2024, most events and outreach activities were in-person while incorporating safety precautions since COVID has remained a public health concern. Remote options or hybrid events were offered as an evidence-based strategy to increase educational and training access for youth and families.

A highly anticipated and well-attended annual event for youth with special health needs and their families is the yearly Special Parent Information Network (SPIN) statewide conference. This event was held in April 2024 in Honolulu. SPIN is a statewide parent-to-parent community organization that was established to enhance parents' participation for children with disabilities for information, support, and referral services. It is funded through a unique partnership between DOE and DOH-DCAB. The conference serves as an important means to share key transition information, with the estimated 500 family members and service providers who typically attend. CYSHNS staff annually participate and present on health care transition planning at these SPIN conferences.

The Footsteps to Transition Fair is a partnership with DOE and other state agencies. This yearly event is designed for youth with special needs and their families. It provides support and resources on a wide range of health, education, employment, recreation, and social opportunities and is open to all families and professionals across Hawaii. In FY 2024 for the first time, all four Hawaii counties conducted a Footsteps to Transition Fair, directly reaching youth with special health needs across the state. This annual event continues to expand into more rural communities.

Partnerships & Networking: CYSHNS continued collaboration with a broad network of government and community groups that assist with systems coordination and advocacy for adolescent health care transition. Key planning partners included: MCHB Adolescent Health Program (responsible for the Title V NPM AWV), DOE, SPIN, DCAB, DOH Developmental Disabilities Division, NWD, Hawaii State Council on Developmental Disabilities, Hilopa'a F2FHIC, MCH-LEND, *TeenLink Hawai*i, and other community organizations.

Partnerships with the Kauai, West Hawaii, and Hilo Legislative Disability Forums, which are sponsored and conducted by the HSCDD, also provided an opportunity to share key adolescent transition messages with various district state legislators.

TeenLink Hawaii: *TeenLink Hawaii* is an organization for and by youth that provides information and referral services for youth and young adults. *TeenLink Hawaii* young adult staff developed messaging for their website and Instagram. Information on children with special health needs and transition to adult health care was added to the *TeenLink Hawaii* website (https://www.teenlinkhawaii.org/). A series of Instagram posts were developed on topics, such as: how to locate and contact an adult health care provider, make a medical appointment, fill out a medical history form, and various categories of medical specialists. In 2024, *TeenLink Hawaii* partnered with the Serteens Club of Hawaii to develop and produce targeted health care messaging and engaging videos on hearing health for youth.

The *TeenLink Hawaii* website maintained steady traffic throughout the year. From October 2023 to March 2024, it averaged around 2,000 monthly visitors, totaling 12,136 visits, with 10,224 unique visitors and 17,183 page views. From April to September 2024, monthly traffic averaged approximately 1,728 visitors, resulting in 10,368 total visits, 8,589 unique visitors, and 14,008 page views.
Top topics/pages accessed during this time period were Nutrition and Healthy Eating; Suicide; Dealing with Anger; Health and Wellness Toolkit; Youth Leadership; Mental Health; Sleep; Relationships; Emergency Contacts; Youth Violence; Cyberbullying; LGBTQ+; Transition to Adult Healthcare; Substance Abuse; Exercise; and Sexual Violence. TeenLink Hawaii staff and youth volunteers continued to update, add, enhance, and maintain the site. This effort addresses the identified needs and trends voiced by accessing youth, teens, and young adults regarding what they consider as important and relevant information needed, what is of interest, and of most concern to them currently.

TeenLink Hawaii outreach and educational activities for youth during this fiscal period included 46 presentations focusing on drug prevention, health and wellness, and TLH resources that was offered to a total of 1,440 youth and

teens. These presentations were carried out for elementary, middle school, and high school. *TeenLink Hawai*i also participated in 36 outreach and capacity-building community events during this time period, disseminating educational and informational resources to over 3,000 youth, teens, parents, families, and the general public. These prevention resources and informational materials addressed a variety of topics: mental health, physical wellness, nutrition, exercise, and more. The *TeenLink Hawaii* Instagram online page currently has 1,077 followers. In 2023, 13 posts and in 2024, there were 4 posts with numerous stories shared throughout the years.

Kaiser Permanente: Through a partnership with the pediatric providers at Kaiser Permanente Hawaii (KPH), youth transition to adult health care was incorporated into the Kaiser Hawaii HMO system of care. With technical assistance from *Got Transition* and CYSHNS, KPH adopted the *Six Core Elements of Health Care Transition*^{TM} into their pediatric department services by incorporating the Hilopa'a Transition Workbook and CYSHNS transition planning tools into the KPH Cranial Facial and Behavioral Health clinics. In 2023, KPH and CYSHNS staff also partnered to develop flyers on adolescent health care transition, confidentiality, and minors' consent, which will be made available to KPH practitioners and their youth patients and families. This partnership has expanded adolescent transition planning into a more significant number of youth and young adults. KPH is Hawaii's second-largest health insurer, caring for more than 250,000 members of all ages.

Title V Programs: Transition planning was incorporated into other CSHNB programs, including neighbor island cardiac and nutrition clinics and within MCHB-contracted adolescent programs.

AMCHP Transition Presentations: At the national 2024 AMCHP conference, CYSHNS partnered with *TeenLink Hawaii* and the Serteens Club of Hawaii to highlight TLH's website for youth and activities with youth.

Educational Materials: The CYSHNS Transition workgroup meets monthly to work on adolescent transition activities and outreach materials designed for populations with limited English proficiency and/or educational level limitations.

Strategy 3: Develop and expand efforts to address health disparities in transition services for youth

CDS Needs Assessment. The University of Hawaii Center for Disabilities Studies (UH-CDS) was contracted in 2023 to conduct a needs assessment on youth with special health needs and their families. The 2018-2019 CSHCN data from the National Survey on Children's Health (NSCH) was subsequently analyzed by UH-CDS to help identify key adolescent health issues.

Since the NSCH does not allow for analysis of county-level data or detailed Hawaii-based race/ethnicity data, CDS designed a survey for youth with special health needs, including key underserved populations to gain more data on these youth. The survey was translated into Tagalog, Ilocano, and Hawaiian to gather more specific data elements from Filipino and Native Hawaiian youth.

These findings, once completed, will help to determine and shape future Title V adolescent priorities and strategies. Based on these findings, future adolescent transition services, messaging, and outreach are anticipated to be revised.

CYSHNS will continue to seek and establish new community partnerships to address health disparities, including adolescent Medicaid recipients and clients of Native Hawaiian/Pacific Islander youth-related organizations. CYSHNS also plans to provide further training to its staff and its partners on diversity, equity, and inclusion strategies.

Current Year Highlights for FY 2025

Medicaid/EPSDT meeting: CYSHNS and Medicaid co-lead bi-monthly meetings with EPSDT coordinators and other state and community partners. Discussions focus on improving medical services for CSHN, including improving timely access to quality health care and transportation.

Outreach Events: The annual SPIN statewide conference was held at the University of Hawaii at Manoa campus on April 6, 2024, using both an in-person and virtual format to enhance participation. CYSHNS is a member of the SPIN advisory board and helped to plan this conference. CYSHNS staff participated as speakers and exhibitors to provide updated and timely information on adolescent health care transition, developmental screening, and lead poisoning

prevention. Over 600 registered attendees and 60 educational and informational resource tables were present. SPIN provided travel scholarships for neighbor island families to attend the conference.

The Footsteps to Transition Fair, held in partnership with the Department of Education and other state and community agencies, is expanding statewide. It was held at Ewa Makai Middle School on the island of Oahu on February 3, 2024, and on Maui on April 11, 2024. CYSHNS staff participated on the planning committee and presented a session on facilitating youth transition to adult health care. CYSHNS staff on Kauai and Hawaii Island are currently in the process of planning their Footsteps to Transition fairs, slated for late 2024 and 2025.

TeenLink Hawaii continues to work on remotely engaging youth regarding outreach on transition to adult health care. They continue to work with CYSHNS messaging on health equity. On April 13, 2024, *TeenLink Hawaii* and Serteens Club of Hawaii with CYSHNS presented on youth engagement at the 2024 national AMCHP Conference.

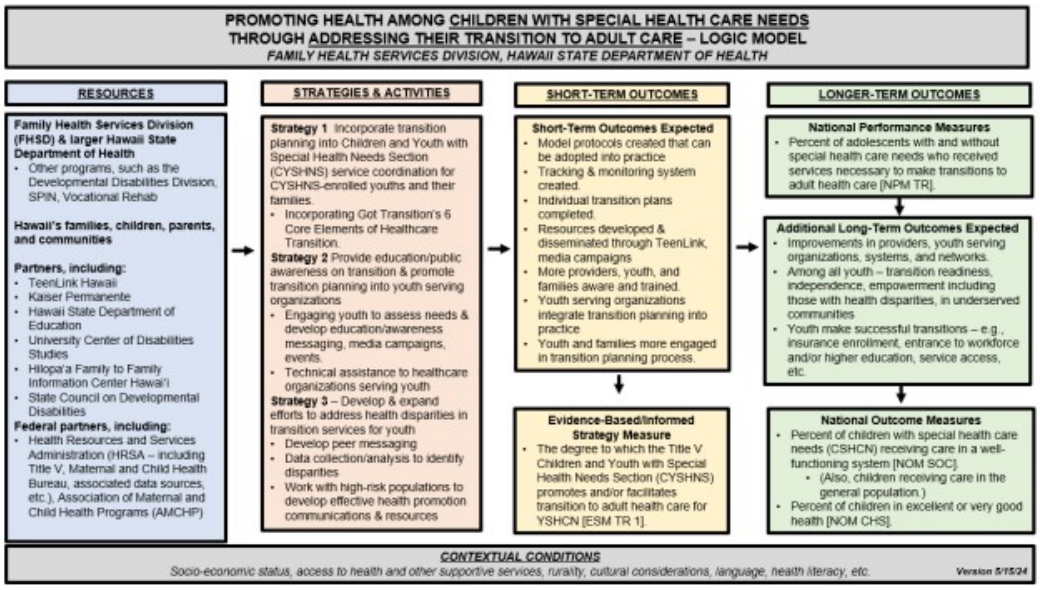
Serteens Club of Hawaii: In 2024, CYSHNS partnered with *TeenLink Hawaii* and the Serteens Club of Hawaii on a project related to adolescent health care transition and related health issues. Serteens is a youth-driven group with members statewide focusing on highlighting youth-led leadership and community service.

UH CDS is finalizing its report on YSHN in Hawaii. Follow-up focus groups and individual meetings were conducted in 2024 to gather more detailed information.

Needs Assessment. For the CSHCN domain, Hawaii did not select Transition to Adult Health Care as a state priority. This decision reflects the significant progress made by the CSHNB integrating transition planning into program practice and tracking and the strong collaboration outreach activities with system partners. Additionally, findings from the 2025 Title V Needs Assessment findings indicated that transition services were not identified as a pressing concern for families or providers. Instead, Hawaii will prioritize strengthening care coordination practices-both internally and in conjunction with service partners-as part of the medical home priority.

Review of Action Plan

A logic model was developed and updated for NPM TR to ensure alignment among the strategies, activities, measures, and desired outcomes. By working on the three strategy areas, Hawaii focused on increasing the percentage of adolescents receiving transition services.



Challenges Encountered

Maui Wildfires: CYSHNS staff continue to assist families affected by the August 2023 Maui wildfires, by ensuring seamless continuation of youth-focused medical care and specialty clinics. CYSHNS staff continue to work with state

and Maui County agencies and community organizations to provide program services and resources and participate in community events to support new and ongoing community needs.

Medicaid Redetermination: When the COVID Public Health Emergency (PHE) expired in May 2023, CYSHNS staff were cross-trained to help assist families in completing the redetermination process for Medicaid and CYSHNP enrollment. CYSHNS staff also contacted primary care providers, providing them with current program information and resources. Information from other FHSD programs, including home visiting, newborn hearing screening, Hawaii lead poisoning prevention program, and early intervention, was also shared.

Data Limitations: The National Survey of Children's Health (NSCH) data and the small sample size for Hawaii continues to be challenging. The variability in the NPM TR shows ostensibly substantive changes, but none are statistically significant. This makes it difficult to determine whether the data reflects real change and do not appear to reflect the large amount of work and effort that CYSHNS staff devote to NPM TR. During the COVID pandemic, when child wellness visits decreased, adolescent transition planning data indicated an increase. As noted in other narratives, the funding, administrative, and epidemiologist staffing limitations prohibit Hawaii from pursuing an NSCH oversample that could generate more stable estimates for NPM TR and data on important ethnic disparities. Concerns were raised with the MCH Bureau about greater investments in the NSCH. Hawaii has since pursued other primary methods of data collection that seek to address this data limitation.

The partnership with UH CDS is expected to provide more state-specific data that more accurately represents the CSHCN population in Hawaii to better understand disparities that are adversely affecting the CYSHCN population in Hawaii. There is also a need to research the long-term consequences of COVID. CDS data will help support the development and implementation of strategies and partnerships that more effectively target populations and communities of greatest need.

Reaching All Youth. Highlighting the importance of adolescent transition planning for all youth, with and without special health care needs, also remains challenging. Increasing partnerships with the Title V Adolescent Health Program, DOE, and community youth groups is helping to expand our collective programmatic reach.

Overall Impact

Transition System. CYSHNS successfully completed 5 out of 6 Core Elements of their system to help youth transition to adulthood. CYSHNS fully integrated transition planning into its standard program care coordination services. Assessment tools and outreach materials were developed by CYSHNS with the support of continuous feedback from youth, families, staff, and partners. Along with the Hilopa'a Transition Workbook, these tools have been valuable statewide in educating, developing, and tracking life goals such as youth transition to adulthood. They are also widely utilized by system partners, including DOE, pediatricians, and health centers as an element of their adolescent transition planning services. Collaboration with Kaiser Permanente Hawaii pediatric services to integrate transition planning into their system practices demonstrates the utility and ability to replicate CYSHNS protocols and practices. Partnership with the Adolescent Health Program and TeenLink Hawaii is helping to further strengthen family and youth engagement.

Partnerships. Another major success was the development of strong partnerships among service providers and agencies to help Hawaii youth transition to adulthood, as evidenced by the number of youth/family community events promoting transition, including the annual SPIN conference and the *Footsteps to Transition* fairs. Events are now held annually across all counties and have expanded to include a comprehensive array of direct and support services and educational providers. In partnership with DOE, the Transition Fairs have created other outreach and educational events for public and adult health care providers and workforce training events for service providers. The success of many of these events and trainings culminates in a higher level of family and youth engagement.

The CSHCN domain application includes a plan on:

- the universal (required) NPM MH Medical Home.

There is no plan for the discontinuing NPM TR Transition to Adult Healthcare

NPM Medical Home (MH): Percent of all children, ages 0-17, who have a medical home

For the Child Health domain, the new Title V grant guidance added a universal performance measure that all states are now required to address children who have a medical home for CSHN and for all children. Objectives for this measure are set through FY 2030:

- By July 2025, increase the percent of all children, ages 0-17, who have a medical home to 46.6%.

Strategies: The strategies for this priority are:

- Complete an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.
- Complete focus groups or review existing focus group findings with CSHNB staff and families to identify care coordination needs and the support required.

Plans to address this objective and NPM are summarized below.

Strategy 1: Conduct an environmental scan and comprehensive review of existing programs and services where coordination is conducted and analyze data and research on best practice models.

This strategy acknowledges the need to collect, review, and analyze both quantitative and qualitative data. Activities include:

- Create an inventory of care coordination across sectors (Dept. of Health programs and services, health insurance agencies and providers, behavioral health services and providers, social services) that provide care coordination or case management.
- Conduct service mapping of care coordination along intensity from light touch navigation through high-intensity case management.
- Conduct an assessment using medical home criteria among providers/agencies identified.
- Conduct a gap analysis to compare identified services against community needs, particularly for CSHNB populations.
- Share with staff, partners, and families for feedback and use findings to inform focus group questions or next steps in strategic planning.

Strategy 2: Conduct focus groups or review existing material and provide opportunity for engagement with staff and families to define CSHNB care coordination.

Strategies and activities to increase the percentage of children and adolescents with a medical home will be informed by further Title V Needs Assessment findings; a review of evidence-based research and emerging best practices; and input from service providers, families, and other relevant experts. Activities include:

- Review of existing needs assessments and focus group findings to determine CSHNB priority on care coordination. The needs assessment CSHN focus groups specifically asked families whether they had a medical home. A report of the focus group findings is coming later this summer from the needs assessment contractor.
- Complete focus groups with staff and families on care coordination models and partners needed for successful care coordination and understanding the barriers and facilitators for successful care coordination.
- Summarize findings of focus groups and create a feedback loop to share results back with participants to inform role definition for CSHNB in care coordination.

Cross-Cutting/Systems Building

State Performance Measures

SPM 1 - The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.

Measure Status:	Active

State Provided Data	
	2024
Annual Objective	
Annual Indicator	172
Numerator	
Denominator	
Data Source	Pediatric Mental Health Access grant program
Data Source Year	2024
Provisional or Final ?	Final

Annual Objectives					
	2026	2027	2028	2029	2030
Annual Objective	190.0	200.0	210.0	220.0	230.0

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (Hawaii) - Cross-Cutting/Systems Building - Entry 1	
Priority Need	
Increase access to culturally responsive, trauma-informed mental health services and supports for women, children, and families	
SPM	
SPM 1 - The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.	
Five-Year Objectives	
The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.	
By July 2030, provide training and support services on maternal and child mental health care to 230 providers servicing women, children, and families in underserved communities/counties statewide.	
Strategies	
Promote workforce development and training on maternal and child mental health care	
Completion of environmental scan of FHSD programs and conduct gap analysis to determine the role of Title V in behavioral health	
Develop and implement an Action Plan informed by the results of environmental scan and gap analysis	
ESMs	Status
No ESMs were created by the State. ESMs are optional for this measure.	

2021-2025: State Performance Measures

2021-2025: SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.

Measure Status:	**Active**				
State Provided Data					
	2020	**2021**	**2022**	**2023**	**2024**
Annual Objective			20	40	60
Annual Indicator	0	0	98	108	172
Numerator					
Denominator					
Data Source	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant	Hawaii Pediatric Mental Health Care Access grant
Data Source Year	2020	2021	2022	2023	2024
Provisional or Final ?	Final	Final	Final	Final	Final

The Cross-Cutting domain section includes a report on SPM 3 The Pediatric Mental Health Access work, which is being discontinued for the next five-year project period. Given the expansion of FHSD mental health efforts across all domains, it will be replaced by a more comprehensive SPM on MCH mental health.

SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.

	2020	2021	2022	2023	2024	2025
Annual Objective	0	5	20	40	60	80
Annual Indicator	0	0	98	108	172	

Introduction: Children's Mental Health Access

For the Cross-Cutting domain, Hawaii added this state priority in 2021 to expand children's mental health services in response to concerns that emerged during the COVID pandemic. Hawaii received the federal Pediatric Mental Health Care Access (PMHCA) grant in September 2021, which focuses on developing a pediatric warmline to address mental health concerns of children and youth up to age 21. Community partners also identified mental health as a significant concern, leading to governmental and nongovernmental entities actively collaborating to address rising mental health needs in the community.

Data: The state measure for this project-focused priority is a process indicator, which reports the number of providers receiving training on behavioral health care topics and, eventually, data on the teleconsultation model utilization once established. Training was provided to 172 pediatric and/or behavioral healthcare providers to date through the Project ECHO series of webinars and Diagnostic Classification 0 to 5 trainings, which exceeds the year's objective.

Evidence: HRSA promotes the Pediatric Mental Health Care Access Program as an evidence-based strategy to help address the significant shortage of behavioral health providers. This is accomplished by providing pediatric primary care providers with tailored pediatric behavioral health training and a telephonic/telehealth consultative warmline. The teleconsult access line (warmline) staffed by a psychiatrist and social worker, provides specialized teleconsultation, training, technical assistance, and care coordination so that pediatric primary care providers are able to more effectively diagnose, treat, and/or promptly refer children and youth with identified behavioral health conditions. The program's overarching goal is to use telehealth modalities to provide timely detection, assessment, treatment, and referral of children and adolescents with behavioral health conditions, while using evidence-based practices such as provider-focused web-based education and training instruction. The MCH Evidence Center provided strong evidence indicating that telehealth services support improved healthcare across states that have limited access to mental health providers and other resources.

Title V lead/funding: The PMHCA grant is administered by FHSD, which funds two FTE staff positions to manage and build the program. Although no Title V funds are used to support the program directly, Title V-funded staff assist with data collection and analysis, planning, contractual services, and media support. In-kind contributions from two FHSD staff was used for the state match, providing support and coordination for community mental health needs for children and youth.

Key Partners: This project is a unique collaboration between the Department of Health, John A. Burns School of Medicine (JABSOM), Hawaii Community Foundation (HCF) Promising Minds Initiative, The Queen's Medical Center, DHS Med-QUEST Division, Project ECHO Hawaii, Hawaii Primary Care Association (HPCA), American Academy of Pediatrics-Hawaii Chapter (HI-AAP), and University of Hawaii Pacific Basin Telehealth Resource Center. This multiagency public-private collaboration strengthens pediatric providers' access to essential mental health consultation services, especially in rural communities across the state that face challenges in accessing care.

Objective: By July 2025, provide training and support services on pediatric mental health care to 80 pediatric and/or mental health care providers in underserved communities statewide.

Strategies: The strategies to implement the project focus on three key areas:

- Refine, develop, and implement a pediatric mental health care access model.
- Promote workforce development and training on pediatric mental health care.
- Support pediatric mental health services and linkages in underserved communities.

Updates for FY 2024 on the three strategies follow.

Strategy 1: Refine, develop, and implement pediatric mental health care access model

Staffing. The vacancy for the PMHCA Specialist position was filled in Fall of 2023. The PMHCA team continued to host Advisory Committee meetings and meet with key stakeholders to promote and develop the model. The PMHCA team partnered with the AAP, HCF, The Queen's Medical Center, and other key partners to advance the project goals.

Maui Warmline Pilot. With the devastating impacts of the August 2023 Maui wildfires, FHSD and partnering agencies quickly recognized the need for pediatric mental health resources and services as a crucial part of the community-wide recovery efforts. Warmline planning initially focused on establishing a pilot consultation access line for Maui in collaboration with Hawaii Community Foundation's Promising Minds Initiatives and The Queen's Medical Center.

Sustainability. The PMHCA team explored long-term sustainability for PMHCA beyond the completion of grant funding by engaging in various discussions with Medicaid, health plans, and key state legislators. In January 2024, the PMHCA Coordinator presented to the State Legislative Health and Homeless Committee on the PMHCA grant and the growing importance of addressing children's mental health needs in Hawaii.

Strategy 2: Promote Workforce development and training on pediatric mental health care

This strategy focuses on workforce training efforts. Highlights of activities include:

- PMHCA and the Hawaii Project ECHO launched a third round of mental health sessions for the *pediatric* ECHO from November 2023 to February 2024. Topics included an introduction to the PMHCA models, trauma-informed care for caregivers, suicide prevention/resiliency, infant mental health, and ADHD medication management.
- The PMHCA Staff worked on contracting with The REACH Institute (Resource for Advancing Children's Mental Health) to provide pediatric provider training on evidence-based therapies to better diagnose, treat, and manage child and adults with mental health issues.
- In FY 2023, focus groups held with local AAP-affiliated pediatricians revealed strong provider interest in learning about local mental health resources. In response, the AAP-Hawaii Chapter and PMHCA hosted provider educational sessions that highlighted CAMHD, DOE Behavioral Health Services, and School-Based Health Care.
- PMHCA sponsored a pediatric mental health track at the annual state Hawaii Health Workforce Summit in September 2024, which focused on topics relating to addressing mental health needs for different age groups such as Early Childhood (0 to 5) and Youth and Adolescents. This is the second year that PMHCA hosted a mental health series at the Summit
- PMHCA, in collaboration with the AIMHHI, hosted the first cohort of DC 0 to 5 2-day training for clinical providers and one-day training for allied professionals on diagnosing and treating mental health needs for ages 0 to 5. These trainings occurred in September 2024.

Strategy 3: Support services and linkages in the community

The PMHCA Staff continues to connect with community providers to better learn about and support community-based effort and identify potential partnership areas.

- The PMHCA staff is partnering with the DOH Child and Adolescent Mental Health Division (CAMHD) and Suicide Prevention Coalition to conduct an environmental scan of existing mental health services statewide, including behavioral health services, inpatient treatment programs, treatment programs, inpatient hospitalization or emergency departments, clinical providers, nonprofits addressing mental health, and practicing mental health clinician as part of the CAMHD Needs Assessment
- PMHCA, in collaboration with CSHNB, conducted a second Mental Health Snapshots event July 2024, which focused on bringing together mental health partners to share information about their respective programs. This event strives to enhance understanding of statewide services and promote collaboration across sectors and the community on pediatric mental health issues.

Current Year Highlights for FY 2025 (10/1/2024 – 6/30/2025)

This section highlights the Year 4 work for the PMHCA grant. Significant progress has been achieved on the grant's plans over the past year and current year activities are outlined by strategy.

Strategy 1: Refine, develop, and implement pediatric mental health care access model

Maui Warmline Pilot Launched. In August of 2024, the Mental Health Pediatric Access Line (MPAL) launched on Maui in collaboration with Hawaii Community Foundation's Promising Minds Initiatives and The Queen's Medical Center. PMHCA also partnered with the University of Hawaii's John A. Burns School of Medicine to conduct process evaluation for MPAL and PMHCA trainings. The Maui Pilot contract is coming to an end in June 2025.

The PMHCA Coordinator and Specialist were both recognized at AMCHP's 2025 annual conference with the Emerging Professionals Award for their stellar work on the Warmline Pilot.

Warmline Expansion. A Request for Proposals was completed in April 2025, and the contract for the Statewide and Pacific Basin warmline expansion is currently undergoing departmental review.

Sustainability. PMHCA continues to explore long-term sustainability beyond the completion of the current grant period in 2026. Options being considered include a possible continued HRSA grant, state or Medicaid funding, or health insurer support.

Strategy 2: Promote Workforce development and training on pediatric mental health care

Highlights of current pediatric mental health workforce training includes:

- The PMHCA Staff partnered with Hawaii Public Health Institute (HIPHI) and REACH Institute (Resource for Advancing Children's Mental Health) to provide the 2.5-day Patient-Centered Mental Health in Pediatric Primary Care (PPP) training, which was conducted in February 2025. Initial post-training feedback from providers indicated that the training helped develop more confidence in prescribing antidepressants, antianxiety, and ADHD medications for their pediatric patients.
- PMHCA continues to partner with the AAP-Hawaii Chapter to co-sponsor speakers and training events in response to member focus group results that requested more information about mental health resources in Hawaii.
- PMHCA partnered with AIMHHI and Early Childhood Action Strategy (ECAS) to draft the DC 0 to 5 crosswalk, which is a guide for clinicians on converting a DC 0 to 5 diagnosis to associated ICD and DSM Diagnostic codes for billing purposes. The crosswalk was designed and tailored specifically to active diagnostic codes used in Hawaii.
- PMHCA and Hawaii's Project ECHO completed another six-segment ECHO series offered from December 2024 to March 2025. Due to feedback from previous ECHO sessions, the series focused exclusively on Autism (ASD), focusing on topics relating to Autism and its connections to Mental Health, Sleep, ADHD, Challenging Behaviors, and Neurodiversity.

Strategy 3: Support pediatric mental health services and linkages in the community

PMHCA continues to connect with pediatric community providers to learn about and support community-based efforts and identify potential partnership areas.

- PMHCA continues to collaborate with the DOH Child and Adolescent Mental Health Division (CAMHD) and the Suicide Prevention Coalition to conduct an environmental scan of mental health services statewide. UH JABSOM has assisted in this effort by carrying out an environmental scan of mental health providers (private and group practice) on all islands.
- PMHCA, in conjunction with the CSHNB Early Childhood Coordinator, conducted another Mental Health Snapshots event that brought together mental health partners to share information about their respective programs. Evaluation comments from this event endorsed offering a future similar event to support continued system coordination/collaboration.
- PMHCA collaborates with community-based partners, such as Hilopa'a Family to Family Information Center and Family Hui Hawaii, offering family and youth engagement meetings that focus on family experiences in mental health while accessing care.
- In partnership with Hawaii Primary Care Association (HPCA), PMHCA conducted key informant interviews with the 13 Federally Qualified Health Centers on all islands to better understand their systemic capacity to address mental health needs and to explore the role that PMHCA can play to support their efforts. A final report of findings is being completed.
- CSHNB was awarded the Substance Abuse and Mental Health Services Administration's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant. As part of this initiative, one key strategy is to promote training on behavioral health topics and encourage use of the PMHCA warmline once it is fully operational. CSHNB is actively partnering with the PMHCA Coordinator to ensure consistent provider training and communication around the warmline and its role in supporting the wellness of young children.
- PMHCA is joining the Hawaii team that was accepted into the latest MCH Workforce Development Center 2025 Learning Journey cohort. The project, which is led by the MCH Branch Adolescent Health Unit, will focus on expanding youth engagement.

Needs Assessment. Mental health was identified as a cross-cutting issue for all Title V population domains in the 2025 needs assessment, which includes women, children and families. This state measure will be discontinued, and a new, more comprehensive MCH state mental health performance measure will be identified.

Challenges Encountered

Some of the major challenges for this priority measure include:

- Although HRSA provided extra funds to support PMHCA efforts in Hawaii, systemic procurement challenges and contracting delays continue to make it difficult to encumber and expend funds promptly.
- Like many other states, Hawaii saw an increase in children and youth mental health needs, which was exacerbated by COVID and continues to be a problem. Mental health issues clearly existed prior to COVID. More recently, an increase in mental health needs for children and youth was identified due to anxiety and depression caused by social distancing; lack of socialization of youth; increased social media and cyberbullying; and family stress due to socioeconomic concerns.
- Limited mental health services and treatment options are currently available statewide, which often means that children and youth in rural communities and neighbor islands must fly in or be transported to Honolulu for specialized services. This is true for both intensive treatment options and preventive mental health services.
- Mental Health services along the continuum of care are being worked in different sectors and silos, creating a fragmented and incomplete mental health system. This creates a challenge for the PMHCA team as they work to ensure that there is no duplication or overlap of services that could further complicate access to necessary mental health care in the community.
- There is currently no updated comprehensive directory of mental health services. While federal and state funding has expanded service options, awareness of both new and existing services remains limited.
- There has been a low call volume using the Warmline Pilot, which could be attributed to provider outreach and messaging. The majority of physicians on Maui are affiliated with Kaiser Permanente. After the launch of the warmline, Kaiser issued internal guidance that directed providers and staff to only use Kaiser in-network services and providers, which may have further limited utilization.

- Hawaii is not alone in experiencing low-call volumes for warmline services; similar trends have been reported in other states, including those with significantly larger populations. Consistently low volume response make it challenging to justify the high costs of building and maintaining a well-staffed warmline. Hawaii attempted to make the warmline more cost-effective by expanding services to include Pacific Basin partners; however, procurement challenges and administrative delays with non-Hawaii partners have hampered these efforts.
- There is a need to better understand and respond to the unique mental health needs among populations in Hawaii, which requires more research and evidence-based approaches, particularly those that offer responsive alternatives to traditional Western models of therapy and treatment.
- Widespread staffing shortages and limited workforce capacity with key partners led to delays or cancellation of projects and initiatives. While programs and agencies are eager to do more to address mental health needs, they are expressing that they lack the staffing and resources necessary to initiate new projects at this time.
- While PMHCA staff are well integrated into the community services system and closely partner with pediatricians through the AAP, efforts to engage other healthcare professional associations, such as Family Practice Physicians and Nurse Practitioner groups, have been more challenging.

Overall Impact

The PMHCA grant allows FHSD to implement primary prevention efforts to address the mental health needs of children in Hawaii by providing education and technical support to pediatric providers to increase children's access to mental health services. The PMHCA team adopted a systems-building approach aimed at breaking down service silos and strengthening cross-sector collaboration. This shift is helping to expand access to mental health services across all levels of care within the community.

PMHCA successfully provided critical training resources and diverse learning opportunities to the pediatric provider community by expanding their knowledge and clinical skills to better address the growing mental health needs of children in Hawaii. PMHCA provider workforce training efforts also enhanced the knowledge and skills of child and youth service providers on issues relating to socio-emotional development and pediatric behavioral health, enabling them to more effectively serve their populations.

PMHCA also successfully created more opportunities for pediatric, family, and mental health providers to network and learn about the range of mental health service offerings available statewide for children and youth. This effort significantly advanced systems coordination and collaboration across the state.

In addition, PMHCA is working to ensure that all children and families have the opportunity to achieve their full potential by addressing the significant geographic challenges faced by residents of neighboring islands and the challenging complex needs of those with lower incomes and/or those with limited access to needed health services.

Plans for Application Year FY 2026 (10/1/2025 - 9/30/2026)

SPM 3 - The number of pediatric and/or behavioral health providers receiving training and support services on pediatric mental health care in underserved communities/counties statewide.

In the 2025 Title V needs assessment, mental health appeared as a critical high-priority health issue across all population domains, especially for families. This specific state performance measure that focused on FHSD’s Pediatric Mental Health Care Access grant will be discontinued, and a new state performance measure will be identified that addresses mental health across all the Title V domains, focusing on families.

Cross-Cutting/Systems Building - Application Year

The Cross-cutting domain application includes a plan on:

- The new SPM on MCH Mental Health.

There is no plan for the discontinuing SPM 3 on the PMHCA grant.

SPM The number of direct and enabling health providers receiving training and support services on maternal and child mental health care in underserved communities/counties statewide across all five population domains.

Introduction: Maternal and Children Mental Health Care Access

For the Cross-Cutting domain, Hawaii selected a new state priority based on the findings of the 2025 needs assessment to expand responsive, trauma-informed mental health services and supports for women, children, and families. In the needs assessment community survey mental emerged as one of the top five issues for all five population domains.

The state measure will assess and define the Title V agency's role within the broader mental health system of care. Since the 2020 Title V needs assessment, mental health concerns have grown significantly across FHSD's service populations, prompting increased programmatic funding and efforts. Over the year, FHSD will convene interested FHSD programs to strengthen networking and coordination and to develop a strategic approach and targeted activities to improve service delivery.

State Performance Measure (SPM): The state measure for this project-focused priority is a process indicator, which reports the number of providers receiving training on behavioral health care topics across the five maternal and child health population domains. Providers include direct and enabling providers that provide behavioral health/behavioral health-related services to women, children, and families. The baseline indicator is 172 reflecting the number of pediatric and/or behavioral healthcare providers in 2025 through the Project ECHO series webinars and Diagnostic Classification 0 to 5 trainings.

Objectives: By July 2030, provide training and support services on maternal and child mental health care to 230 providers servicing women, children, and families in underserved communities/counties statewide.

Evidence: HRSA promotes the Pediatric Mental Health Care Access Program as an evidence-based strategy to help address the significant shortage of behavioral health providers. This is accomplished by providing pediatric primary care providers with tailored pediatric behavioral health training and a telephonic/telehealth consultative warmline. Similar to PMHCA, the Substance Abuse Mental Health Services Administration (SAMHSA) promotes the Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH), which focuses on improving the abilities and skills of adult caregivers of young children to promote healthy social and emotional development and identify and address behavioral concerns before they develop into serious emotional disturbances (SED). This group focuses on providing support to pediatric providers, families/parents, and childcare providers through training and mental health consultation.

For Hawaii, increased support for behavioral and mental health care across multiple population domains is necessary to address the significant shortage of behavioral health providers for women, children, and families. Within FHSD, several workforce development grants, including the HRSA Pediatric Mental Health Care Access program and SAMHSA Project LAUNCH rely on evidence-based strategies to improve access to quality behavioral health training for primary care and childcare providers. Strategies from these programs will support mental health training for providers connected to other FHSD programs, including the Early Intervention Section and Maternal Child Health Branch programs (including adolescent health and home visiting). Equipping a larger workforce with mental health care knowledge along the life course model will support the overall mental health system in the state.

Key Partners: As a cross-cutting priority, this project will include the collaboration among different programs across

the Department of Health's (DOH) Family Health Services Division that focus on the health and well-being of women, children, and families. This will include contributions with the following FHSD programs: PMHCA, Project LAUNCH, Adolescent Health, Family Planning, Home Visiting, etc. Additional partners include state agency partners outside of FHSD, such as DOH's Child and Adolescent Mental Health Division, DHS Med-QUEST Division, John A. Burns School of Medicine (JABSOM), and the University of Hawaii Pacific Basin Telehealth Resource Center. Collaborators also include community partners such as Hawaii Community Foundation (HCF) Promising Minds Initiative, The Queen's Medical Center, Project ECHO Hawaii, Hawaii Primary Care Association (HPCA), and American Academy of Pediatrics-Hawaii Chapter (HI-AAP). This multi-agency, public-private collaboration strengthens outreach and access for providers serving women, children, and families to be better equipped to care for the mental and behavioral health concerns of their patients.

Plans for FY 2026 on the strategies follow.

Strategy 1: Promote workforce development and training on maternal and child mental health care

- Convene with FHSD program staff to determine trainings being planned, held, or requested to have in the upcoming year.
- Collaborate with state agency partners and community partners on trainings.
- Compile and maintain a centralized record of all trainings conducted within FHSD, including the number and types of direct and enabling providers trained, the focus and format of each training, and the population domains served (across all five Title V population domains).

Strategy 2: Completion of environmental scan of FHSD programs and conduct gap analysis to determine the role of Title V in behavioral health

- Engage representatives from all FHSD programs to gather relevant program data and insights for the environmental scan.
- Analyze collected information to identify existing resources, service gaps, and unmet needs in maternal and child mental health.
- Develop a summary presentation to visually communicate findings from the gap analysis and highlight areas for strategic alignment and investment.

Strategy 3: Develop and implement an Action Plan informed by the results of environmental scan and gap analysis

- Gather FHSD staff in meetings to garner feedback and input for the development of the Action Plan to guide FHSD / Title V's coordination, investment, and partnerships in advancing maternal and child behavioral health efforts.
- Develop a Final Action Plan that includes program background, key findings, short- and long-term goals, and defined next steps (minimum three-page document).
- Distribute a follow-up survey to FHSD staff and key partners to gather feedback on the Action Plan development process and its implementation and to inform future actions.

III.F. Public Input

The Family Health Services Division (FHSD) involves communities, stakeholders, program participants, and families in policy and program decision-making at many levels. Integrating public input into the Title V MCH Block Grant is critical to assure alignment with partners to strengthen our collective impact. Consumer input also ensures Title V efforts are effective with the populations we serve. Input on Title V performance and strategy measures is collected continuously throughout the year. Since much of the Title V work is done in partnership, community partners help select strategies and assist with implementation and evaluation.

Public Input in the Needs Assessment. Public input and community engagement efforts for the Five-Year needs assessment are described in detail in the Needs Assessment Process and Findings and the Family and Community Partnership narratives. This narrative focuses on collecting input regarding the annual Title V report.

Communications. Because FHSD does not use Title V to fund local health departments or community-based providers, no stakeholders are vested in Title V as a funding source, making collection of general input for the Title V grant difficult. The extensive scope of the Title V report, compounded by FHSD's numerous and diverse programs make it difficult to share information publicly.

Most FHSD agency/program partners are vaguely aware of the Title V grant. Since the funds are used primarily for staffing, it is difficult to demonstrate the grant's direct benefits for the MCH population. Moreover, partners that receive HRSA/MCH Bureau funding also tend to be knowledgeable about the Title V grant.

In FY 2020, FHSD was fortunate to hire an Information Specialist a few months before the COVID outbreak. The position is Title V funded. As engaging families became challenging during the COVID shutdowns, FHSD diverted funding toward television/radio media campaigns coupled with digital media promotion to support health messaging, online resources, and service programs to engage the public.

Media outreach continued as the state moved out of the public health emergency to meet the changing service needs of families along with remote communications. The exponential growth in telehealth visits, virtual webinars, conferences, health fairs, and meetings continues with many events/services now using hybrid approaches.

Strong Agency/Program Partners. FHSD's strength continues to be its work conducted in partnership with agencies, community providers, and families. Being a small island state, Hawaii local values are strongly influenced by indigenous and immigrant cultures that uphold the importance of community and family. These values are reflected in the many partnerships ingrained in Title V efforts (and those of public health). Public input is largely provided throughout the year through these collaborations.

See the Family Partnership narrative for efforts to solicit and work with parents to improve FHSD programs and services.

Community Input for Title V Strategies and Measures

FHSD program continue to expand partnerships with community programs and agencies. Examples of community input/coordination that shaped/changed elements of the Title V five-year plan strategies are shared.

NPM WWV Women's Wellness Visits. The work for this priority is conducted in partnership with the Hawaii Maternal

and Infant Health Collaborative (HMIHC), comprised of over 120 participants, including physicians, clinicians, public health professionals, community service providers, insurance representatives, and healthcare administrators. The Pre/Inter-Conception Workgroup, co-chaired by the state Medicaid agency, continued remote meetings to address access to contraception and reproductive life planning, which continues as the primary focus for Title V. The Healthcare Association of Hawaii who is administering the HRSA Maternal Health Innovation (MHI) grant is partnering with the HMIHC to develop a maternal health strategic plan. Title V is coordinating with the MHI grant on needs assessment.

NPM SS Safe Sleep. The work for this priority is conducted in partnership with Safe Sleep Hawaii (SSH), the statewide coalition that promotes safe sleep efforts. SSH has a diverse membership, representing government, nonprofits, for-profits, grassroots organizations, individuals, and family champions committed to preventing infant mortality through safe sleep practices. SSH just completed a needs assessment with recommendation that will inform Title V strategies/activities.

NPM DS Developmental Screening. The Developmental Screening program organized a diverse statewide network of partners to gather ongoing feedback on the state developmental screening guidelines. These were reviewed to ensure the practices remained appropriate with the change to virtual/telephonic provider visits. Title V programs supported purchase and use of remote/online developmental screening tools for service providers. Title V increased parent input/partnerships to improve outreach efforts for developmental screening. The *Learn the Signs Act Early* project used parent social influencers to develop and promote messaging on the importance of developmental screening using their social media platforms on Facebook, Instagram, and Facebook Live.

NPM 10 Adolescent Health. The Adolescent Health Unit (AHU) continued to collect input from youth including those enrolled in the Personal Responsibility Education Program sites. AHU also partners with a number of youth-serving organizations including the Hawaii Youth Services Network and the State Suicide Prevention Task Force, which provides training and outreach education to Hawaii public schools.

NPM 12 Transition to Adult Care. The CSHN Branch continued to collect input from youth and families on transition information and planning tools. CSHNB and the Title V Adolescent Health program worked with *TeenLink* Hawaii to conduct a second youth survey to:

- Assess knowledge of their own health and ability to access health care.
- Assess the continuing effects of COVID-19 on their lives.
- Assess their preferred sources for healthcare information and planning tools.

The young adult staff at *TeenLink* Hawaii used the assessment findings to develop transition messaging posted on Instagram and TikTok. Also, based on the survey results, CSHNB will revise the transition planning printed materials and PDFs to interactive digital apps and formats. CSHNB will also be working with families to the effectiveness of its transition planning services and materials.

SPM 1 Child Abuse and Neglect CAN prevention has two primary mechanisms for community input including: 1) The Hawaii Children's Trust Fund (HCTF) Advisory Committee (11 private and public members) and 2) The HCTF Coalition (30 active members representing key community partners working to prevent child maltreatment across the islands). These groups serve a range of consumers and provide an important voice for their communities. Based on input, the Title V CAN Prevention programs diverted funding toward a network of community-based programs and services to address/support the immediate needs of the most vulnerable, under-resourced populations and areas in the state.

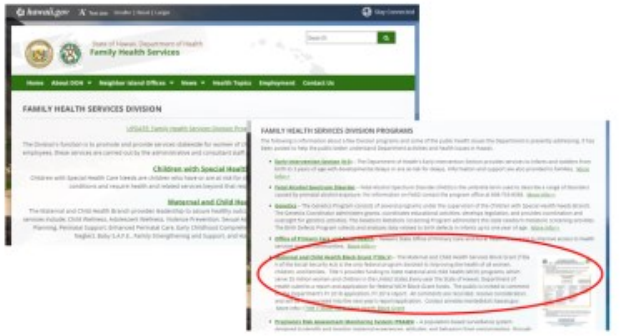
SPM 2 Food Insecurity & WIC. To improve WIC services, a community advisory workgroup was formed in 2022-23 and met regularly for a year to identify barriers and recommendations to improve utilization and enrollment to WIC services. Members include WIC staff from the state WIC office; WIC community clinics (including those in Federally Qualified Health Centers); university researchers; the Native Hawaiian healthcare system; family advocates; and current WIC recipient mothers.

The participation of WIC clients in the working group provided an invaluable perspective, helping members understand how WIC works—and does not work—for its clients. For example, WIC clients shared the pervasive misinformation that employed families could not qualify for WIC benefits. It was suggested that outreach via workplaces could be especially effective. Other client input shared the difficulty tracking the expiration of WIC benefits (that need to be continuously renewed). It was suggested that regular reminders via text or a smartphone app would help clients better use their benefits. This input was developed into service recommendations/plans that are now being implemented. More qualitative research with WIC clients will be used to address underutilization and attrition in WIC enrollment as children age.

SPM 3: Child Mental Health Access. The major aim of this project funding was to develop a real-time consulting service staffed by mental health professionals to support pediatric primary care providers in addressing the behavioral needs of their clients. Over the past year, PMHCA staff have developed critical relationships with pediatric providers, including a new AAP PMHCA Champion to conduct informal meeting discussions with pediatricians statewide around mental health concerns. Meetings were held on each of the counties with particular attention provided to rural neighbor islands including Maui pediatricians. When the Maui wildfires occurred in August 2023, the pediatricians were ready and open to consider piloting the warmline as Maui's escalating mental health crisis started to worsen, fueled by COVID and now the Lahaina fires. As part of the statewide Maui response efforts, PMHCA partnered with the Queen's Healthcare System, one of the state's largest integrated health systems, and the Hawaii Community Foundation to launch the Maui pilot warmline in 2024.

Public Access to the Title V Report/Application

The FHSD Title V reports are posted on the Hawaii website (https://health.hawaii.gov/fhsd/home/title-v-maternal-child-health-block-grant/) once the report is submitted. The Hawaii Title V website also archives the PPT presentations and videos used during past years' block grant reviews.



Comments can be submitted throughout the year via a return email function on the website. No comments were received on the report submitted in FY 2024, with the exception of a research inquiry and several solicitations from national companies interested in marketing their services. The information was shared with appropriate agencies.

III.G. Technical Assistance

Hawaii contracts for national and local technical assistance (TA) for ongoing, long-term support for completion of the Title V annual report and needs assessment. Staff TA is also contracted to assist with evaluation, review of data, and evidence-based planning.

Hawaii has no short-term TA request at this time.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Title_V_Medicaid_MOU Agreement.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - 1 Healthcare Facilitaties Maps_Statutory Authority.pdf

Supporting Document #02 - 2 Guiding Principles for Community Engagement.pdf

Supporting Document #03 - 3 HI Needs Assessment Preliminary Findings_compressed.pdf

Supporting Document #04 - 4 NPM_NOM_Summaries.pdf

Supporting Document #05 - 5 Glossary of Terms.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - VI.Organizational Chart 2025 Updates.pdf